Banner University Health Plans

POLICY and PROCEDURE

TITLE: CP 5033 Sanction Screening			
Version: 10	**Responsible Position:** Compliance Director	**Responsible Department:** Compliance	
Origination Date: 04/01/2013	**Last Review Date:** 05/04/2020	**Approval Date:** 06/19/2020	**Next Review Date:** 06/15/2021
Organization: Banner University Health Plan, BUHP Compliance (CP)			
Population (Define): This policy applies to all lines of business			
Policy Replaces: CP 102, CP 1102 A, CP 1102 S, CP 6033			

I. Purpose/Expected Outcome:

A. The Health Plan will not employ or contract with any individual or entity who has been debarred, suspended or otherwise lawfully prohibited from participating in any public Federal procurement activity or from participating in non-procurement activities or has been excluded from participation in federal programs or federal health care programs and will screen for exclusion monthly thereafter.

II. Definitions:

A. Please refer to the link below for full definitions for the following terms:
http://sharepoint/sites/hppandp/new/Lists/Definitions/PP%20Definitions.aspx

III. Policy:

A. The Health Plan must ensure proper screening takes place to determine if individuals or entities associated with Health Plan operations have been debarred, suspended or otherwise lawfully prohibited from participation in any Federal public procurement activity or from participating in non-procurement activities; excluded from participation in any Federal Health Care Programs; or convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XIX, or Title XX services program. This screening must occur prior to hiring and/or contracting and then, again, monthly thereafter. Monthly screening is essential to prevent inappropriate payment to providers, pharmacies and other entities that have been added to exclusion lists since the last time the list was checked. The screening process is conducted in a manner that is non-discriminatory toward any employee or subcontractor seeking to be qualified as a Health Plan participating provider.

B. The Health Plan shall not use federal or state funds to pay for services, equipment or drugs prescribed or provided by a provider, supplier, employee or first tier, downstream or related entity (FDR) excluded by the Department of Health and Human Services (DHHS), or the Office of the Inspector General (OIG).

IV. Procedure/Interventions:

A. The Health Plan does not delegate substantial discretionary authority to make decisions about entities that it knows, or should have known, have a propensity to engage in inappropriate or improper conduct.
   1. The Health Plan or Banner Corporate Compliance utilizes a vendor to review the DHHS-OIG List of Excluded Individuals and Entities (LEIE list) and The System of Award Management (SAM) formerly known as The Excluded Parties Lists System (EPLS) prior to the hiring or contracting of any new employee, temporary employee, volunteer, consultant, governing body member, FDR, subcontractor and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs.
   2. Monthly, the Health Plan performs a routine check or utilizes a vendor to perform the routine checks of the following databases:
      a. The List of Excluded Individuals (LEIE)
      b. The System of Award Management (SAM) formerly known as The Excluded Parties List (EPLS)
      c. Any other databases directed by AHCCCS or CMS.

B. If any person or entity is identified as excluded through these checks, the Health Plan immediately notifies AHCCCS and CMS; taking immediate action to exclude the individual from all Health Plan operations and activities to terminate the individual or entity.

C. If a provider of services or persons terminated from participation in the AHCCCS Medicaid Program, other XIX programs (including other state Medicaid Programs), Title XVIII or XXI programs is confirmed excluded from AHCCCS Medicaid or any State Medicaid, the Health Plan Compliance Department will notify AHCCCS OIG even if the Health Plan does not pay any claims for the other State Medicaid. Upon direction from AHCCCS OIG, the Health Plan will terminate the provider or persons from any of the Health Plan's Networks of Providers who render services to individuals eligible to receive medical assistance pursuant to Title XIX.

D. The Health Plan requires any subcontractor to notify the Health Plan Compliance Department if any provider of services or persons terminated from participation in the AHCCCS Medicaid Program, other XIX programs (including other state Medicaid Programs), Title XVIII or XXI programs is confirmed excluded from AHCCCS Medicaid or any State Medicaid during their initial and monthly exclusion screenings. The Health Plan Compliance Department will notify AHCCCS OIG, even if the Subcontractor does not pay any claims for the other State Medicaid Programs. Upon direction from AHCCCS OIG, the subcontractor will terminate the

provider or persons excluded from any other Medicaid Program. Subcontractors are also required to notify the Health Plan Compliance Department if there are any confirmed exclusions upon initial and monthly review of any employees or contactors when reviewing the Federal Exclusion Data Bases. If the employee or contractor is confirmed excluded from the Federal Exclusion Data Bases, the subcontractor will terminate the employee or contractor.

E. The exclusion status results are held by the Health Plan. The Health Plan submits an annual attestation to AHCCCS that the above-listed information has been requested and obtained for Health Plan contracted providers, Fiscal Agents and Related Parties. Upon request, the Health Plan provides AHCCCS and CMS with the above-listed information.

V. Performance and Outcome Measures:

A. The Health Plan ensures that 100% of individuals and entities associated with the Health Plan are screened for exclusion status monthly.
B. Sanctions Summary Monthly Report.

VI. References:

A. AHCCCS Complete Care Amendment (Contract), Section D, Paragraph 15, Staff Requirements
B. AHCCCS Complete Care Amendment (Contract), Section D, Paragraph 58, Corporate Compliance
C. AHCCCS Complete Care Amendment (Contract), Section E, Paragraph 42, Suspension or Debarment
D. AHCCCS EPD Contract (ALTCS), Section D, Paragraph 25, Staff Requirement
E. AHCCCS EPD Contract (ALTCS), Section D, Paragraph 64, Corporate Compliance
F. AHCCCS EPD Contract (ALTCS), Section E, Paragraph 42, Suspension or Debarment
G. 42 CFR 438.610 (a) & (b)
H. 42 CFR 1001.1901(b)
I. 42 CFR 1003.102(a)(2)
J. 42 CFR 455.101; 106; 436
K. SMDL09-001
L. Medicare Managed Care Manual – Chapter 21 – Compliance Program Guidelines 50.6.8 – OIG/GSA Exclusion
M. Prescription Drug Benefit Manual – Chapter 9 – Compliance Program Guidelines 50.6.8 – OIG/GSA Exclusion
N. Medicare Managed Care Manual – Chapter 6 – Section 60.2

VII. Related Policies/Procedures:

A. Health Plan Policy – CP 5001 Compliance Program

B. Health Plan Policy – CP 5221 Compliance Officer Responsibilities
C. Health Plan Policy – GP 1101 A Disclosure of Ownership and Control Information
D. BH Policy 194 Compliance Federal and State Exclusion Review

VIII. Keywords and Keyword Phrases:

A. Sanction Screening
B. Federal Exclusion
C. State Exclusion
D. System for Award Management
E. List of Excluded Individuals