

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11536	Date: August 5, 2022
	Change Request 12235

SUBJECT: Provider/Supplier Enrollment Adverse Legal Actions

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to furnish updated instructions to Medicare Administrative Contractors (MACs) on the proper handling of situations where a Medicare provider/supplier or an associate thereof has an adverse legal action.

EFFECTIVE DATE: September 6, 2022

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

IMPLEMENTATION DATE: September 6, 2022

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	10/10.6/10.6.6/Final Adverse 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: 11536	Date: August 5, 2022	Change Request: 12235
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SUBJECT: Provider/Supplier Enrollment Adverse Legal Actions

EFFECTIVE DATE: September 6, 2022

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I. GENERAL INFORMATION

A. Background: Section 10.6.6 in Chapter 10 of CMS Publication (Pub.) 100-08 contains instructions for MACs regarding the proper handling of situations where a Medicare provider/supplier or an associate thereof has an adverse legal action. This CR expands upon these instructions, further clarifies existing procedures, and includes additional factual scenarios that the MACs may encounter.

B. Policy: This CR does not contain 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			D M E M A C	Shared-System Maintainers				Oth er
		A	B	H H H		F I S S	M C S	V M S	C W F	
12235 .1	Except as otherwise prescribed in Section 10.6.6 in Chapter 10 of Pub. 100-08 (hereafter referenced as "Chapter 10"), the contractor shall send the application (if applicable) and adverse legal action (ALA) information to CMS for review if any of the circumstances described in Section 10.6.6(A) in Chapter 10 applies.	X	X	X						NS C
12235 .2	If the contractor is reviewing a provider's/supplier's Form CMS-855 or Form CMS-20134 application for potential denial or revocation based on an ALA, the contractor shall search the Provider Enrollment, Chain and Ownership System (per the instructions in Section 10.6.6(B) of Chapter 10) to determine whether the	X	X	X						NS C

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	HH H		FI SS	M CS	V MS	C W F	
	individual/entity with the ALA has any other associations									
12235 .2.1	If the contractor finds an association (as described in Business Requirement 12235.2) and there are grounds to revoke the associated enrollment(s) of other provider(s)/supplier(s), the contractor shall submit the revocation referral(s) to CMS at ProviderEnrollmentRevocations@cms.hhs.gov.	X	X	X						NS C
12235 .3	The contractor shall adhere to the instructions in Section 10.6.6(D) in Chapter 10 with respect to searches for Office of Inspector General exclusions and System for Award Management debarments and the results of those searches.	X	X	X						NS C
12235 .4	The contractor shall follow the instructions in Section 10.6.6(E) of Chapter 10 with respect to the acquisition and forwarding of ALA supporting documentation.	X	X	X						NS C
12235 .5	The contractor shall follow the instructions in Section 10.6.6(F) of Chapter 10 with respect to the reporting of ALAs and the contractor's verification thereof.	X	X	X						NS C
12235 .6	Except as otherwise stated in Section 10.6.6 of Chapter 10, Chapter 10 itself, or another CMS directive, the contractor shall -- (1) Follow the applicable instructions/table in the ALA Decision Tree in Section 10.6.6(I) in Chapter 10 when it receives ALA information regarding a provider/supplier (or discovers an ALA through independent research or other means); and (2) Not develop with the provider/supplier for reported or unreported ALA(s).	X	X	X						NS C

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:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Frank Whelan, 410-786-1302 or frank.whelan@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 10 – Medicare Enrollment

Table of Contents

(Rev. 11536, Issued: 08-05-22)

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10.6.6 – Final Adverse Actions

(Rev. 11536, Issued: 08-05-22; Effective:09-06-22; Implementation:09-06-22)

Unless stated otherwise, the instructions in this section 10.6.6 apply to the following sections of the Form CMS-855 and *Form* CMS-20134:

- Final Adverse Actions/Convictions (Section 3 of the *Form* CMS-855A, *Form* CMS-855B, *Form* CMS-855I, *Form* CMS-855O, and *Form* CMS-20134, and Section 7 of the *Form* CMS-855S)
- Business Information section/Private Practice Business Information section of the *Form* CMS-855I
- Organizational Ownership and/or Managing Control Final Adverse Legal Action History Section (Section 5 of the *Form* CMS-855A, *Form* CMS-855B, and *Form* CMS-20134, and Section 8 of the *Form* CMS-855S)
- Individual Ownership and/or Managing Control Final Adverse Legal Action History Section (Section 6 of the *Form* CMS-855A, *Form* CMS-855B, *Form* CMS-855I, and *Form* CMS-20134, and Section 9 of the *Form* CMS-855S)

For purposes of this section 10.6.6, the terms “final adverse action” and “adverse legal action” (as those terms are explained in section 10.6.6(F) of this chapter) will be collectively referred to as “ALA(s)”, unless otherwise noted. In addition, references to “Form CMS-855” do not include the Form CMS-855R; this means that the contractor need not review the validation databases (e.g., OIG) described in this section 10.6.6 for Form CMS-855R submissions.)

A. Prior Approval

The contractor shall send the application (if applicable) and ALA information to CMS (in accordance with section 10.6.6(I) below) for review for potential administrative action if:

- *If the provider/supplier discloses its ALA on the Form CMS-855 or Form CMS-20134;*
- *If the provider/supplier discloses the ALA of an associated individual/entity on the Form CMS-855 or Form CMS-20134; or*
- *The contractor discovers---on its own volition and regardless of whether the provider/supplier is submitting a Form CMS-855 or Form CMS-20134---a provider’s/supplier’s ALA or that of an associated individual or entity of the provider/supplier.*

In this chapter, and unless otherwise noted, “associated” individuals/entities refer to parties listed under the “Ownership Interest and/or Managing Control Information” sections of the Form CMS-855 or Form CMS-20134.

B. Review of *the Provider Enrollment, Chain and Ownership System (PECOS)*

If the contractor *is reviewing a provider’s/supplier’s Form CMS-855 or Form CMS-20134 application for potential denial or revocation* based on an ALA, the *contractor* shall search PECOS to determine whether the *individual/entity* with the ALA has any other associations (e.g., is listed in PECOS as an owner *or managing employee* of three Medicare-enrolled providers). *This review requires searching the tax identification number (TIN) of the*

individual/entity and clicking “Associates w/ Connections” in PECOS. The TIN is the social security number or employer identification number (EIN).

If the contractor finds such an association and there are grounds to revoke the associated enrollment(s) of other provider(s)/supplier(s), the contractor shall submit the revocation referral(s) to CMS at ProviderEnrollmentRevocations@cms.hhs.gov.

