

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 718	Date: May 19, 2017
	Change Request 9879

SUBJECT: Reviewing for Adverse Legal Actions (ALA)

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to update chapter 15 of Pub. 100-08 to include information and resources to assist the Medicare Administrative Contractors (MACs) in reviewing final adverse actions while processing provider enrollment applications.

EFFECTIVE DATE: June 20, 2017

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

IMPLEMENTATION DATE: June 20, 2017

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	15/Table of Contents
N	15/15.5/15.5.3.1/Reviewing for Adverse Legal Actions

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

Pub. 100-08	Transmittal: 718	Date: May 19, 2017	Change Request: 9879
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SUBJECT: Reviewing for Adverse Legal Actions (ALA)

EFFECTIVE DATE: June 20, 2017

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

IMPLEMENTATION DATE: June 20, 2017

I. GENERAL INFORMATION

A. Background: Chapter 15 of Pub. 100-08 is being updated to include information and resources to assist the MACs in reviewing final adverse actions while processing provider enrollment applications.

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

II. 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				Othe r
		A	B	HH H		FIS S	MC S	VM S	CW F	
9879.1	MACs shall verify that a provider holds a valid accreditation/medical license in the state in which they are enrolling upon initial enrollment and reactivation.	X	X	X						NSC
9879.1.1	If the provider did report the ALA (provider's accreditation/medical license was previously suspended/revoked/voluntarily surrendered while formal disciplinary proceeding was pending before a State licensing authority) taken on their license/accreditation, the MAC shall process application unless there is another reported adverse legal action that precludes the processing of the application.	X	X	X						NSC
9879.1.1.1	MACs shall read board orders thoroughly to determine if there are other adverse actions	X	X	X						NSC

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	
	associated with the license suspension/revocation, e.g. Felonies.									
9879.1.2	If the provider did not report the ALA (provider's accreditation/medical license was previously suspended/revoked/voluntarily surrendered while formal disciplinary proceeding was pending before a State licensing authority) taken on their license/ accreditation, the MAC shall deny the application under 42 CFR §424.530 (a)(4) unless the license adverse action occurred more than ten years prior to the date of application receipt. If a license suspension/revocation/surrender in lieu of disciplinary proceedings occurred more than ten years prior to the date of receipt of the application, the application and ALA information shall be sent to EnrollmentReview@cms.hhs.gov for review and decision.	X	X	X						NSC
9879.1.2.1	MACs shall consider whether other denial reasons exist.	X	X	X						NSC
9879.1.2.2	MACs shall read board orders thoroughly to determine if there are other adverse actions associated with the license suspension/revocation, e.g. Felonies.	X	X	X						NSC
9879.2	MAC shall verify that a provider holds a valid accreditation/medical license in the state in which they are revalidating or changing of information related to the providers license.	X	X	X						NSC

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	
9879.2.1	If the provider did report the ALA (provider's accreditation/medical license was previously suspended/revoked/voluntarily surrendered while formal disciplinary proceeding was pending before a State licensing authority) taken on their license/accreditation, the MAC shall check whether the provider billed for dates of service during the period of license suspension/revocation/surrender during disciplinary proceedings.	X	X	X						NSC
9879.2.1.1	If the provider billed for dates of service during this period, the provider shall be revoked under 42 CFR § 424.535 (a)(1).	X	X	X						NSC
9879.2.1.2	If the provider did not bill during the period of license suspension, the application shall be processed unless there is another reported adverse legal action that precludes the processing of the application.	X	X	X						NSC
9879.2.1.3	MACs shall read board orders thoroughly to determine if there are other adverse actions associated with the license suspension/revocation, e.g. Felonies.	X	X	X						NSC
9879.2.2	If the provider did not report the ALA (provider's accreditation/medical license was previously suspended/revoked/voluntarily surrendered while formal disciplinary proceeding was pending before a State licensing authority) taken on their license/accreditation, the MAC shall check whether the provider billed for dates of service during	X	X	X						NSC

