



Title:	Exclusion Screening Process				
Department/Line of Business:	Compliance Department / All Line of Business				
Approver(s):	VP of Compliance / Executive Compliance Committee (ECC)				
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LINE OF BUSINESS

This document applies to the following line(s) of business:
All Lines of Business

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

Accept List - a Scott and White Health Plan internal list of individuals and entities that have previously been researched and ruled out as a True Match.

Debarment - is the state of being excluded from enjoying certain possessions, rights, privileges, or practices and the act of prevention by legal means. For example, companies can be debarred from contracts due to allegations of fraud, mismanagement, and similar improprieties. Firms, individuals, and non-governmental organizations can be debarred.

Delegate – a business entity that performs delegated functions relative to key processes on behalf of Scott and White Health Plan, including First Tier, Downstream and Related Entities (“FDR”) and Material Subcontractors.

Exclusion - list of individuals and entities excluded from participation in all Federal health care programs. Convicted of the following types of criminal offenses: Medicare or Medicaid fraud, as well as any other offenses related to the delivery of items or services under Medicare, Medicaid, SCHIP, or other State health care programs; patient abuse or neglect; felony convictions for other health care-related fraud, theft, or other financial misconduct; and felony convictions relating to unlawful manufacture, distribution, prescription, or dispensing of controlled substances.

Ineligible Person or Entity – (a) a person or entity currently excluded, precluded, debarred or otherwise ineligible to participate in any Federal and/or State health care related program, procurement program, or non-procurement program, or (b) has been convicted of a criminal offense related to the provision of health care items or services, but has not yet been excluded, debarred or otherwise declared ineligible.

Notice Period – effective date specified in the exclusion or preclusion notice issued to an Ineligible Person or Entity.

Preclusion – list of prescribers and individuals or entities who fall within any of the following categories: (1) Are currently revoked from Medicare, are under an active re-enrollment bar, and CMS has determined that the

underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program; or (2) Have engaged in behavior for which CMS could have revoked the prescriber, individual or entity to the extent applicable if they had been enrolled in Medicare, and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare program. Providers and Prescribers who are precluded may not receive payment for Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare beneficiaries.

True Match – positive identification of an Ineligible Person or Entity on a government source (database or list) for screening.

POLICY

Scott and White Health Plan and its subsidiaries (together “SWHP”) are committed to screening employees, temporary employees, volunteers, consultants, governing body members, sales agents, groups, members, providers, Delegates, and others providing administrative or health care services relating to Federal and State Health Care Programs with whom SWHP and its subsidiaries do business for preclusions, exclusions, debarment and state sanctions and are authorized to participate in Federal and State Health Care Programs. Such screening involves diligent research on the U.S. Department of Health and Human Services – Office of the Inspector General’s List of Excluded Individuals and Entities, the General Services Administration’s System of Award Management, and the Texas Department of Health’s Sanctioned Provider’s List.

SWHP and its subsidiaries will not knowingly employ any individuals who have been recently convicted of a criminal offense related to healthcare and will remove individuals with direct responsibility for or involvement with any Federal or State Health Care Program, as well as those pending the resolution of any criminal charges or proposed debarment, exclusion, preclusion, or sanction. SWHP does not allow payment for any item or service furnished, ordered, or prescribed by an excluded individual or entity on or after the effective date specified in the Notice Period.

Whether performed internally, by Baylor Scott and White Health Corporate Compliance or Human Resources, or by an external service provider, SWHP maintains a screening process in accordance with State and Federal laws. Screening activity compares SWHP’s employees, temporary employees, volunteers, consultants, governing body members, sales agents, groups, members, providers, and Delegates against government sources to confirm identity and determine exclusion/preclusion status. Screening occurs prior to hiring or contracting and monthly thereafter.

PROCEDURE

Government Sources for Screening

SWHP, at a minimum, utilizes the following government sources (databases and / or lists) for screening activities:

- U.S. Department of Health and Human Services Office of Inspector General (“OIG”) List of Excluded Individuals/Entities (“LEIE”) - provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and other Federal health care programs. The LEIE includes health care providers and suppliers that might also be listed on the Excluded Parties List System (EPLS). Individuals and entities who have been reinstated are removed from the LEIE.
- System for Award Management (“SAM”) – combination of Federal procurement systems consisting of the Central Contractor Registration (“CCR”), Online Representations and Certifications Application (“ORCA”), and the Excluded Parties List System (“EPLS”). The EPLS identifies individuals and entities excluded from receiving federal contracts, certain subcontracts, and certain types of federal financial and non-financial benefits. These are also commonly known as suspensions and debarments. In addition to health care providers (that are also excluded on the OIG LEIE) the EPLS includes non-health care contractors.
- Texas Exclusions Database – List of Excluded Individuals/Entities by the Texas Office of Inspector General. The Office of Inspector General works to protect the health and welfare of people receiving Medicaid and

other state benefits. To help protect these recipients, OIG may prevent certain people or businesses from participating as service providers. Every service provider is responsible for making sure that no excluded individuals or entities are receiving state funds.