C. Chain Home Offices, Billing Agencies, and Home Health Agency Nursing Registries

If the contractor discovers that an entity listed in Section 7 of the Form CMS-855A, Section 8 of the Forms CMS-855A/B/I/20134, or Section 12 of the Form CMS-855A has had an ALA imposed against it, the contractor shall contact its Provider Enrollment & Oversight Group Business Function Lead (PEOG BFL) for guidance if needed. For any ALA against individuals listed in Section 7 of the Form CMS-20134, the contractor shall refer to section 10.3.2.7 of this chapter, where this process is outlined in detail.

D. Review of the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) Online Searchable Database and the System for Award Management (SAM)

(NOTE: The required reviews described in this subsection (D) do not apply to (a) voluntary termination submissions, (b) Form CMS-855R submissions, and (c) associated individuals/entities being deleted/removed on the Form CMS-855 or Form CMS-20134. Moreover, the review requirement only applies to data that is reported via an actual submission. Data that has previously been reported (and thus is not part of the submission in question) need not be reviewed. To illustrate, suppose a provider has 20 managing employees on file in PECOS. It submits a change request to add two more managing officials. The contractor need only review the two officials. It need not check the other 20.)

Except as otherwise stated in this section 10.6.6, the contractor shall review each submission of a Form CMS-855 or Form CMS-20134 for (1) any exclusion(s) by HHS OIG of the provider/supplier and (2) exclusion(s) of any associated individuals/entities listed in the “Ownership Interest and/or Managing Control Information” Sections (e.g., an owner, managing employee, or authorized official), regardless of whether the provider/supplier reported the exclusion on the application (as applicable).

The OIG Online Searchable Database is located at exclusions.oig.hhs.gov; it includes all active exclusions for an individual or entity. The contractor shall verify the exclusion by entering the TIN of the excluded individual/entity and shall save that screenshot of the exclusion. (No screenshot is needed if no exclusion is involved.) The contractor shall also search for (1) any waivers to the HHS OIG exclusion and (2) any conviction(s) that may be tied to an exclusion (see section 10.6.6(G) and the applicable Decision Tree tables in section 10.6.6(I) for more details. In addition, if PECOS shows any associated enrollments (by TIN) of the excluded individual/entity that are not voluntarily withdrawn from Medicare, the contractor shall include this information in the ALA referral to CMS (as well as indicate whether CMS can take administrative action on the associated enrollment(s)).

In addition---and except as otherwise stated in this section 10.6.6---the contractor shall review each submission of a Form CMS-855 or Form CMS-20134 and search the SAM (i.e., at [SAM.gov](https://sam.gov); formerly, the General Services Administration Excluded Parties List System) for exclusions/debarments if there is no HHS OIG exclusion—as identified on the OIG Online Searchable Database—for the provider/supplier and for any associated individuals/entities listed under the “Ownership Interest and/or Managing Control Information” Sections (e.g., an owner, managing employee, or authorized official). Only if SAM populates an exclusion/debarment—that the OIG Online Searchable Database does not populate—shall

the contractor save that SAM screenshot when sending the ALA referral to CMS (even if the contractor learns from OIG that the exclusion is not active).

When an entity or individual is listed as debarred in the SAM (*i.e., at SAM.gov*), the SAM record may identify associated entities and persons that are also debarred. To illustrate, suppose John Smith is identified as debarred. The SAM record may also list individuals and entities associated with John Smith that are debarred as well, such as “John Smith Company,” “Smith Consulting,” “Jane Smith,” and “Joe Smith.”

If the contractor learns via the Form CMS-855 or *Form* CMS-20134 verification process, a Unified Program Integrity Contractor (UPIC) referral, or other similar means that a particular *individual/entity* is debarred *or excluded*, the contractor shall search the *individual/entity* in the SAM to see if the SAM record discloses any associated parties that are debarred *or excluded*. If associated parties are listed, the contractor – after verifying, via the instructions in this chapter, that the associated party is indeed debarred – shall check PECOS to determine whether the party is listed in any capacity. If the party is listed, the contractor shall take all applicable steps outlined in this chapter with respect to revocation proceedings against the party and against any persons/entities with whom the party is associated. For instance, using our example above, if the contractor confirms that Jane Smith is debarred and PECOS shows Jane Smith as an owner of Entity X, the contractor shall, as applicable, *send an ALA referral to CMS for review for potential administrative action* against X *as outlined in this section 10.6.6.*

In instances where an HHS OIG exclusion populates SAM but not the OIG Online Searchable Database, this could mean that the provider/supplier (or associated individual/entity) has been reinstated but the SAM has not been accordingly updated. In such cases, the contractor shall contact the appropriate OIG official to (1) verify whether the exclusion is still active, (2) determine the date of reinstatement (if applicable), and (3) request the reinstatement letter from HHS OIG (if applicable). The contractor can find the appropriate OIG official on the Exclusion Record of an individual/entity on SAM by clicking on the respective Excluding Agency (as the respective contact information would populate there). The contractor shall, as applicable, include this information and the reinstatement letter (if available) when sending the ALA referral to CMS.

E. Disclosure of ALA

This section 10.6.6(E) discusses the disclosure and non-disclosure of ALAs on the Form CMS-855 and Form CMS-20134 as well as required documentation.

1. ALA Disclosed

a. Non-Felonies

If the provider/supplier discloses a *non-felony* ALA on the Form CMS-855/20134, the provider/supplier must furnish documentation concerning (i) the type of *reported non-felony ALA*, (ii) the date the *non-felony ALA* occurred, and (iii) what court or governing/administrative body imposed the action. (*This documentation is referenced in Section 3 of the Form CMS-855/20134.*) The provider/supplier must furnish the documentation regardless of whether the *non-felony ALA* occurred in a state different from that in which the provider/supplier seeks enrollment or is enrolled. *The contractor shall develop for any such documentation that the provider/supplier fails to submit using the general developmental procedures outlined in this chapter.*

b. Felony Convictions

(As a reminder, this subsection (E)(1)(b) applies only if the felony was disclosed.)

(i) Acquisition

For felony conviction documentation (and except as stated in subsection (E)(1)(b)(ii) below), the contractor shall:

- *Develop for any required documentation (as described in subsection (E)(1)(a)(i) through (iii) above and on Section 3 of the Form CMS-855) that the provider/supplier fails to submit using the general developmental procedures outlined in this chapter; and*
- *Follow the instructions in subsection (E)(3) regarding the acquisition of the felony-specific documentation discussed therein.*

(ii) Potential Overlap

In all instances discussed in this subsection (E)(1)(b), the contractor shall secure the mandatory documentation subsection (E)(3)(b) below. If the mandatory documentation captures the same information described in subsection (E)(1)(a)(i) through (iii) above, however, the contractor need not obtain the separate/additional (E)(1)(a)(i) through (iii) documentation. For instance, suppose the mandatory documentation identifies the court that imposed the action. The contractor need not obtain additional documentation verifying this data (as stated in subsection (E)(1)(a)(i) through (iii) above and Section 3 of the Form CMS-855). If, however, the mandatory documentation does not contain the data in subsection (E)(1)(a)(i) through (iii), the contractor shall develop for this information if the felony was reported.