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	
	the period of license suspension/revocation/surrender during disciplinary proceedings.									
9879.2.2.1	If the provider billed for dates of service during this period, the provider should be revoked under 42 CFR § 424.535 (a) (1) and 42 CFR § 424.535 (a)(4).	X	X	X						NSC
9879.2.2.2	If the provider did not bill for dates of service during this period, the provider shall be revoked under 42 CFR §424.535 (a)(4).	X	X	X						NSC
9879.2.2.3	If a license suspension/revocation /surrender in lieu of disciplinary proceeding occurred more than ten years prior to the date of application receipt, the application and ALA information shall be sent to EnrollmentReview@cms.hhs.gov for review and decision.	X	X	X						NSC
9879.2.2.4	MACs shall read board orders thoroughly to determine if there are other adverse actions associated with the license suspension/revocation, e.g. Felonies.	X	X	X						NSC
9879.3	If while screening an enrollment application the MAC becomes aware that a provider or someone with ownership interest and/or managing control has been adjudged guilty of a felony and/or a crime that is punishable by imprisonment for a period of one year or more, the MAC shall send the application and ALA information to EnrollmentReview@cms.hhs.gov for review and decision.	X	X	X						NSC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
9879.4	If while screening an enrollment application the MAC becomes aware that a provider or someone with ownership interest and/or managing control has been adjudged guilty of a misdemeanor that is related to healthcare, abuse or neglect of a patient, financial misconduct, interference with a criminal investigation, or un-lawful manufacture, distribution, prescription or dispensing of a controlled substance and the misdemeanor was reported on the application, the MAC shall process the application unless there is another reported adverse legal action that precludes the processing of the application.	X	X	X						NSC
9879.5	If while screening an enrollment application the MAC becomes aware that a provider or someone with ownership interest and/or managing control has been adjudged guilty of a misdemeanor that is related to healthcare, abuse or neglect of a patient, financial misconduct, interference with a criminal investigation, or un-lawful manufacture, distribution, prescription or dispensing of a controlled substance and the misdemeanor was NOT reported on the application, the MAC shall send ALA information to EnrollmentReview@cms.hhs.gov for review and decision.	X	X	X						NSC
9879.6	Upon screening for an initial enrollment and reactivation, MACs shall verify if the provider or someone with ownership interest and/or managing control has an active HHS and/or Office of Inspector	X	X	X						NSC

Number	Requirement	Responsibility								
		A/B MAC			DME MA C	Shared-System Maintainers				Othe r
		A	B	HH H		FIS S	MC S	VM S	CW F	
	General (OIG) exclusion.									
9879.6.1	If the provider or someone with ownership interest and/or managing control has an active HHS and/or OIG exclusion, the MAC shall deny the application under 42 CFR § 424.530 (a)(2).	X	X	X						NSC
9879.6.1.1	MACs shall consider whether other denial reasons exist.	X	X							NSC
9879.7	Upon screening for an initial enrollment and reactivation, MACs may become aware that a provider or someone with ownership interest and/or managing control has an expired exclusion period. The MAC shall verify that the provider or someone with ownership interest and/or managing control provider has been reinstated by HHS and/or OIG.	X	X	X						NSC
9879.7.1	If the provider or person with ownership interest and/or managing control has been reinstated and the ALA was reported, the MAC shall process the application unless there is another reported adverse legal action that precludes the processing of the application.	X	X	X						NSC
9879.7.2	If the provider or person with ownership interest and/or managing control has been reinstated and the ALA was NOT reported, the MAC shall deny the application under 42 CFR § 424.530 (a)(4).	X	X	X						NSC
9879.7.2.1	If a provider has been reinstated more than ten years prior to the date of receipt of the application, the application and ALA information shall be sent to	X	X	X						NSC

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	
	EnrollmentReview@cms.hhs.gov for review and decision.									
9879.7.2.2	MACs shall consider whether other denial reasons exist.	X	X	X						NSC
9879.7.3	If the provider or person with ownership interest and/or managing control has NOT been reinstated and the ALA was reported on the application the MAC shall deny the application under 42 CFR § 424.530 (a)(2).	X	X	X						NSC
9879.7.3.1	MACs shall consider whether other denial reasons exist.	X	X	X						NSC
9879.7.4	If the provider or person with ownership interest and/or managing control has NOT been reinstated and the ALA was NOT reported on the application the MAC shall deny the application under 42 CFR § 424.530 (a)(2) & (a)(4).	X	X	X						NSC
9879.7.4.1	MACs shall consider whether other denial reasons exist.	X	X	X						NSC
9879.8	Upon screening for a revalidation or change of information application that is adding person(s) with ownership interest and/or managing control, MACs shall verify if the provider or someone with ownership interest and/or managing control has an active HHS and/or OIG exclusion.	X	X	X						NSC
9879.8.1	If the provider or someone with ownership interest and/or managing control has an active HHS and/or OIG exclusion and the ALA was reported, the MAC shall revoke the provider under 42 CFR § 424.535 (a)(2).	X	X	X						NSC

