Provider Screening of Employees and Contractors for Exclusion from Participation in Medicaid

Scope: This Provider Alert applies to all providers in all HealthChoices contracts.

Purpose: This Provider Alert intends to remind providers to screen their employees and contractors to determine if they have been excluded from participation in any federal health care program (including Medical Assistance - MA), by the Department of Health and Human Services' Office of Inspector General (HHS-OIG). Additionally, providers should conduct self-audits to determine compliance with the associated regulations and requirements.

While Community Care conducts screening of various individuals and entities, this screening is not completed on behalf of each provider agency or individual. (See Community Care policy: Fraud, Waste & Abuse Compliance Program FWA#001 V. D. Exclusion from Participation in the Medical Assistance Program).

Pre-employment, pre-contract, and subsequent monthly preclusion screening is an obligation for each provider to conduct on all of their staff and contractors.

Preclusion from participation in the MA program (including Medicaid) means that an individual or entity has been judged to be banned from submitting a request for and receiving payment from MA. In general, this exclusion from payment includes but is not limited to prohibition on:

- submitting claims for payment for services delivered or directed by an excluded party/person by any reimbursement method (claims, cost reports, fee schedules, prospective payment system)
- supporting the salary or other benefit of any person (e.g. manager, support staff, claims processor, billing agent, driver, clinician) who has been excluded from Medicaid even if he/she is not providing direct services to a member
- payment for any services performed by a precluded provider even if the provider is not functioning in the role by which they became precluded (e.g., a licensed social worker could not provide and bill for peer support services).

Requirement: Compliance with Medical Assistance Bulletin 99-11-05, Provider Screening of Employees and Contractors for Exclusion from Participation in Federal Health Care Programs and the Effect of Exclusion on Participation in Federal Health Care Programs
Provider Screening of Employees and Contractors for Exclusion from Participation in Medicaid

The following individuals must be screened for exclusion prior to employment and/or establishing a contract with them for service delivery: employees and contractors (both individuals and entities), vendors, service providers and referral sources who generate claims and bill for services paid by Medicaid. The re-screening process should occur monthly, in order to detect any current exclusions or reinstatements that have occurred since the last search.

The following databases should be used by providers to screen for exclusion status:

2. **List of Excluded Individuals/Entities (LEIE)** (Nationwide provider exclusions) [http://oig.hhs.gov/fraud/exclusions.asp](http://oig.hhs.gov/fraud/exclusions.asp)
3. **System for Award Management (SAM)**: (U.S. Government contract entity exclusions) [https://www.sam.gov/](https://www.sam.gov/)

Required Reporting of Exclusions to the Bureau of Program Integrity (BPI) of the Department of Human Services and Community Care:
A self-report should be submitted to the BPI if an employee or contractor is discovered to be on an exclusion list. Providers can submit their self-reports in one the following formats:

- Electronic submission through the MA Provider Compliance Hotline: Response Form at the following link: [http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/maprovidercompliancehotlineresponseform/](http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/maprovidercompliancehotlineresponseform/)
- Fax: 717.772.4655 - Attention: MA Provider Compliance Hotline
- Telephone (includes TTY service): 1.866.379.8477
- U.S. mail:
  Bureau of Program Integrity
  MA Provider Compliance Hotline
  P.O. Box 2675
  Harrisburg, PA 17105-2675

For additional information describing the Medicheck process and for support in using the database and validating identified potential exclusions, please visit the DHS website. [http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/index.htm](http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/index.htm)
Provider Screening of Employees and Contractors for Exclusion from Participation in Medicaid

A report must also be submitted to Community Care's Special Investigations Unit through the Fraud and Abuse Email Hotline (CCBH_Fraud_Abuse@upmc.edu) or telephone Hotline *1.866.445.5190)

Medicaid providers may be subject to disciplinary actions if they are found to employ or enter into contracts with excluded individuals or entities who provide services to Medicaid recipients including: enrollment termination, exclusion from participation in federal health care programs, civil monetary penalty, or other sanctions.

HealthChoices Contracts:
Allegheny
Berks
Blair
Carbon/Monroe/Pike
Chester
Erie
Lycoming/Clinton
North Central
Northeast
York/Adams

September 21, 2018