2. ALA Is Not Disclosed

This section (E)(2) applies to situations where the contractor discovers an ALA that was not reported on the Form CMS-855/20134.

a. Non-Felonies

For ALAs other than felony convictions, the contractor need not develop for ALA documentation unless CMS instructs otherwise.

b. Felony Conviction

For felony conviction documentation, the contractor shall follow the instructions in section 10.6.6(E)(3).

3. Special Requirements Concerning Felony Documentation

a. Introduction

(This subsection (E)(3) applies (i) only to felony convictions and (ii) regardless of whether the felony conviction was reported on the Form CMS-855/20134.)

If, in felony conviction situations, the provider/supplier does not submit the mandatory documentation described in section 10.6.6(E)(3)(b) below (and, as applicable, the documentation in subsection (E)(1)(a)(i) through (iii) above), the contractor shall directly develop for the documentation with the provider/supplier using the existing development procedures outlined in this chapter; prior approval or instruction from CMS to develop in

this scenario is not needed. After obtaining the documents (or after an unsuccessful attempt), the contractor shall submit the felony referral, application, and any supporting document(s) to CMS for review. The provider/supplier must fully submit all of the requested documentation within 30 calendar days of the date of the development request. If the provider/supplier fails to do so, the contractor shall reject the application, upon PEOG approval; PEOG will then determine, if applicable, whether a revocation is warranted.

b. Documentation to Be Submitted

Mandatory – When sending the felony referral for review (and except as otherwise stated in this chapter), the contractor shall obtain from the provider/supplier and submit to CMS the following documentation:

- Judgment and/or sentencing order (as applicable);*
- Any amended judgment and/or amended sentencing order (if applicable); and*
- Jury verdict form or guilty plea acceptance document (as applicable; availability may vary from court to court). Note that some courts may incorporate the jury verdict or guilty plea entry/acceptance directly into the judgment and/or sentencing order. Also, some courts may not have a separate jury verdict form or guilty plea entry/acceptance, in which case the judgment and/or sentencing order suffices.*

Not Required but Encouraged – The following documentation is optional, though the contractor is encouraged to, if possible, secure and submit this material to CMS; the data below could help furnish valuable background and context to CMS regarding the case.

- Any document showing the court's dismissal of charges (if applicable)*
- Plea agreement (if applicable)*
- Docket report/case summary*
- Information or indictment*
- Any amended information document(s) or superseding indictment(s)*
- Police criminal complaint and/or affidavit of probable cause*

4. Additional Policies

*a. Reinstatements - If the **individual** or entity in question was excluded or debarred but has since been reinstated, the contractor shall confirm the reinstatement through **HHS** OIG or, in the case of debarment, through the federal agency that took the action. *The appropriate OIG contact for such reinstatement verification requests is sanction@oig.hhs.gov. SAM.gov provides the appropriate contact for the federal agency that took debarment action on the screenshot page of that action (when searching the individual/entity).**

*b. Scope of Disclosure – All **ALAs** that occurred under the **legal business name** (LBN) and TIN of the disclosing entity (e.g., applicant, Section 5 owner) must be reported.*

Example (A) - Smith Pharmacy, Inc. had 22 separately enrolled locations in 2017. Each location was under Smith's LBN and TIN. In 2018, two locations were excluded by the OIG and then subsequently revoked by CMS. Smith submits a Form CMS-855S application for a new location on Jones Street. Suppose, however, that each of Smith's locations had its own LBN and TIN. The Jones Street application need not disclose the two revocations from 2018.

Example (B) – A **home health agency** (HHA), hospice, and hospital are enrolling under Corporation X's LBN and TIN. X is listed as the provider in Section 2 of each applicant's Form CMS-855A. All three successfully enroll. Six months later, Company X's **enrollment** for the HHA is revoked due to an OIG exclusion. Both the hospice and the hospital must report that X was excluded on a Form CMS-855A change request because X is under the

provider's LBN and TIN. Assume now that X seeks to enroll an *ambulatory surgical center (ASC)* under X's LBN and TIN. The exclusion would have to be reported in *Section 3* of the ASC's initial Form CMS-855B.

Example (C) – Company Y is listed as the provider/supplier for two HHAs and two suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). These four providers/suppliers are under Y's LBN and TIN. Each provider/supplier is located in a different *state*. All are enrolled. Y's *enrollment* for one of the DMEPOS suppliers *is* revoked due to a felony conviction. Y now seeks to enroll an ASC in a fifth state. Y must disclose its felony conviction even though the felony conviction occurred in a state different from that in which the ASC is located.

c. Timeframe – With the exception of felony and misdemeanor convictions (*and unless stated otherwise in this chapter*), all *ALAs* must be reported in the final adverse legal action *section* of the Form CMS-855 or Form CMS-20134 regardless of when the final adverse legal action occurred.

d. Evidence to Indicate ALA – There may be instances where the provider or supplier states on *the* Form *CMS-855* or Form CMS-20134 that the person or entity has never had *an ALA* imposed against him/her/it, but the contractor finds evidence to indicate otherwise. In such cases, the contractor shall follow the decision tree in section 10.6.6(I) below.

e. MDPP Coaches - MDPP suppliers enrolling *via* the *Form CMS-20134* are not required to *report* any *ALA* as it relates to MDPP coaches submitted on Section 7 of that form.

F. Scope of a Reportable *ALA*

Providers and suppliers shall disclose all reportable *ALAs* on their enrollment applications. To satisfy the reporting requirement, the provider/supplier shall complete the Final Adverse Legal Action section(s) (Form CMS-855 or Form CMS-20134) in its entirety and attach all applicable documentation concerning the *ALA* to the application. *All ALAs* must be reported, regardless of whether any records have been expunged or *sealed* or *any appeals are* pending.