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	
9879.8.2	If the provider or someone with ownership interest and/or managing control has an active HHS and/or OIG exclusion and the ALA was NOT reported, the MAC shall revoke the provider under 42 CFR § 424.535 (a)(2) and (a)(4).	X	X	X						NSC
9879.8.2.1	MACs shall consider whether other revocation reasons exist.	X	X	X						NSC
9879.8.2.2	All waivers shall be sent to EnrollmentReview@cms.hhs.gov for review.	X	X	X						NSC
9879.9	Upon screening for a revalidation or change of information application that is adding person(s) with ownership interest and/or managing control, MACs may become aware that a provider or someone with ownership interest and/or managing control has an expired exclusion period. The MAC shall verify that the provider or someone with ownership interest and/or managing control provider has been reinstated by HHS and/or OIG.	X	X	X						NSC
9879.9.1	If the provider or person with ownership interest and/or managing control has been reinstated and the ALA was reported, the MAC shall process the application unless there is another reported adverse legal action that precludes the processing of the application.	X	X	X						NSC
9879.9.2	If the provider or person with ownership interest and/or managing control has been reinstated and the ALA was NOT reported, the MAC shall revoke the provider under 42	X	X	X						NSC

Number	Requirement	Responsibility								
		A/B MAC			DME MA C	Shared-System Maintainers				Othe r
		A	B	HH H		FIS S	MC S	VM S	CW F	
	CFR § 424.535 (a)(4).									
9879.9.2.1	If a provider has been reinstated more than ten years prior to the date of receipt of the application, the application and ALA information shall be sent to EnrollmentReview@cms.hhs.gov for review and decision.	X	X	X						NSC
9879.9.3	If the provider or person with ownership interest and/or managing control has NOT been reinstated and the ALA was reported on the application the MAC shall revoke the provider under 42 CFR § 424.535 (a)(2).	X	X	X						NSC
9879.9.4	If the provider or person with ownership interest and/or managing control has NOT been reinstated and the ALA was NOT reported on the application the MAC shall revoke the provider under 42 CFR § 424.535 (a)(2) & (a)(4).	X	X	X						NSC
9879.10	If while screening an initial enrollment application or reactivation the MAC becomes aware that a provider has a current Medicare payment suspension and the provider has reported the ALA, the MAC shall deny the application under 42 CFR § 424.530 (a)(7).	X	X	X						NSC
9879.11	If while screening an initial enrollment application or reactivation the MAC becomes aware that a provider has a current Medicare payment suspension and the provider has NOT reported the ALA, the MAC shall deny the application under 42 CFR § 424.530 (a)(4) & (a)(7).	X	X	X						NSC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
9879.12	If while screening an application the MAC becomes aware that a provider has a past Medicare payment suspension the MAC shall process the application unless there is another reported adverse legal action that precludes the processing of the application.	X	X	X						NSC
9879.13	If while screening a revalidation or change of information application the MAC becomes aware that a provider has a current Medicare payment suspension and the provider has reported the ALA, the MAC shall process the application unless there is another reported adverse legal action that precludes the processing of the application.	X	X	X						NSC
9879.14	If while screening a revalidation or change of information application the MAC becomes aware that a provider has a current Medicare payment suspension and the provider has NOT reported the ALA, the MAC shall revoke the provider under 42 CFR § 424.535 (a)(4).	X	X	X						NSC
9879.15	Upon application screening the MAC shall verify if the provider has a current or expired Medicare enrollment bar in any state.	X	X	X						NSC
9879.15.1	If all Medicare enrollment bars have expired and the ALA was reported, the MAC shall process the application unless there is another reported adverse legal action that precludes the processing of the application.	X	X	X						NSC

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	
9879.15.2	If all Medicare enrollment bars have expired and the ALA was NOT reported, upon initial enrollment or reactivation the MAC shall deny the application under 42 CFR § 424.530 (a)(4).	X	X	X						NSC
9879.15.2.1	If a Medicare revocation was implemented more than ten years prior to the date of receipt of the application, the application and ALA information shall be sent to EnrollmentReview@cms.hhs.gov for review and decision.	X	X	X						NSC
9879.15.3	Upon initial enrollment or reactivation, if the provider is under an active enrollment bar in any state, the MAC shall return the application.	X	X	X						NSC
9879.16	If all Medicare enrollment bars have expired and the ALA was NOT reported, upon revalidation the MAC shall revoke the provider under 42 CFR § 424.535 (a)(4).	X	X	X						NSC
9879.16.1	If a Medicare revocation was implemented more than ten years prior to the date of receipt of the application, the application and ALA information shall be sent to EnrollmentReview@cms.hhs.gov for review and decision.	X	X	X						NSC
9879.17	If the provider has an active enrollment bar in a state other than the one in which they are revalidating and the ALA was reported, the MAC shall process the application.	X	X	X						NSC
9879.18	If the provider has an active enrollment bar in a state other than the one in which they are revalidating and the ALA was NOT reported, the MAC shall	X	X	X						NSC