- Office of Foreign Assets Control (“OFAC”) Sanctions Lists – lists of individuals and companies owned or controlled by, or acting for or on behalf of, targeted countries. It also lists individuals, groups, and entities, such as terrorists and narcotics traffickers designated under programs that are not country-specific. Executive Order 13224 prevents payors and other United States persons from conferring benefits upon or transacting business with listed persons.
- Social Security Administration Death Master File (“SSA-DMF”) – contains records of deaths that have been reported to the SSA and is used to match records and prevent identity fraud. SWHP reviews current employees against the SSA-DMF monthly.
- National Plan and Provider Enumeration System (“NPPES”) – directory of active National Provider Identifier (“NPI”) records. SWHP reviews Medicaid clinical staff against the NPPES monthly.
- Centers for Medicare and Medicaid Services (“CMS”) Preclusion List - list of providers and prescribers who are precluded from receiving payment for Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare beneficiaries. Individuals and entities are on the list if they are currently revoked from Medicare, under active reenrollment bar –OR- have engaged in behavior for which CMS could have revoked the individual or entity to the extent applicable if they had been enrolled in Medicare and CMS has determined the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program. The Preclusion List and the OIG Exclusion List overlap in the sense that excluded providers will be on the preclusion list, but precluded providers who are not excluded will not be on the exclusion file.
- National Practitioner Data Bank (“NPDP”) – a web-based repository of reports maintained by the U.S. Department of Health and Human Services containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Created by Congress to improve health care quality, protect the public, and reduce health care fraud and abuse as it relates to the professional competence and conduct of practitioners and other health care providers.

Requirements, Responsibilities & Procedures

As part of an effective compliance program, HHSC-OIG and CMS and the Office of Personnel Management (OPM) require Federal and State Health Care Programs to:

1. Not engage, employ, contract with, or pay claims to any individuals, including workforce members (including permanent, temporary, interns, and volunteers), Board members and/or attendees, providers, or contractors who are currently debarred, sanctioned, or mandatorily or permissively excluded from participation in Federal or State Health Care Programs or who have opted out of the Medicare program; and
2. Require FDRs/Delegates that provide administrative or health care services for Federal or State Health Care Programs to comply with applicable laws and regulations.

In addition to the monthly screening and monitoring requirements, new and existing workforce members, Board members and attendees, and contractors will immediately disclose to SWHP any debarment, exclusion, or any other event that makes them ineligible to perform work directly or indirectly related to Federal or State Health Care Programs.

A. Responsible Parties for Initial and Ongoing Monitoring

- The Human Resources Department is responsible to perform exclusion screening prior to hire and the Compliance Department is responsible to perform exclusion screenings monthly thereafter.

- The assigned Compliance Staff member reviews the applicable government sources (databases and / or lists) prior to contracting with any new contingent worker, temporary employee, consultant, governing body member, or sales agent. The assigned Credentialing staff member will review providers prior to credentialing and the assigned Compliance staff member will review monthly thereafter. The assigned Compliance staff will review contingent workers, temporary employees, consultants, governing body members, sales agents, employees and vendors and Delegates, and monthly thereafter, to validate that none of these persons or entities are Ineligible Persons or Entities.
- The assigned Compliance Staff member screens members upon enrollment and renewal against the government sources (databases and / or lists).
- When screening activity results in a potential match, the designated Compliance staff member promptly investigates and performs further research to validate if a True Match exists. True Matches may be ruled out by name, date of birth, social security number, address, license number, National Provider Identifier (“NPI”), Tax Identification Number, and any other identifiable demographic information available.
- SWHP Compliance Department promptly investigates True Match results from these searches and takes appropriate immediate actions, including termination of employment or contract, to prevent the Ineligible Person or Entity from participating in any Federal and/or State health care related program. Upon identification of a True Match for a member or group, Compliance consults with Legal Counsel to determine validation of the match and identify next steps.
- The Compliance Officer reports any True Match to the Executive Compliance Committee, Corporate Compliance Officer, Credentialing Committee, and senior management immediately for necessary actions to be taken.
- The Compliance Department or its designee, upon completion of each monthly screening, updates SWHP’s Screening Lists Checklist document and maintains supporting documentation of the monthly search. This documentation is password protected and maintained consistent with SWHP’s document retention policies.

