CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1808	Date: March 24, 2017
	Change Request 9983

SUBJECT: Advanced Provider Screening (APS) Phase 1 Go-Live

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to initiate phase one of APS criminal screening.

EFFECTIVE DATE: May 15, 2017 *Unless otherwise specified, the effective date is the date of service. **IMPLEMENTATION DATE: May 15, 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	
N/A	N/A	

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:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1808	Date: March 24, 2017	Change Request: 9983

SUBJECT: Advanced Provider Screening (APS) Phase 1 Go-Live

EFFECTIVE DATE: May 15, 2017

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I. GENERAL INFORMATION

Background: In an effort to automate provider/supplier screening procedures using consistent A. techniques, the Centers for Medicare & Medicaid Services (CMS) is establishing an automated provider screening process. CMS seeks to screen providers and suppliers by automating data checks and developing methods to proactively identify fraud, waste, and abuse. The provider screening solution will provide information back to the Medicare contractors responsible for provider/supplier enrollments and reverification processes and will pass risk-based alerts on to CMS for investigating potential fraud. The CMS Final Rule 6028-FC, "Medicare, Medicaid, and Children's Health Insurance Programs; Additional Screening Requirements, Application Fees, Temporary Enrollment Moratoria, Payment Suspensions and Compliance Plans for Providers and Suppliers," published February 2, 2011, which is now implemented in 42 CFR 424.510, 424.515, 424.530 and 424.535 improves screening mechanisms to prevent questionable providers and suppliers from enrolling in the Medicare program, and sets the minimum level of screening required based on existing screening measures and database checks. In addition to fulfilling newly implemented regulations, the screening initiative will address and support other collaborative efforts with the Office of Inspector General and other CMS program integrity initiatives. CMS provider screening provisions affect all new applications and revalidations occurring after March 25, 2011 and require complete revalidation of all enrolled providers and suppliers in the Medicare fee-for-service program by March 23, 2015.

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		D		Sha	red-		Other
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			1		Е	Μ	Maintainers			
		Α	В	Η		F	Μ	V	С	
				Η	Μ	Ι	С	Μ	W	
				Η	A	S	S	S	F	
					C	S				
9983.1	APS release 8.9.0 is scheduled for release on May 15,	Х	Х	Х						NSC
	2017. Contractors shall ensure that all of their provider									
	enrollment application processing staff have access to									
	the APS production environment in the CMS									
	Enterprise Portal prior to the release of APS v8.9.0.									
9983.2	Prior to approval of all web-based CMS-855I initial		Х							
	enrollment applications, contractors shall use APS to									
	determine if the individual enrollee has a profile flag									

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9983.4 The contractor shall document that APS was checked. X	9983.3.2	indicating a criminal alert, the contractor shall continue processing the application according to		X									
	9983.4	The contractor shall document that APS was checked.		X									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spo	nsib	ility	
			A/B		D	C
		1	MAG	2	Μ	E
					E	D
		Α	В	Η		Ι
				Н	Μ	
				Н	Α	
					С	l
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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