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	
	revoke the provider 42 CFR § 424.535 (a)(4).									
9879.18.1	MACs shall consider whether other revocation reasons exist.	X	X	X						NSC
9879.18.2	If the provider has an active enrollment bar in the state in which they are revalidating and the ALA was NOT reported, the MAC shall revoke the provider 42 CFR § 424.535 (a)(4).									NSC
9879.19	MACs shall not develop to the provider for information related to ALA's reported by the provider or for information found during application screening.	X	X	X						NSC
9879.20	MACs shall record all ALA's reported by the provider in PECOS.	X	X	X						NSC
9879.21	MACs shall record all ALA's found during application screening in PECOS.	X	X	X						NSC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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

Pre-Implementation Contact(s): Joseph Schultz, 410-786-2656 or Joseph.Schultz@cms.hhs.gov

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: 0

Medicare Program Integrity Manual

Chapter 15 - Medicare Enrollment

Table of Contents
(Rev.718, Issued: 05-19-17)

Transmittals for Chapter 15

15.5.3.1 – Reviewing for Adverse Legal Actions

15.5.3.1 – Reviewing for Adverse Legal Actions
(Rev.718, Issued: 05-19-17, Effective: 06-20-17, Implementation: 06-20-17)

The contractor shall address the reporting of Adverse Legal Actions (ALA) in its review of initial enrollment, revalidation, or change of information applications submitted by a provider or supplier. The contractor may receive information of ALA not yet reported by the provider or supplier from CMS, other contractors or through the application screening process. The contractor shall consider this information and take action as described in (but not limited to) sections 15.5.3 and 15.27 of this chapter.

Providers and suppliers shall include all reportable ALAs on their enrollment applications. This information must be reported either at the time of the initial/revalidation application by the provider/supplier, or must be reported by the provider/supplier within the reporting requirements as specified in 42 CFR § 424.516 and section 15.10.1 of this chapter. Reportable ALAs include criminal convictions within the last 10 years, Federal Health Care programs exclusions/debarments, revocation/suspension of a license to provide health care by any State licensing authority, any current Medicare payment suspension, and any Medicare revocation of any Medicare billing number. Non-reportable ALAs include, but are not limited to, probations, monetary fines and malpractice suits. The contractors shall refer to 42 CFR 424.535 § (a)(2), 42 CFR 424.535 § (a)(3), 42 CFR §1001.2 and the CMS-855 forms for further clarification of what ALAs are to be reported. All applicable ALAs shall be reported, regardless of whether any records were expunged, pending appeals, or waivers being granted.

In order to assist a contractor in determining what actions to take when an ALA is involved, CMS has produced an ALA Decision Tree (see below) for the contractor to use as a guide. The contractor shall follow the ALA Decision Tree when they receive ALA information regarding a provider or supplier, and validate this information against the provider/supplier enrollment application. The contractor shall follow the ALA Decision Tree and shall not develop to the provider or supplier for reported or unreported ALA(s).

I. INITIAL/ REACTIVATION APPLICATIONS

Any actionable ALA reported by a provider shall result in the denial of an application. A MAC shall not develop the ALA. A MAC shall then continue evaluating all ALAs reported and not reported.

1.1 LICENSURE – INITIAL/REACTIVATION APPLICATIONS

<i>Provider holds a valid accreditation/medical license in the state in which they are enrolling</i>	<i>Did the provider report the ALA taken on their license/ accreditation?</i>	<i>MAC Action</i>	<i>Notes</i>
<i>Provider's accreditation/medical license was previously suspended/revoked/ voluntarily surrendered while formal disciplinary proceeding was pending before a State licensing authority.</i>	<i>Yes</i>	<i>Process application unless there is another reported adverse legal action that precludes the processing of the application. Refer to section(s) 1.2 – 1.7.</i>	<i>MACs shall read board orders thoroughly to determine if there are other adverse actions associated with the license suspension/revocation. e.g. Felonies.</i>
<i>Provider's accreditation/medical license was previously suspended/revoked/ voluntarily surrendered while formal disciplinary proceeding was pending before a State licensing authority.</i>	<i>No</i>	<i>Deny application under 42 CFR § 424.530 (a)(4) unless the license adverse action occurred more than ten years prior to the date of application receipt. If a license suspension/revocation /surrender in lieu of disciplinary proceedings occurred more than ten years prior to the date of application receipt, the application and ALA information shall be sent to EnrollmentReview@cms.hhs.gov for review and decision.</i>	<p><i>MACs shall consider whether other denial reasons exist. Refer to section (s) 1.2 – 1.7.</i></p> <p><i>MACs shall read board orders thoroughly to determine if there are other adverse actions associated with the license suspension/ revocation. e.g. Felonies</i></p> <p><i>No Reporting Requirement:</i></p> <ul style="list-style-type: none"> • <i>A suspension is “stayed” in its entirety.</i> • <i>Advertising/Administrative penalties</i> • <i>Fines, Violations, Stipulations, Reprimands</i>

