

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal	Date:
	Change Request 13527

SUBJECT: Updates to the Recovery Audit Contractor Data Warehouse (RACDW) Suppression Upload File Format

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement updates to the RACDW Suppression Upload File Format to include new fields and new requirements for existing fields.

EFFECTIVE DATE: October 1, 2024

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

IMPLEMENTATION DATE: October 7, 2024

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

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

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

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:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: Draft	Date:	Change Request: 13527
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SUBJECT: Updates to the Recovery Audit Contractor Data Warehouse (RACDW) Suppression Upload File Format

EFFECTIVE DATE: October 1, 2024

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

IMPLEMENTATION DATE: October 7, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to implement updates to the RACDW Suppression Upload File Format to include new fields and new requirements for existing fields.

B. Policy: The nationwide Recovery Audit program was mandated under Division B, Title III, Section 302 of the Tax Relief and Healthcare Act of 2006.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility										
		A/B MAC			D M E	Shared-System Maintainers				Other		
		A	B	H H H		F M V C W	M I C M S	V C M S	C M W F			
13527.1	The contractor shall utilize the updated Suppression File Format to upload suppression data into the RAC Data Warehouse.	X	X	X	X							CMS, QIO, RAC Data Warehouse, RRB-SMAC, SMRC, UPICs
13527.2	The contractor shall enter the Unique Provider National Provider Identification (NPI) for each provider being suppressed.	X	X	X	X							CMS, QIO, RAC Data Warehouse, RRB-SMAC, SMRC, UPICs
13527.3	If the contractor is suppressing a Diagnostic Related Group (DRG) code, the contractors shall enter the 4-digit DRG Code.	X	X	X	X							CMS, QIO, RAC Data Warehouse, RRB-SMAC, SMRC, UPICs
13527.3.1	If the contractor is suppressing multiple DRG codes for a single provider, the contractor shall enter each DRG code being suppressed as a separate suppression file.	X	X	X	X							CMS, QIO, RAC Data Warehouse, RRB-SMAC, SMRC, UPICs
13527.4	The contractor shall enter either a Provider State Code or a Provider Zip Code for each provider being	X	X	X	X							CMS, QIO, RAC Data

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	suppressed.										
13527.5	The contractor shall enter the provider's name within the Comment field for each provider being suppressed.	X	X	X	X						CMS, QIO, RAC Data Warehouse, RRB-SMAC, SMRC, UPICs
13527.6	The contractor shall enter the name, email, and phone number of the user's CMS COR.	X	X	X	X						QIO, RRB- SMAC, SMRC, UPICs
13527.7	The contractor shall enter the UPIC CSE (case) Number for each provider being suppressed.										UPICs
13527.8	The contractor shall enter the Investigation Status code for each provider being suppressed.	X	X	X	X						CMS, QIO, RAC Data Warehouse, RRB-SMAC, SMRC, UPICs
13527.8.1	The contractor shall utilize the following Types of Investigation Stage Values: 1 – Initial Lead 2 – Open Investigation 3 – Final Investigation 4 - Closed Investigation Note: If Initial Lead is selected, no codes will be required if they are unavailable.	X	X	X	X						CMS, QIO, RAC Data Warehouse, RRB-SMAC, SMRC, UPICs
13527.9	The contractor should enter the Revenue Code for any provider being suppressed.	X	X	X	X						CMS, QIO, RAC Data Warehouse, RRB-SMAC, SMRC, UPICs
13527.10	The contractor shall enter the Reason for Investigation code for each provider being suppressed.	X	X	X	X						CMS, QIO, RAC Data Warehouse, RRB-SMAC, SMRC, UPICs
13527.10.1	The contractor shall enter a Reason for Investigation within the comment field if 'Other' is selected.	X	X	X	X						CMS, QIO, RAC Data Warehouse,

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F M V C	I C M W	S S S F			
										RRB-SMAC, SMRC, UPICs	
13527.11	The contractor shall enter a Referred From code for each provider being suppressed.	X	X	X	X						CMS, QIO, RAC Data Warehouse, RRB-SMAC, SMRC, UPICs
13527.11.1	The contractor shall enter a Referred From entity within the comment field if 'Other' is selected.	X	X	X	X						CMS, QIO, RAC Data Warehouse, RRB-SMAC, SMRC, UPICs

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	CED I
		A	B	H H H		
	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

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: 1

Suppression Upload File Format

*Please note that both layouts detailed here pertain to the same file. The header is the first record in the file, followed by the suppression records.

