CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 14002	**Date: October 26, 2026**
	Change Request 14654

SUBJECT: Updates of Chapter 4 in Publication (Pub.) 100-08, Including Updates to the Beneficiary/Complainant Resolution Letter Process

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to revise section 4.5.1 within Chapter 4 in Pub. 100-08. The revisions include updates to the Beneficiary/Complainant Resolution Letter Process, as previously communicated to the Unified Program Integrity Contractors (UPICs) via Technical Direction.

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: November 27, 2026
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: November 27, 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	4/4.5/4.5.1/UPIC and I-MEDIC Responsibilities

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

Pub. 100-08	Transmittal: 14002	Date: October 26, 2026	Change Request: 14654

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II. GENERAL INFORMATION

A. Background: The purpose of this CR is to update a section in Chapter 4 in Pub. 100-08. Specifically, guidance in Chapter 4 is being updated to instruct contractors on the Beneficiary/Complainant Resolution Letter Process.

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 MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14654.1	The contractor shall not be expected to send resolution letter(s) to the beneficiaries/complainants when cases and payment suspensions are three years or older and they are linked to large-scale law enforcement investigations resulting in takedowns.									UPICs

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14654.1.1	The contractor shall seek guidance from their Business Function Leads to identify cases/payment suspensions that do not meet the timeframe criteria of three years or longer but have a high number of pending resolution letters, as it relates to whether resolution letters shall be issued.									UPICs
14654.1.2	The contractor shall document in the active investigation file closing summary in the Unified Case Management (UCM) system and refer to the applicable section of the Program Integrity Manual as the basis for cases that resolution letter(s) have not been sent that include large-scale law enforcement investigations resulting in takedowns and Durable Medicare Equipment (DME) investigations that are open for 3 years or longer.									UPICs
14654.2	The UPIC shall track complaints referred by the Medicare Administrative Contractor screening area in the UCM.									UPICs

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 4 - Program Integrity

Table of Contents
(Rev. 14002; Issued: 10-26-2026)

Transmittals for Chapter 4

4.5.1 - UPIC and I-MEDIC Responsibilities

(Rev. 14002; Issued: 10-26-2026; Effective: 11-27-2026; Implementation: 11-27-2026)

This section applies to the UPICs and the MACs.

When a complaint is received from the MAC screening staff, the UPIC shall further screen the complaint, resolve the complaint, or make referrals, as needed, to the appropriate entity.

The MAC shall screen and forward the complaints within 45 business days from the date of receipt by the screening staff, or within 30 business days of receiving medical records and/or other documentation, whichever is later, to the UPIC. The UPIC shall send the acknowledgement letter within 15 calendar days of receipt of the complaint referral from the MAC screening staff, unless it can be resolved sooner. The letter shall be sent on UPIC letterhead and shall contain the telephone number of the UPIC analyst handling the case.

If the MAC refers a DME provider/supplier that was previously referred to the UPIC, is under active investigation, is on an active Payment Suspension, has been referred to law enforcement and is under active law enforcement investigation, or is under an active zone restriction, the UPIC shall not send the following letters to the beneficiary/complainant.

- **Acknowledgement** within 15 calendar days of receipt of the complaint referral from the MAC screening staff unless it can be resolved sooner;
- **Acknowledgement** to the complainant, indicating that a referral is being made, if applicable, to the appropriate MAC unit for further action;
- **Complaint resolution** within seven (7) calendar days of resolving the complaint investigation.

*To avoid unnecessary costs and time, UPICs and the I-MEDIC are **not** expected to send resolution letter(s) to the beneficiary/complainant when the following criteria are met:*

- *CSEs/PSPs are three years or older, **and***
- *Large-scale law enforcement investigations resulting in takedowns*

Should the UPICs or I-MEDIC identify cases/payment suspensions that do not meet the timeframe criteria of three years or longer but have a high number of pending resolution letters, they shall seek guidance from their BFL(s) as it relates to whether resolution letters shall be issued.

In cases that include large-scale LE investigations resulting in takedowns and DME investigations open for 3 years or longer, the UPIC shall document that resolution letter(s) have not been sent in the active investigation file (CSE) closing summary in UCM and refer to this section of the PIM as the basis.

The UPIC shall document the MAC referral/complaint in the active investigation file (CSE) in UCM as well as upload the referral/complaint in the Documents section of the active CSE. Should the UPIC need additional beneficiary interviews, the UPIC should consider interviewing beneficiaries that have filed a complaint.

If the UPIC staff determines, after screening the complaint, that it is not a potential fraud, waste, and/or abuse issue, but involves other issues (e.g., MR, enrollment, claims processing), the complaint shall be referred back to the MAC area responsible for screening. The MAC screening staff shall track the complaints returned by the UPIC. However, the UPIC shall send an acknowledgement to the complainant, indicating that a referral is being made, if applicable, to the appropriate MAC unit for further action. The UPIC shall track

complaints referred by the MAC screening area in the *UCM*. The UPIC shall send the complainant a resolution letter within seven (7) calendar days of resolving the complaint investigation.

This section applies to UPICs who receive identified potential user abuse of MBI Lookup Tools in MAC portals.

When CPI identifies potential user abuse in the MBI Lookup tool, CPI will enter a case in the UCM, screen and vet as needed, and tag the case as an MBI Lookup violation. CPI will advise the applicable UPIC(s) of the details of the case and request an investigation into inappropriate claim submissions, if applicable.

This section applies to the I-MEDIC.

When a complaint is received by the I-MEDIC complaint screening staff, an acknowledgement letter shall be sent to the complainant within five (5) calendar days. The I-MEDIC complaint screening staff shall screen, resolve, or if warranted, escalate the complaint to the screening team at the I-MEDIC within 30 calendar days from the date of receipt.

Once a complaint has been escalated to lead screening, the I-MEDIC shall further screen the lead, open an investigation, or make referrals, as needed, to the appropriate entity within 45 days.

The I-MEDIC shall track all complaints received by its complaint screening staff in an internal tracking system. All complaints that have escalated to a lead status shall be tracked in the UCM.

The I-MEDIC complaint screening staff shall send the complainant a resolution letter within five (5) calendar days of resolving the complaint investigation.