1.2 FELONIES – INITIAL/REACTIVATION APPLICATIONS

<i>Felony</i>	<i>Did the provider report their felony?</i>	<i>MAC Action</i>	<i>Notes</i>
<i>Provider or someone with ownership interest and/or managing control has been adjudged guilty of a felony and/or a crime that is punishable by imprisonment for a period of one year or</i>	<i>Yes or No</i>	<i>Send application and ALA information to EnrollmentReview@cms.hhs.gov for review and decision.</i>	<i>All felony convictions shall be forwarded to CMS for review and decision.</i>

1.2 MISDEMEANORS – INITIAL/REACTIVATION APPLICATIONS

<i>Misdemeanor</i>	<i>Did the provider report their misdemeanor?</i>	<i>MAC Action</i>	<i>Notes</i>
<i>Provider or someone with ownership interest and/or managing control has been adjudged guilty of a misdemeanor that is related to healthcare, abuse or neglect of a patient, financial misconduct, interference with a criminal investigation, or un-lawful manufacture, distribution, prescription or dispensing of a controlled substance.</i>	<i>Yes</i>	<i>Process application unless there is another reported adverse legal action that precludes the processing of the application. Refer to section(s) 1.1 & 1.3 – 1.7.</i>	
<i>Provider or someone with ownership interest and/or managing control has been adjudged guilty of a misdemeanor that is related to healthcare, abuse or neglect of a patient, financial misconduct, interference with a criminal investigation, or un-lawful manufacture, distribution, prescription or dispensing of a controlled substance.</i>	<i>No</i>	<i>Send ALA information to EnrollmentReview@cms.hhs.gov for review and decision.</i>	

1.3 EXCLUSION (ACTIVE) – INITIAL/REACTIVATION APPLICATIONS

<i>Current Exclusion</i>	<i>Did the provider report their current exclusion?</i>	<i>MAC Action</i>	<i>Notes</i>
<i>Provider or someone with ownership interest and/or managing control has an active HHS and/or OIG exclusion</i>	<i>Yes</i>	<i>Deny application under 42 CFR § 424.530 (a)(2)</i>	<i>MACs shall consider whether other denial reasons exist. Refer to section(s) 1.1 – 1.2 & 1.4 - 1.7. A waiver does not guarantee automatic enrollment into the Medicare program. All waivers should be sent to EnrollmentReview@cms.hhs.gov for review.</i>
<i>Provider or someone with ownership interest and/or managing control has an active HHS and/or OIG exclusion</i>	<i>No</i>	<i>Deny application under 42 CFR § 424.530 (a)(2) & (a)(4)</i>	

1.4 EXCLUSION (EXPIRED) – INITIAL/REACTIVATION APPLICATIONS

Exclusion period has expired	Did the provider report their past exclusion?	MAC Action	Notes
<i>Provider or someone with ownership interest and/or managing control has a HHS and/or OIG exclusion period has expired and the provider or someone with ownership interest and/or managing control HAS been reinstated by HHS and/or OIG.</i>	<i>Yes</i>	<i>Process application unless there is another reported adverse legal action that precludes the processing of the application. Refer to section(s) 1.1 – 1.3 & 1.5 – 1.7.</i>	
<i>Provider or someone with ownership interest and/or managing control has a HHS and/or OIG exclusion period has expired and provider/supplier HAS been reinstated by HHS and/or OIG.</i>	<i>No</i>	<i>Deny application under 42 CFR § 424.530 (a)(4) unless the provider was reinstated more than ten years prior to the date of application receipt. If a provider has been reinstated more than ten years prior to the date of application receipt, the application and ALA information shall be sent to EnrollmentReview@cms.hhs.gov for review and decision.</i>	<i>MACs shall consider whether other denial reasons exist. Refer to section(s) 1.1 – 1.3 & 1.5 – 1.7.</i>
<i>Provider or someone with ownership interest HHS and/or OIG exclusion period has expired and provider/supplier HAS NOT been reinstated by HHS and/or OIG.</i>	<i>Yes</i>	<i>Deny application under 42 CFR § 424.530 (a)(2)</i>	<i>MACs shall consider whether other denial reasons exist. Refer to section(s) 1.1 – 1.3 & 1.5 – 1.7.</i>
<i>Provider or someone with ownership interest HHS and/or OIG exclusion period has expired and provider/supplier HAS NOT been reinstated by HHS and/or OIG.</i>	<i>No</i>	<i>Deny application under 42 CFR § 424.530 (a)(2) & (a) (4)</i>	<i>MACs shall consider whether other denial reasons exist. Refer to section(s) 1.1 – 1.3 & 1.5 – 1.7.</i>

