

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2375</b>	<b>Date: October 18, 2019</b>
	<b>Change Request 11174</b>

**SUBJECT: Advanced Provider Screening (APS) Phase 2 Go-Live**

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

**EFFECTIVE DATE: November 18, 2019**

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

**IMPLEMENTATION DATE: November 18, 2019**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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

<b>Pub. 100-20</b>	<b>Transmittal: 2375</b>	<b>Date: October 18, 2019</b>	<b>Change Request: 11174</b>
--------------------	--------------------------	-------------------------------	------------------------------

**SUBJECT: Advanced Provider Screening (APS) Phase 2 Go-Live**

**EFFECTIVE DATE: November 18, 2019**

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

**IMPLEMENTATION DATE: November 18, 2019**

## I. GENERAL INFORMATION

**A. Background:** In an effort to automate provider/supplier screening procedures using consistent 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 re-verification 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 MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
11174.1	Prior to approval of all paper and web-based CMS enrollment applications, contractors shall use APS to determine if ALL individuals that will be newly introduced into PECOS have a profile flag indicating an actionable criminal felony alert. If the individual has an existing entity profile in PECOS, contractors shall not use APS to verify for an actionable criminal felony alert. This requirement excludes organizational entities and individuals entered in sections other than	X	X	X							NSC

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	'individuals with ownership interest and/or managing control information.'										
11174.1.1	If the application has an individual with a profile flag indicating an actionable criminal felony alert, the contractor shall forward the application to CMS informing of the actionable felony criminal alert.	X	X	X							NSC
11174.1.2	The contactor shall forward a complete enrollment package, including: the application data report and documentation submitted by the provider, along with the application submission to EnrollmentEscalations@cms.hhs.gov. Prior to December 2, 2019, contactors shall forward the enrollment package to Jesse.Rusin@cms.hhs.gov.	X	X	X							NSC
11174.1.3	If the application does not have an individual with a profile flag indicating an actionable criminal felony alert, the contractor shall continue processing the application according to normal processing instructions.	X	X	X							NSC
11174.1.4	In order to obtain accurate APS results, contractors shall enter all individuals newly introduced into PECOS into the L+T data screen one business day prior to conducting the APS actionable criminal felony alert verification. This requirement is for paper applications only.	X	X	X							NSC
11174.1.5	Contactors shall use the PECOS to APS link for an individual to go directly into APS to view the individual profile and actionable criminal felony alerts. For owners and managing employees, the contractor shall enter the SSN into APS search in order to review the actionable felony criminal alerts on the entity profile.	X	X	X							NSC
11174.2	The contractor shall document that APS was checked.	X	X	X							NSC

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	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):** 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**