

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13775	Date: May 14, 2026
	Change Request 14475

SUBJECT: Offering and Reporting of Targeted Probe and Educate (TPE) One-On-One Education Clarification

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to clarify the methods Medicare Administrative Contractors (MACs) shall use to offer and report TPE One-On-One Education.

EFFECTIVE DATE: June 15, 2026

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

IMPLEMENTATION DATE: June 15, 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.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	3/3.2/3.2.5/Targeted Probe and Educate (TPE)

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The MAC 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

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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to clarify the methods Medicare Administrative Contractors (MACs) shall use to offer and report TPE One-On-One Education.

II. GENERAL INFORMATION

A. Background: TPE is a long-standing medical review program. TPE involves review of a set number of claims per provider/supplier, per item or service. This is considered a round, and the provider/supplier has a total of up to three rounds of review. After each round, providers/suppliers are offered individualized education based on the results of their reviews. This CR clarifies the offer and performance of educational sessions and related reporting requirements. This CR will clarify the methods MACs shall use to offer and report TPE One-On-One Education.

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			DM E MA C	Shared-System Maintainers				Othe r
		A	B	HH H		FIS S	MC S	VM S	CW F	
14475.1	The MACs shall document and maintain the results of the education, and/or attempts for education (including any provider/supplier response to those attempts) for data analysis and possible future reporting.	X	X	X	X					
14475.2	The MACs shall contact the provider/supplier	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Othe r
		A	B	HH H		FIS S	MC S	VM S	CW F	
	to offer a TPE one-on-one educational session after each round of probe review.									
14475.2.1	The MACs shall, at a minimum, offer the education in writing within the Results Letter sent to the provider/suppler.	X	X	X	X					

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):

The MAC 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 3 - Verifying Potential Errors and Taking Corrective Actions

Table of Contents
(Rev. 13775; Issued: 05-14-26)

Transmittals for Chapter 3

3.2.5 - Targeted Probe and Educate (TPE)

(Rev. 13775; Issued: 05-14-2026; Effective: 06-15-26; Implementation: 06-15-26)

This section applies to MACs.

A. Overview

The purpose of Targeted Probe and Educate (TPE) is to decrease provider burden, identify and prevent improper payments, reduce appeals, and improve the medical review/education process.

This section describes requirements that MACs shall follow when performing medical review as part of TPE.

TPE reviews can be either prepayment or post-payment and involve MACs focusing on specific providers/suppliers that bill a particular item or service.

A round of TPE typically involves the review of 20-40 claims, per provider/supplier, per service/item, and corresponding education. In rare circumstances, CMS may approve a probe sample of other than 20-40 claims. This process is typically repeated for up to three rounds, but may involve additional rounds at CMS direction. MACs discontinue the process if/when providers/suppliers become compliant. Providers/suppliers who remain non-compliant after three rounds of TPE are referred to CMS for further action.

B. Provider Selection

The MACs shall initiate a provider-specific, prepayment or post-payment review based upon data analysis, as discussed in §3.2.1. MACs shall also initiate targeted, provider-specific, prepayment or post-payment review upon referral from the RAC, Comprehensive Error Rate Testing (CERT), Unified Program Integrity Contractor (UPIC), Office of Inspector General (OIG), or Government Accountability Office (GAO) when directed by CMS. MACs shall target providers/suppliers who have historically high claim denial rates, who have billing practices that vary from their peers, or when evidence suggests that there is a potential risk to the Medicare Trust Fund.

Probe Selection

The MACs shall select probe samples of typically 20-40 claims. Probe samples of different sizes may be deemed appropriate on a case-by-case basis, with approval by CMS. The MAC should choose the volume of claims such that a round of reviews does not take longer than approximately 6 months. In cases where the provider billing volume initially supports a particular claim volume (to fulfill the 20-40 claim request) and that claim volume subsequently decreases, MACs should consider closing the round with the existing claims at the 6-month mark.

Provider Notification Letter

The MACs shall send a notification letter to providers/suppliers being targeted for review that:

- Outlines the targeted probe & educate process,
- Explains the process by which providers/suppliers will be able to receive one-on-one education and the types of education that will be available,
- Notifies providers/suppliers that MACs shall have the option to refer providers/suppliers to the RAC or UPIC as a result of non-response to Additional Development Requests (ADRs), and

- Includes the following language to remind providers of 42 CFR §424.535

“In addition, we remind you that the regulation at 42 CFR §424.535 authorizes us to revoke Medicare billing privileges under certain conditions. In particular, we note that per 42 CFR §424.535(a)(8)(ii), CMS has the authority to revoke a currently enrolled provider or supplier’s Medicare billing privileges if CMS determines that the provider or supplier has a pattern or practice of submitting claims that fail to meet Medicare requirements.”