1.5 MEDICARE PAYMENT SUSPENSION (CURRENT) – INITIAL/REACTIVATION APPLICATIONS

<i>Medicare Payment Suspension is currently active</i>	<i>Did the provider report their current Medicare Payment Suspension?</i>	<i>MAC Action</i>	<i>Notes</i>
<i>Current Medicare Payment Suspension</i>	<i>Yes</i>	<i>Deny application under 42 CFR § 424.530 (a) (7)</i>	<i>MACs should consider whether other denial reasons exist. Refer to section(s) 1.1 – 1.4 & 1.6 – 1.7.</i>
<i>Current Medicare Payment Suspension</i>	<i>No</i>	<i>Deny application under 42 CFR § 424.530 (a)(4) & (a) (7)</i>	<i>MACs should consider whether other denial reasons exist. Refer to section(s) 1.1 – 1.4 & 1.6 – 1.7.</i>

1.6 MEDICARE PAYMENT SUSPENSION (PAST) – INITIAL/REACTIVATION APPLICATIONS

<i>Medicare Payment Suspension that is NOT currently active</i>	<i>Did the provider report their past Medicare Payment Suspension?</i>	<i>MAC Action</i>	<i>Notes</i>
<i>Past Medicare Payment Suspension</i>	<i>Yes or No</i>	<i>Process application unless there is another reported adverse legal action that precludes the processing of the application. Refer to section(s) 1.1 – 1.5 & 1.7.</i>	

1.7 MEDICARE REVOCATION – INITIAL/REACTIVATION APPLICATIONS

<i>Medicare Revocation</i>	<i>Did the provider report their Medicare Revocation?</i>	<i>MAC Action</i>	<i>Notes</i>
<i>All prior enrollment bar(s) have expired</i>	<i>Yes</i>	<i>Process application unless there is another reported adverse legal action that precludes the processing of the application. Refer to section(s) 1.1 – 1.6.</i>	
<i>All prior enrollment bar(s) have expired</i>	<i>No</i>	<i>Deny application under 42 CFR § 424.530 (a)(4) unless the prior revocation was implemented more than ten years prior to application receipt. If a Medicare revocation was implemented more than ten years prior to application receipt, the application and ALA information shall be sent to EnrollmentReview@cms.hhs.gov for review and decision.</i>	<p><i>MACs shall consider whether other denial reasons exist. Refer to section(s) 1.1 – 1.6.</i></p> <p><i>No Reporting Requirement:</i></p> <p><i>If a provider’s enrollment status is deactivated and the Medicare revocation stemmed from an expired license.</i></p> <p><i>If a provider’s enrollment status is revoked, and the revocation was due to an expired license, a MAC should verify that the provider did not bill for dates of service after the license expired. If no billing activity occurred, the provider’s enrollment status should be changed to deactivated.</i></p>
<i>Enrollment bar is active in the state that the provider is enrolling</i>	<i>Yes or No</i>	<i>Return the application</i>	
<i>Enrollment bar is active in a state other than the enrolling state</i>	<i>Yes or no</i>	<i>Return the application.</i>	

II. REVALIDATIONS/CHANGE OF INFORMATION APPLICATIONS

Any actionable ALA reported by a provider shall result in a revocation. A MAC shall not develop the ALA. If a MAC discovers an ALA that has not been reported by a provider, a MAC shall record the ALA in Section 3 of PECOS and note that they were the entity that discovered the ALA. The ALA shall be recorded in the 'Resolution' field. A MAC shall then continue evaluating all ALAs reported and not reported.