Header Layout

Field Name	Location	Length	Attributes	MR	Yield Values and Notes
File Type	1	10	an	SUPPRESS	Value
File	11	5	an		Suppression ID
File Format Version	16	3	an		4
File	19	3	an		Suppression ID
Record Count	22	5	an	OC	Number of records contained in file. Right justified, zero fill
File	27	5	an		Suppression ID
Record Length	32	3	an	OC	30
File	35	5	an		Suppression ID
Contract ID	40	5	an	20080	The Contract/Order Number - YYYYMMDD
File	45	5	an		Suppression ID
Contract ID	50	5	an		Value - Contractor ID Number of user who created the file (right justified, space fill)
File	55	5	an		Suppression ID
Contract ID	60	5	an		Suppression ID
File	65	5	an		Suppression ID
Contract ID	70	5	an		Suppression ID
File	75	5	an		Suppression ID
Contract ID	80	5	an		Suppression ID
File	85	5	an		Suppression ID
Contract ID	90	5	an		Suppression ID
File	95	5	an		Suppression ID
Contract ID	100	5	an		Suppression ID

Record Layout

Field Name	Start	End	Length	Attributes	Required	Yield Values and Notes
Suppression Code	1	1	1	an	R	Code indicating reason for suppression of claim Yield Values: 1 - Duplicate 2 - Billing error 3 - Provider suppression 4 - Business suspension 5 - Unpaid Provider APR 6 - Business suspension 7 - Provider suspension 8 - Business suspension 9 - Unpaid Provider APR 10 - Business suspension 11 - Provider suspension 12 - Business suspension 13 - Unpaid Provider APR 14 - Business suspension 15 - Provider suspension 16 - Business suspension 17 - Unpaid Provider APR 18 - Business suspension 19 - Provider suspension 20 - Business suspension 21 - Unpaid Provider APR 22 - Business suspension 23 - Provider suspension 24 - Business suspension 25 - Unpaid Provider APR 26 - Business suspension 27 - Provider suspension 28 - Business suspension 29 - Unpaid Provider APR 30 - Business suspension 31 - Provider suspension 32 - Business suspension 33 - Unpaid Provider APR 34 - Business suspension 35 - Provider suspension 36 - Business suspension 37 - Unpaid Provider APR 38 - Business suspension 39 - Provider suspension 40 - Business suspension 41 - Unpaid Provider APR 42 - Business suspension 43 - Provider suspension 44 - Business suspension 45 - Unpaid Provider APR 46 - Business suspension 47 - Provider suspension 48 - Business suspension 49 - Unpaid Provider APR 50 - Business suspension 51 - Provider suspension 52 - Business suspension 53 - Unpaid Provider APR 54 - Business suspension 55 - Provider suspension 56 - Business suspension 57 - Unpaid Provider APR 58 - Business suspension 59 - Provider suspension 60 - Business suspension 61 - Unpaid Provider APR 62 - Business suspension 63 - Provider suspension 64 - Business suspension 65 - Unpaid Provider APR 66 - Business suspension 67 - Provider suspension 68 - Business suspension 69 - Unpaid Provider APR 70 - Business suspension 71 - Provider suspension 72 - Business suspension 73 - Unpaid Provider APR 74 - Business suspension 75 - Provider suspension 76 - Business suspension 77 - Unpaid Provider APR 78 - Business suspension 79 - Provider suspension 80 - Business suspension 81 - Unpaid Provider APR 82 - Business suspension 83 - Provider suspension 84 - Business suspension 85 - Unpaid Provider APR 86 - Business suspension 87 - Provider suspension 88 - Business suspension 89 - Unpaid Provider APR 90 - Business suspension 91 - Provider suspension 92 - Business suspension 93 - Unpaid Provider APR 94 - Business suspension 95 - Provider suspension 96 - Business suspension 97 - Unpaid Provider APR 98 - Business suspension 99 - Provider suspension 100 - Business suspension
