

<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 13485</b>	<b>Date: December 23, 2025</b>
	<b>Change Request 14175</b>

**SUBJECT: Updates of Chapter 4 in Publication (Pub.) 100-08, Including Updates to the Recovery Audit Contractor Data Warehouse (RACDW) Process**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to revise various sections within Chapter 4 in Pub. 100-08. The revisions include updates to the RACDW process, in addition to inclusion of guidance regarding contractor actions that shall be taken to obtain medical record documentation from Medicare Part C First-tier, Downstream, and Related Entities and non-contracted providers, and guidance regarding contractor review of the Fraud Prevention System (FPS) Rapid Alert Warning (RAW) Dashboards.

These updates do not affect the provider and/or beneficiary populations. Rather, these updates are solely related to contractor technical processes and procedures. All updates ensure our contractors have the most recent guidance. This CR does not require Provider Education.

**EFFECTIVE DATE: January 26, 2026**

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

**IMPLEMENTATION DATE: January 26, 2026**

***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/Table of Contents
R	4/4.2/4.2.2/4.2.2.8/4.2.2.8.1/4.2.2.8.1.4/UPIC Coordination with Other Contractors Related to the RAC Data Warehouse
D	4/4.2/4.2.2/4.2.2.8/4.2.2.8.1/4.2.2.8.1.4/4.2.2.8.1.4.1/Suppression and/or Exclusion – Examples
N	4/4.7/4.7.1/4.7.1.3/Collection of Records from Medicare Advantage Plans
R	4/4.12/4.12.2/Initial Entry and Update Requirements for UPIC Leads and Investigations

**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**

# Attachment - Business Requirements

<b>Pub. 100-08</b>	<b>Transmittal: 13485</b>	<b>Date: December 23, 2025</b>	<b>Change Request: 14175</b>
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## **II. GENERAL INFORMATION**

**A. Background:** The purpose of this CR is to update sections in Chapter 4 of Pub. 100-08. Specifically, guidance in Chapter 4 is being updated to instruct contractors of coordination procedures related to the RACDW. Also, guidance is being added to instruct the Investigations Medicare Drug Integrity Contractor on the process regarding collection of records from Medicare Advantage Plans.

**B. Policy:** This CR does not involve any legislative or regulatory policies.

## **III. BUSINESS REQUIREMENTS TABLE**

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			DME MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
14175.1	The contractor shall be advised of the Contractor Coordination and Suppression and Exclusion Upload Requirements	X	X	X	X					CERT, RAC, SMRC, UPICs





Number	Requirement	Responsibility								
		A/B MAC			DME MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	thereby reducing the potential loss of Medicare Trust Fund dollars.									

#### IV. PROVIDER EDUCATION

None

**Impacted Contractors:** None

#### V. 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

#### VI. CONTACTS

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

#### VII. FUNDING

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

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**ATTACHMENTS: 0**

# Medicare Program Integrity Manual

## Chapter 4 - Program Integrity

Table of Contents  
*(Rev. 13485; Issued: 12-23-25)*

### Transmittals for Chapter 4

4.2.2.8.1.4 – *Contractor* Coordination *and Suppression and Exclusion Upload Requirements* Related to the RAC Data Warehouse

4.7.1.3 – *Collection of Records from Medicare Advantage Plans*

#### **4.2.2.8.1.4 – Contractor Coordination and Suppression and Exclusion Upload Requirements Related to the RAC Data Warehouse** *(Rev. 13485; Issued: 12-23-25; Effective: 01-26-26; Implementation: 01-26-26)*

*This section applies to all medical review contractors (UPIC, RAC, MAC, CERT, SMRC) uploading suppression and exclusions into the RACDW unless otherwise noted.*

*The CMS utilizes the RAC Data Warehouse (RACDW) to track review contractor activity. The RACDW allows contractors that perform medical reviews to prevent duplicative claim reviews by using the Suppressions and Exclusions process.*

*For assistance with file errors, contact the system administrators at [helpdesk.RACDW@koniag-gs.com](mailto:helpdesk.RACDW@koniag-gs.com). Current suppression/exclusion file layouts are available by download from the RACDW itself.*