2.1 LICENSURE – REVALIDATIONS/ CHANGE OF INFORMATION APPLICATIONS

<i>Provider holds a valid accreditation/medical license in the state in which they are revalidating or changing information</i>	<i>Did the provider report the ALA taken on their license/ accreditation?</i>	<i>MAC Action</i>	<i>Notes</i>
<i>Provider's accreditation/ medical license was previously suspended/revoked/ voluntarily surrendered while formal disciplinary proceeding was pending before a State licensing authority.</i>	<i>Yes</i>	<i>MACs shall check whether the provider billed for dates of service during the period of license suspension/revocation/surrender during disciplinary proceedings. If the provider billed for dates of service during this period, the provider shall be revoked under 42 CFR § 424.535 (a)(1). If the provider did not bill during the period of license suspension, the application shall be processed unless there is another reported adverse legal action that precludes the processing of the application. Refer to section(s) 2.2 – 2.7.</i>	<i>MACs shall read board orders thoroughly to determine if there are other adverse actions associated with the license suspension/revocation/ surrender. e.g. Felonies.</i>

<p><i>Provider's accreditation/ medical license was previously suspended/revoked in any state/voluntarily surrendered while formal disciplinary proceeding was pending before a State licensing authority.</i></p>	<p><i>No</i></p>	<p><i>MACs shall check whether the provider billed for dates of service during the period of license suspension/revocation. If the provider billed for dates of service during this period, the provider should be revoked under 42 CFR § 424.535 (a) (1) and 42 CFR § 424.535 (a)(4).</i></p> <p><i>If the provider did not bill for dates of service during this period, the provider shall be revoked under 42 CFR § 424.535 (a)(4).</i></p> <p><i>If a license suspension/revocation /surrender in lieu of disciplinary proceeding occurred more than ten years prior to the date of application receipt, the application and ALA information shall be sent to EnrollmentReview@cms.hhs.gov for review and decision.</i></p> <p><i>MACs shall consider whether other revocation reasons exist. Refer to section(s) 2.2 – 2.7.</i></p>	<p><i>MACs shall read board orders thoroughly to determine if:</i></p> <ul style="list-style-type: none"> <i>- there are other adverse actions associated with the license suspension/revocation/ surrender. e.g. Felonies</i> <p><i>No Reporting Requirement:</i></p> <p><i>A suspension is “stayed” in its entirety.</i></p> <p><i>Advertising/Administrative penalties</i></p> <p><i>Fines, Violations, Stipulations, Reprimands</i></p>
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2.2 FELONIES — REVALIDATION/ CHANGE OF INFORMATION APPLICATIONS

Felony	Did the provider report their felony?	MAC Action	Notes
<i>Provider or someone with ownership interest and/or managing control has been adjudged guilty of a felony and/or a crime that is punishable by imprisonment.</i>	<i>Yes or No</i>	<i>Send application and ALA information to EnrollmentReview@cms.hhs.gov for review and decision.</i>	<i>All felonies shall be forwarded to CMS for review and decision.</i>

2.2 MISDEMEANORS – REVALIDATION/ CHANGE OF INFORMATION APPLICATION

Misdemeanor	Did the provider report their misdemeanor?	MAC Action	Notes
<i>Provider or someone with ownership interest and/or managing control has been adjudged guilty of a misdemeanor that is related to healthcare, abuse or neglect of a patient, financial misconduct, interference with a criminal investigation, or un- lawful manufacture, distribution, prescription or dispensing of a controlled substance.</i>	<i>Yes</i>	<i>Process application unless there is another reported adverse legal action that precludes the processing of the application. Refer to section(s) 2.1 & 2.3 – 2.7.</i>	
<i>Provider or someone with ownership interest and/or managing control has been adjudged guilty of a misdemeanor that is related to healthcare, abuse or neglect of a patient, financial misconduct, interference with a criminal investigation, or un- lawful manufacture, distribution, prescription or dispensing of a controlled substance.</i>	<i>No</i>	<i>Send ALA information to EnrollmentReview@cms.hhs.gov for review and decision.</i>	

2.3 EXCLUSION (ACTIVE) – REVALIDATION/CHANGE OF INFORMATION APPLICATIONS

Current Exclusion	Did the provider report their current exclusion?	MAC Action	Notes
<i>Provider or someone with ownership interest and/or managing control has an active HHS and/or OIG exclusion active HHS and/or OIG exclusion</i>	<i>Yes</i>	<i>Revoke provider under 42 CFR § 424.535 (a)(2)</i>	<i>MACs shall consider whether other revocation reasons exist. Refer to section(s) 2.1 – 2.2 & 2.4 - 2.7. All waivers shall be sent to EnrollmentReview@cms.hhs.gov for review.</i>
<i>Provider or someone with ownership interest and/or managing control has an active HHS and/or OIG exclusion active HHS and/or OIG exclusion</i>	<i>No</i>	<i>Revoke provider under 42 CFR § 424.535 (a)(2) and (a)(4)</i>	<i>MACs shall consider whether other revocation reasons exist. Refer to section(s) 2.1 – 2.2 & 2.4 - 2.7. All waivers shall be sent to EnrollmentReview@cms.hhs.gov for review.</i>