ALAs that must be disclosed on the Form CMS-855 or Form CMS-20134 include:

1. Felony conviction(s) within 10 years

a. Reporting – Providers/suppliers are required to report a felony (*federal or state*) when: (1) a conviction has occurred; and (2) the felony *conviction date* (*e.g., the date of a court's acceptance of a guilty plea or the date of a jury verdict*) is within 10 years from the submission date of a Form CMS-855 or Form CMS-20134 application.

b. When a Conviction Occurs - A conviction (as the term 'convicted' is defined in 42 CFR 1001.2) has occurred when:

(A) A judgment of conviction has been entered against an individual or entity by a federal, state, or local court, regardless of whether:

(1) There is a post-trial motion or an appeal pending, or

(2) The judgment of conviction or other record relating to the criminal conduct has been expunged or otherwise removed;

(B) A federal, state, or local court has made a finding of guilt against an individual or entity;

(C) A federal, state, or local court has accepted a plea of guilty or nolo contendere by an individual or entity; or

(D) An individual or entity has entered into participation in a first offender, deferred adjudication, or other program or arrangement where judgment of conviction has been withheld.

A felony conviction shall be reported *by the provider/supplier* even if the conviction has been sealed *or* expunged or there is an appeal or post-trial motion pending. *Furthermore, in instances where the defendant pleads guilty to a felony and a court orders deferred adjudication/adjudication withheld/treatment in lieu of conviction/probation with a suspended imposition of sentence/pre-trial diversion, these dispositions generally fall under 42 CFR 1001.2's definition of 'convicted.'* Consequently, *the provider/supplier shall report these types of convictions on the Form CMS-855 or Form CMS-20134.*

c. Additional Information

For any submission of a Form CMS-855 or Form CMS-20134 for initial enrollment, reactivation, change of information, or revalidation---and except as stated in the following paragraph---the contractor shall review and use APS as a resource to determine if there are any felony convictions on which CMS can take administrative action. The contractor shall include any felony conviction(s) and/or ongoing criminal case(s) listed on APS in its referral email to CMS.

(NOTE: The aforementioned APS review is not required for (a) voluntary termination submissions, (b) Form CMS-855R submissions, (c) associated individuals/entities being deleted/removed on the Form CMS-855, and (d) any individuals and entities listed on the application who have previously been reviewed against APS as part of any prior application submission. Moreover, the APS review requirement only applies to data that is reported via an actual submission. Data that has previously been reported (and thus is not part of the submission in question) need not be reviewed.)

The aforementioned APS review would be to determine whether (a) the provider/supplier submitting the Form CMS-855 or Form CMS-20134 or (b) any associated individual/entity (e.g., owner or managing employee) listed in the "Ownership Interest and/or Managing Control Information" sections of the provider/supplier's Form CMS-855 or Form CMS-20134 has a felony conviction.

2. Misdemeanor conviction within 10 years

- Report a misdemeanor conviction (*f*ederal or *s*tate) when—
 - A conviction has occurred;
 - The misdemeanor *conviction date* (*e.g., the date of a court's acceptance of a guilty plea, or the date of a jury verdict*) is within 10 years from the submission date of a Form CMS-855 or Form CMS-20134 application; and
 - The misdemeanor is related to *any of the following*:
 - The delivery of an item/service under Medicare or a state health care *program*;
 - The abuse or neglect of a patient in connection with the delivery of a health care item or service;
 - Theft, *f*raud, *e*mbezzlement, breach of fiduciary duty or other financial misconduct in connection with the delivery of *a* health care item/service;

- The interference with or obstruction of any investigation into any criminal offense *described under 42 CFR 1001.101 or 1001.201; or*
 - The unlawful manufacture, distribution, prescription or dispensing of a controlled substance.
- A conviction has occurred when *any of the criteria in 42 CFR 1001.2 (and as described in the second in bullet in (F)(1)(b) above) are met.*
 - A misdemeanor conviction shall be reported even if the conviction has been sealed, expunged, or there is an appeal or post-trial motion pending.
- 3. Current or *past suspension(s)/revocations(s)/voluntary surrender(s) in lieu of further disciplinary action* of a medical license(s)**
- A medical license board suspends or revokes a medical license for any period of time; *or*
 - *The provider voluntarily surrenders her/his medical license in lieu of further disciplinary action.*
- 4. Current or past *suspensions(s)/revocation(s) of an accreditation* --** An accrediting body suspends or revokes an accreditation for any period of time.
- 5. Current or *past exclusion(s) imposed by HHS OIG* --** Items/services furnished, ordered, or prescribed by a specified individual/entity are not reimbursed under Medicare, Medicaid, and/or all other federal health care programs until the individual or entity is reinstated by the HHS OIG.
- 6. Current or *past debarment(s) from participation in any federal executive branch procurement or non-procurement program* --** An individual or entity is suspended throughout the *executive branch of the federal government*, as it applies to procurement and non-procurement programs. An individual or entity will not be solicited from, contracts will not be awarded to, or existing contracts will not be renewed or otherwise extended to those individuals or entities with a debarment (e.g. GSA debarment).
- 7. Medicaid exclusion(s), revocation(s) or termination(s) of any billing number --** A state terminates an active provider agreement or prohibits a provider from enrolling in the Medicaid program. Any Medicaid terminations *shall* be forwarded to ProviderEnrollmentRevocations@cms.hhs.gov for review by PEOG.

G. Reviewing for *ALAs*

The contractor shall address the reporting of ALA in its review of initial enrollment, revalidation, reactivation, or change of information applications submitted by a provider or supplier. The contractor may receive information of ALAs not yet reported by the provider or supplier from CMS *or* other contractors *via* the application screening process. The contractor shall consider this information and take action as described in (but not limited to) *this section 10.6.6 and other applicable sections* of this chapter.

Providers and suppliers shall include all reportable ALAs on their enrollment applications. This information must be reported *by the provider/supplier on* the initial/revalidation application *and pursuant to* the reporting requirements specified in 42 CFR § 424.516 and *section 10.4(J)* of this chapter. Reportable ALAs *are listed in section 10.6.6(F) above. All applicable ALAs shall be reported, regardless of whether any (1) records were expunged or sealed, (2) appeals are pending, or (3) waivers were granted.*

H. Non-Reportable ALAs

Non-reportable ALAs include, but are not limited to: *license* probations *in which the state board does not prohibit the practice of medicine*; malpractice suits; and *felony or misdemeanor convictions that are not within the previous 10 years from the submission date of a Form CMS-855 or Form CMS-20134 application*.

The contractor need not send an ALA referral to CMS for review if the provider/supplier previously reported that same ALA on a Form CMS-855 or Form CMS-20134 application that CMS had already reviewed.