##### **Suppressions:**

*Suppressions are used by Non-RAC entities to identify a set of claims as temporarily off-limits for selection by other review entities. The set of claims are identified by using the current suppression file layout, which utilizes parameters to narrow the universe of suppressed claims.*

##### **Suppression Requirements:**

*Suppressions shall be entered using the most current suppression file layout found in the RACDW. All required fields shall be submitted upon initial upload. The Suppression file layout does not allow the suppression of claims with a paid date older than 3 years. Individual NPIs or legacy numbers shall be entered for each suppression. If a provider has multiple NPIs or legacy numbers, the RACDW will only suppress uploaded NPIs or legacy numbers. Any error codes generated from the system shall be corrected by the uploading entity before successful upload can be completed. Unless other parameters have been included on the initial upload, all suppressions will automatically expire within 12 months of the date they were entered into the RACDW. If a suppression is required for longer than 12 months, the contractor shall re-new the suppression prior to the expiration date. The individual user that uploaded a suppression file shall be responsible for releasing any suppressions in that file that are no longer valid within 2 business days. Data entered in the situational fields in the suppression file layout shall require an additional narrative in the comments field for final approval. The contractor shall be responsible for correcting and re-uploading any disapproved suppressions within 2 business days of the disapproval.*

##### **Exclusions:**

*Exclusions are claims that have been previously reviewed by a medical review entity (or that are part of an extrapolated settlement universe). They are identified by specific claim number uploaded into the RACDW utilizing the current exclusion file layout and are permanently flagged as unavailable for additional review by a review contractor.*

##### **Exclusion Requirements:**

*Exclusions shall be entered using the most current version of the exclusion file layout found in the RACDW. All required fields shall be submitted upon initial upload. Any error codes generated from the system shall be corrected before successful upload can be completed.*

##### **UPIC-Specific Requirements for Suppressions and Exclusions:**

*The UPIC shall enter suppressions in the RACDW as soon as the investigation begins, no later than 2 business days after the investigation is opened. UPICs can renew any active suppressions that are within 30 days of their expiration date. To do so, the UPIC shall provide a new date, add 'Renewal' in the justification space, and resubmit the entry for approval in the RACDW. The UPIC shall release suppressions within 2 business days of the underlying investigations/cases being closed.*

#### ***Statistically Valid Random Sampling (SVRS):***

*In the event that the UPIC is unable to determine at the time of review whether any overpayments that are identified will be extrapolated to the parent claim universe, the UPIC shall enter a suppression utilizing the current file layout. If the UPIC does ultimately assess an extrapolated overpayment, the UPIC shall release the suppression and exclude the entire universe. If the overpayment is computed based only on the sampled claims (i.e., the overpayment is not projected to the entire universe), the UPIC shall release the suppression and exclude only the sample claims that were actually reviewed.*

*If a provider is under review by another contractor (RAC, MAC, CERT, SMRC), the UPIC shall contact that contractor to determine which entity should continue to review that provider and how to proceed with the current medical review, such as closing it out or completing the medical review and then referring it to the UPIC.*

#### ***4.7.1.3 – Collection of Records from Medicare Advantage Plans (Rev. 13485; Issued: 12-23-25; Effective: 01-26-26; Implementation: 01-26-26)***

*This section applies to the I-MEDIC.*

*As part of the investigative process conducted by the I-MEDIC (regardless of the complaint source), the contractor shall, as appropriate, contact the Medicare Advantage (MA) plan to determine if they have requested and received medical records from the provider. The I-MEDIC shall then request a copy of these records to assist in investigation development. Furthermore, if the MA plan does not possess the requested records, the I-MEDIC may directly request the records from the provider.*

*Before requesting records from a provider, the I-MEDIC shall notify the MA plan. If the I-MEDIC determines that it is inappropriate to request medical records from the plan sponsors, the I-MEDIC shall document its rationale in the Unified Case Management (UCM) system. If the I-MEDIC requests records from a plan sponsor, whose associated entities decline to provide the requested record(s), the I-MEDIC shall promptly notify its BFLs and COR within two (2) business days.*

*42 CFR §§ 422.504(i)(2)(i) stipulates the requirement for plan sponsors and their associated providers under Part C, to furnish medical records to I-MEDIC upon request. Moreover, the CFRs specify that if Part C plan sponsors are initially informed, the I-MEDIC may request medical records directly from the providers. The only instance in which submitting medical records to the I-MEDIC is voluntary is when the provider is out-of-network.*