2.4 EXCLUSION (EXPIRED) – REVALIDATION/CHANGE OF INFORMATION APPLICATIONS

Exclusion period has expired	Did the provider report their past exclusion?	MAC Action	Notes
<i>Provider or someone with ownership interest and/or managing control has a HHS and/or OIG exclusion period has expired and the provider or someone with ownership interest and/or managing control HAS been reinstated by HHS and/or OIG.</i>	<i>Yes</i>	<i>Process application unless there is another reported adverse legal action that precludes the processing of the application. Refer to section(s) 2.1 – 2.3 & 2.5 – 2.7.</i>	
<i>Provider or someone with ownership interest and/or managing control has a HHS and/or OIG exclusion period has expired and the provider or someone with ownership interest and/or managing control HAS been reinstated by HHS and/or OIG.</i>	<i>No</i>	<i>Revoke provider under 42 CFR § 424.535 (a) (4) unless the provider was reinstated more than ten years prior to the date of application receipt. If a provider has been reinstated more than ten years prior to the date of application receipt, the application and ALA information shall be sent to EnrollmentReview@cms.hhs.gov for review and decision.</i>	

<i>Provider or someone with ownership interest and/or managing control has a HHS and/or OIG exclusion period has expired and the provider or someone with ownership interest and/or managing control HAS not been reinstated by HHS and/or OIG.</i>	<i>Yes</i>	<i>Revoke provider under 42 CFR § 424.535 (a) (2)</i>	
<i>Provider or someone with ownership interest and/or managing control has a HHS and/or OIG exclusion period has expired and the provider or someone with ownership interest and/or managing control HAS not been reinstated by HHS and/or OIG.</i>	<i>No</i>	<i>Revoke provider under 42 CFR § 424.535 (a) (2) and 42 CFR § 424.535 (a)(4)</i>	

2.5 MEDICARE PAYMENT SUSPENSION (CURRENT) – REVALIDATION/CHANGE OF INFORMATION APPLICATIONS

<i>Medicare Payment Suspension that is currently active</i>	<i>Did the provider report their current Medicare Payment Suspension?</i>	<i>MAC Action</i>	<i>Notes</i>
<i>Current Medicare Payment Suspension</i>	<i>Yes</i>	<i>Process application unless there is another reported adverse legal action that precludes the processing of the application. Refer to section(s) 2.1 – 2.5 & 2.7.</i>	
<i>Current Medicare Payment Suspension</i>	<i>No</i>	<i>Revoke provider under 42 CFR § 424.535 (a)(4)</i>	

2.6 MEDICARE PAYMENT SUSPENSION (PAST) – REVALIDATION/CHANGE OF INFORMATION

<i>Medicare Payment Suspension that is NOT currently active</i>	<i>Did the provider report their past Medicare Payment Suspension?</i>	<i>MAC Action</i>	<i>Notes</i>
<i>Past Medicare Payment Suspension</i>	<i>Yes or No</i>	<i>Process application unless there is another reported adverse legal action that precludes the processing of the application. Refer to section(s) 2.1 – 2.5 & 2.7.</i>	

2.7 MEDICARE REVOCATION – REVALIDATION/CHANGE OF INFORMATION APPLICATIONS

<i>Any Medicare Revocation</i>	<i>Did the provider report their Medicare Revocation?</i>	<i>MAC Action</i>	<i>Notes</i>
<i>All prior enrollment bar (s) have expired</i>	<i>Yes</i>	<i>Process application unless there is another reported adverse legal action that precludes the processing of the application. Refer to section(s) 2.1 – 2.6</i>	
<i>All prior enrollment bar(s) have expired</i>	<i>No</i>	<i>Revoke provider under 42 CFR § 424.535 (a)(4) unless the prior revocation was implemented more than ten years prior to application receipt. If a Medicare revocation was implemented more than ten years prior to application receipt, the application and ALA information shall be sent to EnrollmentReview@cms.hhs.gov for review and decision.</i>	<i>No Reporting Requirement: If a provider's enrollment status is deactivated and the Medicare revocation stemmed from an expired license. If a provider's enrollment status is revoked, and the revocation was due to an expired license, a MAC should verify that the provider did not bill for dates of service after the license expired. If no billing activity occurred, the provider's enrollment status should be changed to deactivated.</i>
<i>Enrollment bar is active in a state other than the current state</i>	<i>Yes</i>	<i>Process the application</i>	
<i>Enrollment bar is active in a state other than the current state</i>	<i>No</i>	<i>Revoke provider under 42 CFR § 424.535 (a)(4)</i>	<i>MACs shall consider whether other revocation reasons exist. Refer to section(s) 2.1 – 2.6.</i>