Provider NPI Number	2	10	10	an	R	Unique Provider NPI If a provider has more than one provider number/NPI, be sure to enter a separate suppression for each associated provider number/NPI.
Provider Type	11	12	2	an	R	Type of Provider or Supplier Yield Values: 1 - Lab/Ambulatory 2 - Outpatient Hospital 3 - Home Health (PHSA) 4 - Hospital 5 - Professional Services (Inpatient/Non-ambulatory practitioners) 6 - DMEPOS Supplier 7 - Skilled Nursing (SNF) 8 - Inpatient Hospital 9 - Inpatient Rehabilitation (IRF) 10 - Critical Access Hospital (CAH) 11 - Long Term Care Home (LTC) 12 - DMEPOS Physician 13 - Ambulatory Surgery Center (ASC) 14 - Other 15 - Inpatient Psychiatric Facility 16 - Outpatient Rehab Facility 17 - Comprehensive Outpatient Rehab Facility
ICD	14	20	7	an	R	ICD-10 procedure code
Procedure Code	21	23	3	an	R	HCPCS/CPT 4 Service Code
Service Code	24	29	6	an	R	Diagnosis Related Group
DRG Code	30	31	2	an	R	Enter with the MR, 'N' or 'an'.
Provider State Code	32	34	3	an	R	Enter DRG CODE
Provider Zip Code	35	38	4	an	R	Enter DRG CODE
Suppression period Start Date	39	44	6	an	R	Based on the Claim Paid Date, the actual Start of the suppression period. All submissions will be sent to the payer for CMS review. Start format: YYYYMMDD (claim paid date cannot be prior to 10/01/2020)
Suppression period End Date	45	50	6	an	R	Based on the Claim Paid Date, the actual End of the suppression period. Date format: YYYYMMDD (claim paid date cannot be prior to 10/01/2020)
Expiration Date	51	60	10	an	R	Enter the suppression reason. This date may be less than one year from the date of entry. If blank, the system will fill the field with a date one year from the date of entry. A notice will be sent to the submitter 30 days prior to expiration date. Once expired, the suppression will become inactive. If it needs to be renewed, it must be resubmitted after expiration and will be back to the same as the original. *Expiration date should be blank for Permanent suppression.
Comment	61	256	256	an	R	Suppression entry can explain why the suppression is in place. Left justify with space fill. *If other is selected, user must enter a Reason for Investigation within the comment field.
CAID Code	61	62	1	an	R	CAID Code
CAID Code	63	64	1	an	R	CAID Code
CAID Code	65	66	1	an	R	CAID Code
CAID Code	67	68	1	an	R	CAID Code
CAID Code	69	70	1	an	R	CAID Code
CAID Code	71	72	1	an	R	CAID Code
CAID Code	73	74	1	an	R	CAID Code
CAID Code	75	76	1	an	R	CAID Code
CAID Code	77	78	1	an	R	CAID Code
CAID Code	79	80	1	an	R	CAID Code
CAID Code	81	82	1	an	R	CAID Code
CAID Code	83	84	1	an	R	CAID Code
CAID Code	85	86	1	an	R	CAID Code
CAID Code	87	88	1	an	R	CAID Code
CAID Code	89	90	1	an	R	CAID Code
CAID Code	91	92	1	an	R	CAID Code
CAID Code	93	94	1	an	R	CAID Code
CAID Code	95	96	1	an	R	CAID Code
CAID Code	97	98	1	an	R	CAID Code
CAID Code	99	100	1	an	R	CAID Code

The date or zip code is required. Either box 32 or 34 is required. But the box cannot be blank and must enter an 01 validation for suppression status.

The justification box must contain elements of the investigation (example: attorney, wrong, etc.) to help update the PM language to reflect this required field for the UFG.

All of the investigation boxes should explain the reason, give the relationship in the details. Why are you investigating? Who and billing for examples. As the investigation progresses provide the updated elements of the investigation. Update the PM to reflect this layout update.

