POLICY: EXCLUDED AND INELIGIBLE PROVIDER LIST CHECKS

I. PURPOSE:

The purpose of the policy and procedure is to identify the specific Excluded Parties Lists that Behavioral Health and Recovery Services (BHRS) checks per State and Federal regulations. It establishes who is responsible for checking the Excluded Parties Lists, as well as the frequency and documentation requirements of the checks.

II. REFERENCES:

42 CFR Sections 400-455, specifically: 438.214(d), 438.610, and 455.436(b)
DMH Letter No. 10-05
DHCS/MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements
DHCS/DMC-ODS Contract, Exhibit A, Attachment I, Program Integrity Requirements
CMS/DHCS, section 1915(b) waiver
BHRS-28 BHRS Provider Credentialing
BHRS-SUD-22 DMC-ODS Provider Credentialing

III. POLICY:

A. Individuals and businesses convicted of crimes involving fraud or abuse of the federal Medicare and/or Medicaid (referred to in California as Medi-Cal) programs are not permitted to participate in federal programs. They are excluded from participation. These individuals and/or businesses are added to the Federal or State Excluded Provider Lists.

B. BHRS submits claims to federal and state programs for the costs of services provided by BHRS and some of its business associates and contractors. Costs, for which BHRS receives reimbursement, may include direct service costs as well as overhead and administrative costs. Therefore, BHRS cannot contract with individuals or businesses, nor have employees, that are excluded from participation in state and federal funded programs.

C. BHRS conducts the excluded provider list checks of required databases for all BHRS employees. These databases include, but are not limited to:


iii. California Medicaid Program (Medi-Cal) – Suspended and Ineligible Provider List www.medi-cal.ca.gov (click on the “references” tab and then the “Suspended & Ineligible List” link).


D. This policy, and Exhibit L to the mental health Professional Services Contracts and Exhibit I to the substance use Professional Services Contracts, requires employees and contracted agencies, providers or their sub-contracted providers to notify their supervisor or their County contract manager immediately if they become aware of any information that may indicate their potential placement on an excluded providers list.

E. In addition to screening for excluded providers, professional license checks, which include verification though the National Plan and Provider Enumeration System (NPPES) and California BreEZe database, (www.breeze.ca.gov) are completed for BHRS and contracted providers by BHRS Quality Management, as described in policy BHRS-28 BHRS Provider Credentialing and policy BHRS-SUD-22 Provider Credentialing.

IV. AUTHORITY/RESPONSIBILITY:

Quality Management
Compliance Officer
Program Manager/Supervisors
Administrative Services Manager/Designee
BHRS Division Director

V. PROCEDURE:

A. County of Marin Health & Human Services’ Compliance Officer (or designee) checks the LEIE, SAM, Medi-Cal and DMF, databases for all BHRS employees prior to employment. In addition, the HHS Compliance Officer (or designee) uploads a current list of all BHRS employees every month via a secure website to OIG Compliance NOW, LLC to conduct checks of all excluded databases referenced above.

B. The Administrative Services Manager or designee checks the LEIE, SAM, Medi-Cal, and DMF databases against all contracted providers, prior to contracts being
finalized. The Compliance Officer (or designee) is sent a list of all current contracted providers by BHRS Contracts Administration which is uploaded monthly via a secure website to OIG Compliance NOW, LLC to conduct monthly checks of all excluded databases referenced above.

i. The contractor shall certify that it conducts initial and monthly checks of excluded provider databases for its own employees and subcontractors, as referenced in ‘Exhibit L’ or ‘Exhibit I’ of the contract.

ii. Verification that the contractor is conducting these will be performed at a minimum: a) upon contract renewal and b) upon Medi-Cal Site Certification/Recertification of the provider (for mental health providers) or upon annual Site Visit (for substance use providers), or at any time requested by BHRS and/or the County HHS Compliance Program.

C. If a potential new hire or BHRS Contractor appears on any of the exclusions lists checked, an offer of employment or contract cannot be executed.

D. Upon discovery of a current BHRS employee or Contractor’s appearance on any of the Excluded Provider Lists, the HHS Compliance Officer is immediately notified by OIG Compliance NOW, LLC of the name and the Excluded Provider List(s) on which the name appeared.

i. Once confirmed that a BHRS employee or contractor has been excluded from participation in federal healthcare programs, the Compliance Officer or designee will inform the BHRS Director or designee and will coordinate with the Department of Finance to ensure the cessation and prevention of filing of claims rendered by the excluded provider. Any claims already submitted by the excluded provider will be reviewed and reported to DHCS’ County Liaison. Paid claims will be returned in accordance with federal and state regulations.

ii. The contract with the provider will be terminated.

iii. Human Resources will be informed if a county employee is confirmed to be on an excluded provider list, and sanctions will be implemented against the employee per the relevant PMR.

E. Documentation of the initial checks against the LEIE, SAM, Medi-Cal and DMF databases are kept centrally at BHRS Contract Division. The Compliance Officer keeps documentation of all HHS/BHRS employee’s checked prior to employment. Monthly reports for employees and contractors checked through OIG Compliance NOW are available through their secure online portal.