*If the plan and its providers fail to submit medical records upon request by the I-MEDIC, CMS' Center for Medicare (CM) has the authority to take compliance action against the plans for violating their contract with CMS.*

#### ***4.12.2 - Initial Entry and Update Requirements for UPIC Leads and Investigations (Rev. 13485; Issued: 12-23-25; Effective: 01-26-26; Implementation: 01-26-26)***

Leads and Investigations are logged into the UCM as a case record type (CSE). CSEs are generated based on PDP outcomes, or through a reactive measure (i.e., complaint, FPS lead, etc.). When a PDP identifies a lead that justifies the opening of a CSE, the UPIC shall initiate the CSE from the PDP record within seven (7) calendar days, unless otherwise directed by CMS. When a reactive lead is identified, the UPIC shall initiate a CSE within seven (7) calendar days of receipt of the lead. All leads are required to be screened in accordance with the Medicare PIM guidelines at Chapter 4, Section 4.5 – Screening Leads, unless otherwise directed by CMS.

*The UPIC shall review the FPS Rapid Alert Warning (RAW) Dashboards each business day to identify leads. The UPIC shall open a UCM lead within one business day of identifying a lead from the FPS RAW Dashboards. All FPS RAW Dashboard leads selected for screening shall be treated with a heightened level of priority— i.e., screened as promptly as possible — to ensure that administrative action(s) can be taken expeditiously when investigations resulting from leads find that administrative actions are appropriate. Because the RAW Dashboard identifies claims in Phase One (1) of the billing cycle, this heightened prioritization increases the UPIC’s ability to take immediate administrative action, thereby reducing the potential loss of Medicare Trust Fund dollars.*

*The* CMS expects the UPICs to make timely updates, generally within two (2) business days of the action, to the UCM throughout the course of a lead and/or investigation. The UPIC shall document all activities it has performed in order to substantiate any allegations of potential fraud, waste, or abuse. For example, on-site visits, medical reviews, audits, data analysis, etc., shall be documented, along with the applicable dates for each action. Investigative notes should be documented in the Record Summary, rather than added as a separate document, attachment, etc.

The UPIC shall take all appropriate administrative actions, as defined in PIM Chapters 3, 8, and/or 10. Each action shall be noted in the UCM under the appropriate administrative action record type (i.e., PSP, OPT, REV, PPE, etc.) and linked to the primary investigation CSE record, when applicable. Of note, when pursuing an administrative action based on an existing CSE, the UPIC shall generate the appropriate administrative action record from the originating CSE record. The primary investigation record (CSE) should include a high level summary of the action(s) taken within the administrative action record. In addition, all applicable documents linked to these activities shall be uploaded to the corresponding UCM record.

In instances where the UPIC is referring the subject of an investigation to law enforcement, the UPIC shall generate a referral record (REF) per the primary NPI from the case record (CSE) within seven (7) calendar days of each referral, unless otherwise directed by CMS. The primary investigation record (CSE) should include a high level summary of the action(s) taken within the referral record. In addition, all applicable documents linked to the referral shall be uploaded to the UCM referral record.

For investigations referred to law enforcement (i.e., OIG, DOJ, FBI, etc.), updates to the UCM shall be made within the following parameters:

- Upon notice from law enforcement on the status of the referral, UCM updates shall be made within seven (7) calendar days;
- If the investigation is accepted and the contractor has no pending administrative actions, the UPIC shall close the case in the UCM within seven (7) calendar days;
- If the case is accepted and the UPIC has pending administrative actions, the UPIC shall keep the case open in the UCM and pursue the outstanding administrative actions as directed by CMS. Once law enforcement closes its case and all administrative actions have been finalized, the UPIC shall close the case in the

UCM within seven (7) calendar days.

- Information regarding law enforcement activities that are, or could be considered to be, of a sensitive nature shall not be entered into the UCM. These activities include, but are not limited to, planned search warrants, undercover operations and activities, and executed search warrants, where only some of the search warrants have been executed.

After all actions are taken and all subsequent administrative activities are complete, the UPIC shall close the investigation in the UCM within seven (7) calendar days.