I. ALA Decision Tree

To assist *the* 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. *Except as otherwise stated in this section 10.6.6, chapter 10 itself, or another CMS directive*, the contractor: (1) shall follow the ALA Decision Tree when *it* receives ALA information regarding a provider or supplier (*or discovers an ALA through independent research or other means*); and (2) shall not develop *with* the provider or supplier for reported or unreported ALA(s). *Note that the term “provider” in the Decision Tree includes “supplier” unless noted otherwise.*

TABLE 1 -- INITIAL/REACTIVATION APPLICATIONS – LICENSE OR ACCREDITATION CURRENTLY SUSPENDED / REVOKED / VOLUNTARILY SURRENDERED IN SAME STATE – REPORTED

<i>Licensure Scenario</i>	Did the provider report the ALA taken on their license / accreditation?	MAC Action	Notes
<p>Provider’s accreditation/medical license <i>is currently</i> suspended / revoked / voluntarily surrendered <i>in lieu of further disciplinary action by</i> a state licensing authority, <i>where the licensure action is in the same state in which the provider is enrolling.</i></p>	<p>Yes</p>	<p><i>The contractor shall send the application and ALA information to ProviderEnrollmentRevocations@cms.hhs.gov for review and decision if there is an ALA in addition to this licensure action— reported or unreported— that precludes processing the application. Refer to Tables 3 – 13.</i></p> <p><i>If there are no other ALAs—besides the licensure action here— that preclude processing the application-- the contractor shall proceed with denial under 42 CFR § 424.530(a)(1) without sending to CMS for review.</i></p>	<p><i>The contractor shall read board orders thoroughly to determine if there is any other ALA associated with the license suspension, revocation, or voluntary surrender (e.g., a felony conviction).</i></p> <p><i>The contractor shall not deny under 42 CFR § 424.530(a)(1) if the licensure action is any of the following: (i) a suspension is “stayed” in its entirety; (ii) the license is placed on probation by a state board but the probation does not prohibit the practice of medicine; (iii) advertising / administrative penalties; or (iv) fines, violations, stipulations, reprimands.</i></p>

TABLE 2 -- INITIAL/REACTIVATION APPLICATIONS – LICENSE OR ACCREDITATION CURRENTLY OR PREVIOUSLY SUSPENDED/REVOKED/VOLUNTARILY SURRENDERED IN SAME STATE – NOT REPORTED

Licensure Scenario	Did the provider report the ALA taken on their license or accreditation?	MAC Action	Notes
<p>Provider’s accreditation /medical license <i>is currently or was previously</i> suspended / revoked / voluntarily surrendered <i>in lieu of further disciplinary action by</i> a state licensing authority, <i>where the licensure action is in the same state in which the provider is enrolling.</i></p>	<p>No</p>	<p><i>The contractor shall send the application and ALA information to ProviderEnrollmentRevolutions@cms.hhs.gov for review and decision under 42 CFR § 424.530(a)(4) and any other applicable denial authorities.</i></p>	<p><i>Section 424.530 (a)(4) shall ONLY be included as a denial reason if the provider has never reported this ALA. The contractor shall consider whether other denial reasons exist. Refer to Tables 3 – 13.</i></p> <p><i>The contractor shall read board orders thoroughly to determine if there is any other ALA associated with the license suspension / revocation / voluntary surrender. If the board order mentions another license suspension / revocation / voluntary surrender from another state, the contractor shall include this information in its referral to CMS under § 424.530(a)(4) and any other applicable denial authorities; the contractor shall note whether revocation action is appropriate for any other enrollment.</i></p> <p><i>There is no reporting requirement for/if: (i) a suspension is “stayed” in its entirety; (ii) the license is placed on probation by a state board but the probation does not prohibit the practice of medicine; (iii) advertising / administrative penalties; or (iv) fines, violations, stipulations, reprimands.</i></p>

TABLE 3 -- INITIAL/REACTIVATION APPLICATIONS – LICENSE CURRENTLY SUSPENDED OR REVOKED IN DIFFERENT STATE – REPORTED

Licensure Scenario	Did the provider report the ALA taken on their license?	MAC Action	Notes
<p>Provider’s medical license currently suspended / revoked / in a state different from that in which the provider is enrolling.</p>	<p>Yes</p>	<p>The contractor shall send the application and ALA information to ProviderEnrollmentRevocations@cms.hhs.gov for review and decision under 42 CFR § 424.530(a)(14) and any other applicable denial authorities.</p>	<p>Denial under 42 CFR § 424.530(a)(14) is appropriate only if the license suspension/revocation action in the different state (i.e., the state other than that in which the provider is enrolling) occurred on or after March 17, 2020.</p> <p>The contractor shall read board orders thoroughly to determine if there is any other ALA associated with the license suspension or revocation (e.g., a felony conviction). The contractor shall note whether revocation action is appropriate for any other enrollment.</p> <p>Note that voluntary surrenders in lieu of further disciplinary action do not give rise to denial under 42 CFR § 424.530(a)(14).</p>

TABLE 4 -- INITIAL/REACTIVATION APPLICATIONS – FELONIES			
Felony	Did the provider report <i>the felony conviction?</i>	MAC Action	Notes
<p>Provider or <i>an individual/entity listed on the application as a 5 percent or greater owner, partner, managing employee, or corporate director or officer</i> has been adjudged guilty of a <i>felony</i>.</p>	Yes or No	<p><i>The contractor shall</i> send the application and ALA information to ProviderEnrollmentRevolutions@cms.hhs.gov for review and decision.</p>	<p><i>A felony is defined as a crime that has a maximum penalty— as specified in the criminal statute—by imprisonment for a period of more than one year.</i></p> <p>All felony convictions <i>within the preceding 10 years of the submission date of a Form CMS-855 or Form CMS-20134 application</i> shall be forwarded to CMS for review and decision, <i>unless CMS instructs otherwise.</i></p>

TABLE 5 -- INITIAL/REACTIVATION APPLICATIONS – MISDEMEANORS

Misdemeanor	Did the provider report <i>the misdemeanor conviction</i>?	MAC Action	Notes
<p>Provider/<i>supplier</i> or an <i>individual/entity listed on the application as a 5 percent or greater owner, partner, managing employee, or corporate director or officer</i> has been adjudged guilty of a misdemeanor related to health care abuse or neglect of a patient; financial misconduct; interference with a criminal investigation; or unlawful manufacture, distribution, or dispensing of a controlled substance.</p>	<p>Yes or No</p>	<p>Process application unless another reported or <i>unreported ALA</i> precludes processing. Refer to <i>Tables 1 – 4 and 6 – 13</i>.</p>	<p><i>A misdemeanor is defined as a crime that has a maximum penalty—as specified in the criminal statute—by imprisonment for a period of not more than a year (i.e., one year or less).</i></p>