B. Participating or Non-Participating - Federal and/or State Exclusions, Debarments, Sanctions, and Contract Violations

1. **Exclusions:** If a Participating (PAR) Provider or Non-Participating (NON-PAR) Provider is excluded from any Federal Health Care Program, SWHP may not pay the excluded provider using federal monies dating back to the date of the exclusion and continuing until reinstatement, unless the exception for Emergency Services applies.
2. **Debarments:** If a PAR or NON-PAR Provider is federally debarred, SWHP may not pay the debarred provider through funds from any Federal Health Care Program dating back to the date of debarment and continuing until the debarred provider is no longer debarred.
3. **State Sanctions:** If a PAR or NON-PAR Provider is sanctioned on the Texas Department of Health’s Sanctioned Provider’s List, SWHP may not pay the sanctioned provider through or with funds from any Federal or State Health Care Program dating back to the date of the sanctions and continuing until the sanctioned provider is no longer sanctioned.
4. **License Board Sanction:** A PAR or NON-PAR Provider whose state license is suspended, or expired, or revoked will not be reimbursed for any items or services dating back to the date of the suspension and continuing until such suspension is lifted.

C. Termination of Providers/Facilities and/or Delegates found to be Excluded, Debarred, Sanctioned, Precluded or Without Valid Licensure

1. Providers/Facilities

- a. The Credentialing Department immediately terminates excluded, debarred, sanctioned, precluded or unlicensed providers or facilities from the network
- b. The claim system is updated to avoid payment to such provider / facility.
- c. The delegated credentialing vendor is notified by Credentialing Department.

2. FDRs/Delegates

- a. SWHP terminates relationship with FDRs/Delegates found to be excluded, debarred, or without valid licensure.

D. Recoupment of Payments

If payment is made to an excluded, debarred, sanctioned, precluded or unlicensed individual or entity, the Claims Department is notified to initiate recoupment process.

Procedural Requirements for Delegates

SWHP Delegates are required, via contract, to carry out the following steps to maintain compliance with this Policy:

- Delegates (including Network Providers) are required to review the government sources (databases and / or lists) prior to hiring or contracting of any new employee, temporary or permanent, governing body members, and consultants. Delegates are required to review the government sources monthly thereafter.
- Delegates will promptly and formally notify SWHP's Compliance Department if it is determined that an individual or entity is a True Match.
- Immediately remove any identified Ineligible Persons or Entity from any work related, directly or indirectly, to SWHP.
- Maintain documentation evidencing the screening of relevant individuals or entities.

Internal Reporting

The Compliance Officer or designee reports to the Executive Compliance Committee (ECC) and governing body when an individual/entity is identified as an Ineligible Person or Entity. Additionally, the VP of Compliance or designee informs the Credentialing Department of findings and actions related to this policy, which are then reported to the Credentialing Committee.

ATTACHMENTS

None.

RELATED DOCUMENTS

SWHP.CMP.071.P Management of First Tier, Downstream and Related Entities - Delegates

SWHP.CMP.078.P Federal Employee Health Benefits (FEHB) – Debarment and Suspension – Administrative Sanctions Program

BSWH.CMPL.OPS.009.P Sanction Screening

REFERENCES

42 CFR 422.503(b)(4)(vi)(F) – Public Health – Medicare Advantage Program – General Provisions
 423.504(b)(4)(vi)(F) - Public Health – Medicare Advantage Program – Contract Provisions

42 CFR 1001.1901 – Public Health – Program Integrity – Medicare and State Health Programs - Scope and Effect of Exclusion Medicare Manage Care Manual – (Chapter 21 - Compliance Program Guidelines and Chapter 9 - Prescription Drug Benefit Manual) - Section 50.6.8 - OIG/GSA Exclusion

The Patient Protection and Affordable Care Act (PPAC) Section 6501 - Termination of Provider Participation under Medicaid if Terminated under Medicare or other State Plan

Texas Health and Human Services Commission Uniform Managed Care Contract- Article 4, Section 4.12

<https://oig.hhs.gov/exclusions/index.asp> (accessed 6/7/19)

<https://gsa.federalschedules.com/resources/sam-registration/> (accessed 6/7/19)

<https://www.treasury.gov/resource-center/sanctions/Pages/default.aspx> (accessed 6/7/19)

<https://dmf.ntis.gov/> (accessed 6/7/19)

<https://npiregistry.cms.hhs.gov/> (accessed 6/7/19)

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/PreclusionList.html> (accessed 6/7/19)

<https://www.npdb.hrsa.gov/> (accessed 6/7/19)

<https://oig.hhsc.texas.gov/exclusions> (accessed 6/7/19)

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