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Provider/Supplier Reporting of Adverse Legal Actions

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PROVIDER TYPE AFFECTED

This MLN Matters Article is intended to update the Medicare provider and supplier community on what Final Adverse Action(s) need to be timely reported to the Centers for Medicare & Medicaid Services (CMS).

WHO SHOULD REPORT FINAL ADVERSE ACTION(S)

- Medicare providers or suppliers with new or unreported Final Adverse Action(s)
- Those individuals listed on an application as having managing control or an ownership interest

WHAT FINAL ADVERSE ACTION(S) SHOULD BE REPORTED

Historically, CMS deemed *Medicare Payment Suspensions* and *CMS-Imposed Medicare Revocations* to be reportable Final Adverse Actions. In an effort to reduce provider and supplier burden, CMS **NO LONGER** requires *Medicare Payment Suspensions* and *CMS-Imposed Medicare Revocations* to be reported.

The updated list of reportable Final Adverse Actions is as follows:

- Felony and Misdemeanor conviction(s) within 10 years
- Current or Past Suspension(s)/Revocation(s) of a medical license
- Current or Past Suspension(s) Revocation(s) of an accreditation
- Current or Past Suspension(s) or Exclusion(s) imposed by the U.S. Department of Health and Human Service's Office of Inspector General (OIG)
- Current or Past Debarment(s) from participation in any Federal Executive Branch procurement or non-procurement program
- Medicaid exclusion(s), revocation(s) or termination(s) of any billing number
- Any other Current or Past Federal Sanction(s)

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Please note that all final adverse actions should be reported, regardless of whether any of the records have been expunged or are pending appeal.

WHEN SHOULD FINAL ADVERSE ACTION(S) BE REPORTED

Providers and suppliers shall timely report all new or unreported Final Adverse Actions on any applications submitted to CMS. Final Adverse Actions must be reported by providers and suppliers within time frames specified in 42 CFR § 424.516.

HOW SHOULD FINAL ADVERSE ACTION(S) BE REPORTED

Providers and suppliers shall disclose reportable Final Adverse Legal Actions on any CMS 855 or CMS 20134 application submitted to CMS. As it applies, the sections of the application(s) that providers must complete are:

- Section 3
- Section 5B
- Section 6B
- Section 7

If a final adverse action is disclosed on a CMS-855 application, a provider/supplier must attach all applicable documentation related to the adverse action.

Please note that documentation, concerning the final adverse action, must be furnished regardless of whether the adverse action occurred in a state different from that in which the provider/supplier seeks enrollment or is enrolled.

It is important that you comply with these reporting requirements. Failure to do so could result in the revocation of your Medicare billing privileges.

ADDITIONAL INFORMATION

The official instruction, CR10558, issued to your MAC is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R797PI.pdf.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
June 7, 2018	Initial article released.