Investigation Status	45	46	2	an	R	Investigation Status 1 - Initial Investigation 2 - Open Investigation 3 - Final Investigation 4 - Closed Investigation * If other is selected, user must enter a Reason for Investigation within the comment field.
Reason Code	47	48	2	an	R	Reason Code 1 - Adjudication Violation 2 - Bad Debt 3 - Beneficiary Fraud 4 - Billing error date of death 5 - Billing error Fraud 6 - Billing for Non-Covered Services as Covered 7 - Billing - Coverage/Benefit/Discount 8 - Cash Balance 9 - DME 10 - Drug Diversion/Prescription Fraud 11 - Duplicate Billing 12 - Exclusion Issue 13 - Exclusion Provider 14 - False Prior Provider 15 - Falsifying Certificates of Medical Necessity 16 - Falsifying Medical Records/True Results 17 - False Date Claims 18 - Fraudulent Cost Reporting 19 - Identity Theft 20 - Inappropriate Prior. Same, for True Blood 21 - Inappropriate use of modifiers 22 - Incident to Violations 23 - Incorrect Place of Service 24 - Kickbacks 25 - NPI Provider 26 - Non-Consent of D.O. or Patient Condition 27 - Non-Consent Services/Structure 28 - Modifier Code 29 - No Documentation 30 - Non-Consent Drug Code 31 - Non-Consent Documentation 32 - Ombudsman for Services 33 - Ombudsman 34 - Pay Non-Pay Violations 35 - Patient Name or Date 36 - Prior Non-Pay Violations 37 - Provider Change Beneficiary without Airt Case 38 - Provider Working Double Scope of Practice 39 - Routine/Change Analytic/Unnecessary Services 40 - Services Not Provided 41 - Service Rendered by Non-licensed Person 42 - Staff Physician Self-Referrals 43 - Staff Physician Structure 44 - Unbundling 45 - Unbundling 46 - Waiver of Co-insurance/Deductible 47 - Withholding Billing/Destroying Documents 48 - Wrong Prior 49 - Other - see below the comment field for this type of violation * If other is selected, user must enter a Reason for Investigation within the comment field.
Referred From	49	47	2	an	R	Reasons for Referral From Values: 1 - 1-800-MEDICARE 2 - Anonymous Caller 3 - Anonymous Box for Seller - Other than Relative 4 - Beneficiary / Beneficiary Representative 5 - Claims Processor 6 - CMS Assisted (TT) 7 - CMS Field Office 8 - CMS RFP Program 9 - CMS Referral 10 - Commodity Team 11 - CONGRESSIONAL INQUIRY RECEIVED 12 - Contractor Internal Source Not Listed 13 - Cost Review Audit 14 - Customer Service 15 - Data Analysis Unit 16 - DEA 17 - DDO (DGA Referral) 18 - Employee Former Employee of Medicare Contractor 19 - Employee Former Employee of Provider 20 - Family Member of Beneficiary 21 - TR Referral 22 - Fraud Prevention System ALERT EXHIBIT 23 - Fraud Case Suspended 24 - FREEDOM OF INFORMATION ACT REQUEST 25 - HHS OIG 26 - INTERNAL DATA ANALYSIS REQUEST 27 - INTERNAL REFERRAL 28 - JOINT MEDICARE & MEDICAID POTENTIAL FRAUD INVESTIGATION 29 - State Audit and Enforcement Referral 30 - MAC Referral 31 - MAC Referral 32 - MAC Referral 33 - MAC Referral 34 - MAC Referral 35 - MAC Referral 36 - MAC Referral 37 - MAC Referral 38 - MAC Referral 39 - MAC Referral 40 - MAC Referral 41 - MAC Referral 42 - MAC Referral 43 - MAC Referral 44 - MAC Referral 45 - MAC Referral 46 - MAC Referral 47 - MAC Referral 48 - MAC Referral 49 - MAC Referral 50 - MAC Referral 51 - MAC Referral 52 - MAC Referral 53 - MAC Referral 54 - MAC Referral 55 - MAC Referral 56 - MAC Referral 57 - MAC Referral 58 - MAC Referral 59 - MAC Referral 60 - MAC Referral 61 - MAC Referral 62 - MAC Referral 63 - MAC Referral 64 - MAC Referral 65 - MAC Referral 66 - MAC Referral 67 - MAC Referral 68 - MAC Referral 69 - MAC Referral 70 - MAC Referral 71 - MAC Referral 72 - MAC Referral 73 - MAC Referral 74 - MAC Referral 75 - MAC Referral 76 - MAC Referral 77 - MAC Referral 78 - MAC Referral 79 - MAC Referral 80 - MAC Referral 81 - MAC Referral 82 - MAC Referral 83 - MAC Referral 84 - MAC Referral 85 - MAC Referral 86 - MAC Referral 87 - MAC Referral 88 - MAC Referral 89 - MAC Referral 90 - MAC Referral 91 - MAC Referral 92 - MAC Referral 93 - MAC Referral 94 - MAC Referral 95 - MAC Referral 96 - MAC Referral 97 - MAC Referral 98 - MAC Referral 99 - MAC Referral 100 - MAC Referral