**TABLE 6 -- INITIAL/REACTIVATION APPLICATIONS – ACTIVE OIG EXCLUSION
- REPORTED**

Current Exclusion	Did the provider report <i>the</i> exclusion?	MAC Action	Notes
<p>Provider or <i>an individual/entity listed on the application as a 5 percent or greater owner, partner, managing employee, authorized official, delegated official, medical director, supervising physician, or other health care personnel</i> has an active OIG exclusion.</p>	<p>Yes</p>	<p><i>Send application and ALA information to ProviderEnrollmentRevocations@cms.hhs.gov for review and decision.</i></p>	<p><i>The contractor shall consider whether other denial reasons exist besides 42 CFR § 424.530(a)(2). Refer to Tables 1 – 5 and 8 – 13.</i></p> <p>A waiver does not guarantee automatic enrollment into the Medicare program. All waivers shall be sent to ProviderEnrollmentRevocations@cms.hhs.gov for review <i>and decision, along with the corresponding ALA information and application.</i></p>

**TABLE 7 -- INITIAL/REACTIVATION APPLICATIONS – ACTIVE
EXCLUSION/DEBARMENT – NOT REPORTED**

Current Exclusion or Debarment	<i>Did the provider report the exclusion or debarment?</i>	MAC Action	Notes
<p><i>Provider or an individual/entity listed on the application as a 5 percent or greater owner, partner, managing employee, authorized official, delegated official, medical director, supervising physician, or other health care personnel has an active OIG exclusion or SAM debarment.</i></p>	<p>No</p>	<p><i>Send application and ALA information to ProviderEnrollmentRevolutions@cms.hhs.gov for review and decision.</i></p>	

**TABLE 8 -- INITIAL/REACTIVATION APPLICATIONS – EXPIRED
EXCLUSION/DEBARMENT - REPORTED**

Exclusion Period/Debarment Period Has Expired	Did the provider report the past exclusion or debarment?	MAC Action	Notes
<i>Provider or an individual/entity listed on the application as a 5 percent or greater owner, partner, managing employee, medical director, authorized official, delegated official, supervising physician or other health care personnel had an OIG exclusion or a federal/SAM debarment (or an exclusion by a federal agency other than OIG) and has been reinstated by HHS and/or OIG and/or the federal agency in question.</i>	Yes	Process application unless there is another reported <i>or unreported ALA</i> that precludes processing the application. Refer to <i>Tables 1 – 7 and 11 – 13.</i>	

**TABLE 9 -- INITIAL/REACTIVATION APPLICATIONS – EXPIRED
EXCLUSION/DEBARMENT – NOT REPORTED**

Exclusion Period/<i>Debarment Period</i> Has Expired	Did the provider report <i>the</i> past exclusion <i>or</i> <i>debarment</i>?	MAC Action	Notes
<p><i>Provider or an individual/entity listed on the application as a 5 percent or greater owner, partner, managing employee, medical director, authorized official, delegated official, supervising physician or other health care personnel had an OIG exclusion or a federal/SAM debarment (or an exclusion by a federal agency other than OIG) and has been reinstated by HHS and/or OIG and/or the federal agency in question.</i></p>	<p>No.</p>	<p><i>Send application and ALA information to ProviderEnrollmentRevolutions@cms.hhs.gov for review and decision.</i></p>	<p><i>The contractor shall consider whether other denial reasons exist besides 42 CFR § 424.530(a)(4). Refer to Tables 1 – 7 and 10 – 13.</i></p> <p><i>If CMS previously revoked this provider due to that prior OIG exclusion, debarment, or other federal action--and the provider or associated individual/entity has been reinstated by OIG/HHS/federal agency--the contractor shall process the application unless there is another reported or unreported ALA that precludes processing the application.</i></p>

TABLE 10 -- INITIAL/REACTIVATION APPLICATIONS – MEDICARE PAYMENT SUSPENSION – CURRENT OR PAST

Medicare Payment Suspension Status	Did the provider report <i>the</i> Medicare payment suspension?	MAC Action	Notes
Current Medicare payment suspension	Yes or No	Process application unless there is another reported or <i>unreported ALA</i> that precludes processing the application. Refer to <i>Tables 1 – 9 and 11 – 13</i> .	Providers are NOT required to report <i>current</i> Medicare payment suspensions to CMS. <i>The contractor</i> shall consider whether other denial reasons exist. Refer to <i>Tables 1 – 9 and 11 – 13</i> .
Past Medicare payment suspension	Yes or No	Process application unless there is another reported <i>or unreported ALA</i> that precludes processing the application. Refer to <i>Tables 1 – 9 and 11 – 13</i> .	Providers are NOT required to report <i>past</i> Medicare payment suspensions to CMS. <i>The contractor</i> shall consider whether other denial reasons exist. Refer to <i>Tables 1 – 9 and 11 – 13</i> .

**TABLE 11 -- INITIAL/REACTIVATION APPLICATIONS – MEDICARE REVOCATION
– ALL PRIOR ENROLLMENT BAR(S) EXPIRED**

Medicare Revocation	<i>Did the provider report the Medicare revocation ?</i>	MAC Action	Notes
All prior enrollment bar(s) have expired.	Yes or No	Process application unless there is another reported <i>or unreported ALA</i> that precludes processing the application. Refer to <i>Tables 1 – 10 and 13.</i>	<p>Providers are NOT required to report <i>current or past Medicare revocations</i> to CMS.</p> <p><i>The contractor shall consider whether other denial reasons exist. Refer to Tables 1 – 10 and 13.</i></p> <p><i>Under 42 CFR § 424.530(a)(3), CMS can still deny an application if there is a felony conviction within the preceding 10 years by a provider/supplier or by an individual/entity listed on the application as a 5 percent or greater owner or managing employee. This denial authority is still applicable and should be considered by the contractor even if the previous Medicare revocation had a 3 year re-enrollment bar and the bar has expired. In such instances, the contractor shall send the ALA information and application to CMS for review and decision at ProviderEnrollmentRevocations@cms.hhs.gov.</i></p>

**TABLE 12 -- INITIAL/REACTIVATION APPLICATIONS – MEDICARE
REVOCATION – ACTIVE REENROLLMENT BAR**

Medicare Revocation	Did the provider report the Medicare revocation?	MAC Action	Notes
Enrollment bar is active (in the state <i>in which</i> the provider is enrolling <i>or in another state</i>)	Yes or No	Return the application.	