C. TPE One-On-One Education

For the TPE process, one-on-one education is defined as teleconference calls, face-to-face visits, electronic visits using webinar technology, or other similar technologies that enable direct communication between the MAC educator and the provider/supplier. MACs shall record these activities in monthly reporting to CMS. *In addition, MACs shall document and maintain the results of the education, and/or attempts for education (including any provider/supplier response to those attempts)* for data analysis and possible future reporting.

Intra-Probe Education

The MAC may identify errors in the claim(s) that can be easily resolved during the course of provider’s/supplier’s probe reviews. Easily curable errors include, but are not limited to, missing documentation that can be resolved through the submission of additional documentation and missing signatures that can be resolved with a signature attestation. When the MAC identifies an easily curable error, the MAC shall contact the provider to address the error and allow the provider to submit missing documentation, etc.

Post-Probe Education

The MAC shall contact the provider/supplier *to offer a one-on-one educational session after each round of probe review. This offer shall occur, at a minimum, in writing within the Results Letter sent to the provider/supplier.* If the provider/supplier declines the offer for one-on-one education, MACs shall maintain a record of the effort and the reason for denial. The purpose of this one-on-one education is to:

- 1) Alert the provider of errors identified and how they may be resolved for future claim submissions; and
- 2) Provide education regarding the review topic to help prevent new issues from arising during future rounds of review. This post-probe one-on-one education should be individualized, claims-specific, and conducted in a format that is interactive, allowing the provider/supplier to ask questions as needed.

The MAC shall provide a minimum of 45 days after each post-probe educational session, before selecting new claims for review, to allow time for the provider/supplier to cure identified errors.

D. Post-Probe Activity

Final Results Letter

The MAC shall send the provider/supplier a letter detailing the results of the claims reviewed at the conclusion of each round of review. The MAC shall include details regarding the provider’s/supplier’s specific claim errors. For providers/suppliers who will be released from review due to meeting the established error rate goal, results letters shall indicate that the provider is being released from review for one year, with the caveat that additional review may occur at any time should the MAC identified changes in billing pattern. For

providers/suppliers who continue to have high error rates after three rounds of TPE review, results letters shall indicate that they have not met the established goal error rate and will be referred to CMS for additional action, which may include additional rounds of TPE review, 100 percent prepayment review, extrapolation, referral to a Recovery Auditor, and/or referral for revocation. Additionally, the letter shall include the following language to remind providers of 42 CFR §424.535.

“In addition, we remind you that the regulation at 42 CFR §424.535 authorizes us to revoke Medicare billing privileges under certain conditions. In particular, we note that per 42 CFR §424.535(a)(8)(ii), CMS has the authority to revoke a currently enrolled provider or supplier’s Medicare billing privileges if CMS determines that the provider or supplier has a pattern or practice of submitting claims that fail to meet Medicare requirements.”

Determining the Need for Additional TPE

The MAC shall calculate the provider/supplier claim error rate and payment error rate at the conclusion of each round of TPE. The MAC shall use the provider/supplier error rate to determine whether an additional round of TPE is appropriate.

Closure and Monitoring

A provider/supplier may be removed from TPE after any round if they demonstrate low error rates or sufficient improvement in error rates, as determined by the MAC. MACs shall use data analysis to monitor the providers/suppliers who have been discontinued from the TPE process. MACs shall conduct follow-up review in one year or sooner if data analysis indicates changes in billing patterns or when potential risk to the Medicare Trust Fund is identified.

E. Referrals

If a provider/supplier continues to have a high error rate at the conclusion of three rounds of TPE, the MAC shall refer to CMS for further action. Referrals shall include details regarding the reason the provider/supplier was selected for TPE review, TPE review results, results of appealed denials (to the extent available at the time of referral), any education provided (or offered and refused), and any other relevant information that may be helpful in determining appropriate next steps.

The MAC shall refer suspected fraudulent providers to the UPIC at any time during the TPE process.

F. Next Steps

Once the MAC refers a provider/supplier to CMS, details are reviewed to determine if additional action must be taken by the MAC. Additional actions that may be required include, but are not limited to, additional rounds of TPE review, 100 percent prepayment review, extrapolation, referral to a RAC, and/or referral for revocation. If CMS directs the MAC to conduct an additional round of TPE review, the MAC shall send the provider/supplier a notification letter indicating that an additional round of review is required. These reviews shall be of claims with dates of service at least 45 days after the prior round’s post probe education and after the provider/supplier has received the aforementioned notification letter.