

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13971	Date: September 30, 2026
	Change Request 14616

SUBJECT: Updates to Chapter 3, Section 3.7.1.1 of Publication (Pub) 100-08 - Medicare Program Integrity Manual

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to require the Medicare Administrative Contractors (MACs) to post Targeted Probe and Educate (TPE) results on their websites in an effort to keep the provider and supplier communities informed of issues and trends.

EFFECTIVE DATE: November 2, 2026

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

IMPLEMENTATION DATE: November 2, 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	3/3.7/3.7.1/3.7.1.1/Provider Error Rate

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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II. GENERAL INFORMATION

A. Background: Industry has recently shared with CMS that quarterly web postings on MAC websites are a valuable tool to keep the provider and supplier communities informed of issues and trends. This CR attempts to ensure consistency of publication across MACs.

B. Policy: This CR does not involve any regulatory, statutory, or legislative policy.

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14616.1	Each quarter, MAC shall post TPE results with, at a minimum, the top and/or most common reasons for denial (list top three, if applicable) per TPE prioritized problem on their websites.	X	X	X	X					
14616.1.1	If more than three denial reasons for a specific topic would be useful to the supplier community, the	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	MACs should also include those.									

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:
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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: 1

Medicare Program Integrity Manual

Chapter 3 - Verifying Potential Errors and Taking Corrective Actions

Table of Contents

(Rev. 13971; Issued: 09-30-26)

Transmittals for Chapter 3

3.7.1.1 - Provider Error Rate

(Rev. 13971; Issued: 09-30-26; Effective Date:11-02-26; Implementation Date:11-02-26)

This section applies to MACs.

If the MAC identifies a provider-specific problem, the provider error rate is an important consideration in deciding how to address the problem. For instance, a provider with a low error rate with no history of patterns of errors may require a fairly minor corrective action plan such as education with recoupment of overpayment. Other factors such as the total dollar value of the problem and the past history of the provider also deserve consideration. The MAC assesses the nature of the problem as minor, moderate or major and uses available tools such as data analysis and evaluation of other information to validate the problem.

A. Provider Error Rate Formula

The MACs shall include claims denied due to no response to ADRs when calculating the provider error rate.

The MACs shall use the following formula for prepayment review to calculate the provider's service specific error rate:

$$\frac{\text{Total Dollar amount of allowable** charges for services billed in error as determined by MR***}}{\text{Total Dollar amount of allowable** charges for services subject to a medical review documentation request}}$$

For postpayment review, the MACs shall use the following formula to calculate the provider's service specific error rate:

$$\frac{\text{Total Dollar amount of services paid in error as determined by MR***}}{\text{Total Dollar amount of services subject to a medical review documentation request}}$$

**If allowable charges are not available, submitted charges may be used until system changes are made.

***Net out (subtract) the dollar amount of charges under billed

B. Targeted Probe and Educate Quarterly Web Posting

Each quarter, MACs shall post TPE results with, at a minimum, the three most common reasons per Targeted Probe and Educate prioritized problem on their websites in an effort to keep the supplier community informed of issues and trends. If more than three denial reasons for a specific topic would be useful to the supplier community, the MACs should include those as well.