TABLE 13 -- INITIAL/REACTIVATION APPLICATIONS - OTHER PROGRAM TERMINATION – CURRENT

Other Program Termination	Did the provider report the other program termination?	MAC Action	Notes
<p><i>The provider is currently terminated or suspended (or otherwise barred) from participation in a state Medicaid program or any other federal health care program.</i></p>	<p>Yes</p>	<p><i>Send application and ALA information to ProviderEnrollmentRevocations@cms.hhs.gov for review and decision</i></p>	<p><i>Denial may be appropriate under 42 CFR § 424.530(a)(14) if the provider is <u>currently</u> terminated/suspended/barrred from participation in a state Medicaid program or any other federal health care program (e.g., TRICARE). The termination or suspension must occur by letter dated on or after March 17, 2020.</i></p> <p><i>The contractor shall consider whether other denial reasons exist. Refer to Tables 1 – 12.</i></p>

TABLE 14 – REVALIDATIONS/CHANGE OF INFORMATION APPLICATIONS – PREVIOUS LICENSURE OR ACCREDITATION – SAME STATE – REPORTED

If *the contractor* discovers an ALA that has not been reported by a provider, *the contractor* shall, upon CMS’ approval, record the ALA in the *PECOS Final Adverse Legal Actions Section* ~~and~~ for *PECOS* profile for the associated individual/entity (as appropriate).

- If *the contractor* is inputting the ALA which has not been reported by the provider—and if CMS does not take administrative action due to that ALA—the contractor shall select “No” for the “Display in PI” field, thereby making this ALA not visible in the provider interface (as applicable).
- If *the contractor* is inputting the ALA which has not been reported by the provider—and if CMS does take administrative action due to that ALA—the contractor shall select “Yes” for the “Display in PI” field, thereby making the ALA visible in the provider interface.

Unless otherwise stated, the foregoing statements apply to Tables 14 through 24.

Provider holds a valid accreditation / medical license in the state in which <i>it is</i> revalidating or changing information	Did the provider report the ALA taken on their license/ accreditation?	MAC Action	Notes
Provider’s accreditation/ medical license was previously suspended/revoked/ voluntarily surrendered <i>in lieu of further disciplinary action</i> by a state licensing authority, <i>where the licensure action is in the same state in which the provider is currently enrolled.</i>	Yes	The contractor shall check whether the provider billed for dates of service during the period of license <i>susp/rev/VS in lieu of further disciplinary action</i> . If the provider billed for dates of service during this period, the <i>contractor</i> shall send the application and ALA information to ProviderEnrollmentRevocations@cms.hhs.gov . If the provider did not bill during the period of license <i>susp/rev/VS in lieu of further disciplinary action</i> , the application shall be processed unless there is another reported <i>or unreported ALA</i> that precludes processing. Refer to <i>Tables 15 – 24</i> .	<i>The contractor</i> shall read <i>board orders</i> thoroughly to determine <i>if there is any other ALA (e.g., a felony conviction)</i> associated with the license <i>susp/rev/VS</i> . <i>If the board order mentions another license susp/rev/VS from another state, the contractor shall include this information in its referral to CMS and note whether revocation action is appropriate for any other enrollment.</i>

TABLE 15 – REVALIDATION/CHANGE OF INFORMATION APPLICATIONS – LICENSE PREVIOUSLY SUSPENDED/REVOKED/VOLUNTARY SURRENDERED - SAME STATE – NOT REPORTED

<p>Provider holds a valid accreditation/ medical license in the state in which <i>it is</i> revalidating or changing information</p>	<p><i>Did the provider report the ALA taken on its license or accreditation?</i></p>	<p><i>MAC Action</i></p>	<p><i>Notes</i></p>
<p>Provider’s accreditation/ medical license <i>was previously</i> suspended / revoked / voluntarily surrendered <i>in lieu of further disciplinary action</i> by a state licensing authority, <i>where the licensure action is in the same state in which the provider is enrolling.</i></p>	<p>No</p>	<p><i>The contractor shall send the application and ALA information to ProviderEnrollment.Revocations@cms.hs.gov for review and decision.</i></p> <p><i>Section 424.530 (a)(4) shall ONLY be included as a denial reason if the provider has never reported this ALA and CMS did not previously revoke the provider for that ALA. The contractor shall consider whether other denial reasons exist. Refer to Tables 16 – 24.</i></p>	<p><i>The contractor shall check whether the provider billed for dates of service during the period of license susp/rev/Vs in lieu of further disciplinary action. If the provider billed for dates of service during this period, there may be potential revocation action under 42 CFR § 424.535(a)(8). The contractor shall note this information when sending a referral to CMS for review.</i></p> <p><i>The contractor shall read board orders thoroughly to determine if there is any other ALA associated with the license susp/rev/Vs. If the board order mentions another license susp/rev/Vs from another state, the contractor shall include this information in its referral to CMS and note whether revocation action is appropriate for any other enrollment</i></p> <p><i>There is no reporting requirement for/if: (i) a suspension is “stayed” in its entirety; (ii) the license is placed on probation by a state board but the probation does not prohibit the practice of medicine; (iii) advertising / administrative penalties; or (iv) fines, violations, stipulations, reprimands.</i></p>

TABLE 16 -- REVALIDATION/CHANGE OF INFORMATION APPLICATIONS – FELONIES

Felony	<i>Did the provider report the felony conviction?</i>	MAC Action	Notes
<p>Provider or <i>an individual/entity listed on the application as a 5 percent or greater owner, partner, managing employee, or corporate director or officer has been adjudged guilty of a felony.</i></p>	<p>Yes or No</p>	<p>Send application and ALA information to ProviderEnrollmentRevocations@cms.hhs.gov for review and decision.</p>	<p><i>A felony is defined as a crime that has a maximum penalty—as specified in the criminal statute—by imprisonment for a period of more than one year.</i></p> <p><i>All felony convictions within the preceding 10 years of the submission date of a Form CMS-855 or Form CMS-20134 application shall be forwarded to CMS for review and decision, unless CMS instructs otherwise.</i></p>

TABLE 17 – REVALIDATION/CHANGE OF INFORMATION APPLICATIONS – MISDEMEANORS

Misdemeanor	Did the provider report the misdemeanor conviction?	MAC Action	Notes
<p><i>Provider or an individual/entity listed on the application as a 5 percent or greater owner, partner, managing employee, or corporate director or officer has been adjudged guilty of a misdemeanor that is related to health care abuse or neglect of a patient; financial misconduct; interference with a criminal investigation; or unlawful manufacture, distribution, or dispensing of a controlled substance.</i></p>	<p><i>Yes or No</i></p>	<p>Process application unless there is another reported <i>or unreported ALA</i> that precludes processing the application. Refer to <i>Tables 14 – 16 and 18 – 24.</i></p>	<p><i>A misdemeanor is defined as a crime that has a maximum penalty—as specified in the criminal statute—by imprisonment for a period of not more than a year (i.e., one year or less).</i></p>

TABLE 18 – REVALIDATION/CHANGE OF INFORMATION APPLICATIONS – ACTIVE OIG EXCLUSION OR SAM DEBARMENT - REPORTED

Current Exclusion or Debarment	Did the provider report the exclusion?	MAC Action	Notes
<p>Provider or <i>an individual/entity listed on the application as a 5 percent or greater owner, partner, managing employee, authorized official, delegated official, medical director, supervising physician, or other health care personnel</i> has an active OIG exclusion or SAM debarment.</p>	<p>Yes</p>	<p>Send application and ALA information to ProviderEnrollmentRevocations@cms.hhs.gov for review and decision.</p>	<p>The contractor shall consider whether other denial reasons exist besides 42 CFR § 424.530(a)(2). Refer to Tables 14 – 17 and 19 – 24. A waiver does not guarantee automatic enrollment into the Medicare program. All waivers shall be sent to ProviderEnrollmentRevocations@cms.hhs.gov for review and decision, along with the corresponding ALA information and application.</p>

TABLE 19 -- REVALIDATION/CHANGE OF INFORMATION APPLICATIONS – ACTIVE OIG EXCLUSION OR SAM DEBARMENT – NOT REPORTED

Current Exclusion	Did the provider report the exclusion?	MAC Action	Notes
<p><i>Provider or an individual/entity listed on the application as a 5 percent or greater owner, partner, managing employee, medical director, authorized official, delegated official, supervising physician, or other health care personnel has an active OIG exclusion or SAM debarment.</i></p>	<p>No</p>	<p><i>Send application and ALA information to ProviderEnrollmentRevocations@cms.hhs.gov for review and decision.</i></p>	<p><i>The contractor shall consider whether other denial reasons exist besides 42 CFR § 424.530(a)(2). Refer to Tables 14 – 17 and 20 – 24.</i></p> <p><i>All waivers shall be sent to ProviderEnrollmentRevocations@cms.hhs.gov for review and decision, along with the corresponding ALA information and application.</i></p>

TABLE 20 – REVALIDATION/CHANGE OF INFORMATION APPLICATIONS – EXCLUSION/DEBARMENT – EXPIRED - REPORTED

Exclusion or Debarment Status	Did the provider report the exclusion or debarment?	MAC Action	Notes
<p><i>Provider or an individual/entity listed on the application as a 5 percent or greater owner, partner, managing employee, medical director, authorized official, delegated official, supervising physician, or other health care personnel had an OIG exclusion or a federal/SAM debarment (or an exclusion by a federal agency other than OIG) and has been reinstated by OIG and/or HHS and/or the other federal agency.</i></p>	<p>Yes</p>	<p>Process application unless there is another reported <i>or unreported ALA</i> that precludes processing the application. Refer to <i>Tables 14 – 19 and 21 – 24.</i></p>	

TABLE 21 – REVALIDATION/CHANGE OF INFORMATION APPLICATIONS – EXCLUSION/DEBARMENT – EXPIRED – NOT REPORTED

Exclusion or Debarment Status	Did the provider report the exclusion or debarment?	MAC Action	Notes
<p><i>Provider or an individual/entity listed on the application as a 5 percent or greater owner, partner, managing employee, medical director, authorized official, delegated official, supervising physician, or other health care personnel had an OIG exclusion or a federal/SAM debarment (or an exclusion by a federal agency other than OIG) and has been reinstated by OIG and/or HHS and/or other federal agency.</i></p>	<p>No</p>	<p><i>Send application and ALA information to ProviderEnrollmentRevocations@cms.hhs.gov for review and decision.</i></p>	<p><i>The contractor shall consider whether other revocation reasons exist besides 42 CFR § 424.535(a)(4). Refer to Tables 14 – 20 and 22 – 24.</i></p> <p><i>If CMS previously revoked this provider due to the prior OIG exclusion and the provider or associated individual/entity has been reinstated by OIG, the contractor shall process the application unless there is another reported or unreported ALA that precludes processing.</i></p>

**TABLE 22 - REVALIDATION/CHANGE OF INFORMATION APPLICATIONS –
MEDICARE PAYMENT SUSPENSION – CURRENT OR PAST**

Medicare Payment Suspension Status	Did the provider report the Medicare payment suspension?	MAC Action	Notes
Current Medicare payment suspension	Yes or No	Process application unless there is another reported or <i>unreported ALA</i> that precludes processing the application. Refer to <i>Tables 14 – 21 and 23 – 24.</i>	Providers are NOT required to report <i>current</i> or <i>past</i> Medicare <i>payment</i> suspensions to CMS.
Past Medicare payment suspension	Yes or No	Process application unless there is another reported <i>or unreported ALA</i> that precludes processing the application. Refer to <i>Tables 14 – 21 and 23 – 24.</i>	Providers are NOT required to report <i>current</i> or <i>past</i> Medicare <i>payment</i> suspensions to CMS.

**TABLE 23 -- REVALIDATION/CHANGE OF INFORMATION APPLICATIONS –
MEDICARE REVOCATION – ACTIVE ENROLLMENT BAR**

Status	Did the provider <i>report the Medicare revocation?</i>	MAC Action	Notes
<i>Enrollment bar is active in the state in which the provider is submitting this application, or the enrollment bar is active in another state.</i>	Yes or No	<i>Send application and ALA information to ProviderEnrollmentRevolutions@cms.hhs.gov for review and decision.</i>	<i>The contractor shall consider whether any revocation reason(s) exist.</i>

TABLE 24 -- REVALIDATION/CHANGE OF INFORMATION APPLICATIONS – OTHER PROGRAM TERMINATION (CURRENT)

Other Program Termination	Did the provider report the other program termination?	MAC Action	Notes
<p>The provider/supplier is currently terminated or suspended (or otherwise barred) from participation in a state Medicaid program or any other federal health care program.</p>	<p>Yes</p>	<p>Send application and ALA information to ProviderEnrollmentRevocations@cms.hhs.gov for review and decision.</p>	<p>Revocation may be appropriate under 42 CFR § 424.535(a)(12) if the provider/supplier is currently terminated/suspended/barrred from participation in a state Medicaid program or any other federal health care program (e.g., TRICARE).</p> <p>The state Medicaid program termination or suspension must occur by letter dated on or after January 1, 2011.</p> <p>Any other federal health care program (e.g., TRICARE) termination or suspension must occur by letter dated on or after March 17, 2020.</p> <p>The contractor shall consider whether other revocation reasons exist. Refer to Tables 14 – 23.</p>