

<b>HOMETOWN HEALTH POLICY</b>		Current Version Effective Date:	05/01/19
Title:	OIG/GSA Exclusion and CMS Preclusion List Screening	Next Review Date:	05/01/20
Category:	Compliance	Creation Date:	02/26/07
Number:	Hometown.HCP.005	Revision History: 02/28/13 04/17/15 08/19/16 04/28/17 04/24/18 04/18/19	
Author:	Manager of Compliance		

**Scope:** Hometown Health Compliance Policies & Procedures apply to the following individuals and entities:

- 1) All persons (management, staff, contractors, vendors) affiliated with Hometown Health and Hometown Health Management Corporation (“staff”);
- 2) All members of the Board of Directors (“Board”), officers and managers of Hometown Health and Hometown Health Management Corporation;
- 3) First-tier, downstream and related entities (“FDR”) as defined by the Centers for Medicare and Medicaid Services (“CMS”) as set forth in Hometown Health’s policies, procedures and standard of work and/or work aids; and
- 4) Network Providers as set forth in Hometown Health’s policies & procedures and standard of work and/or work aids.

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**Purpose:** The purpose of Hometown.HCP.005 is to establish the requirement to review the DHHS OIG List of Excluded Individuals and Entities (LEIE list), the GSA Excluded Parties Lists System (EPLS), and the CMS Preclusion List. The OIG and LEIE, and The GSA must be checked prior to the hiring or contracting of any new employee, temporary employee, volunteer, consultant, governing body member, or FDR, and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs. The Preclusion list must be checked prior to the contracting of a provider and monthly thereafter.

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**Policy:** Renown Health Network Policy RENOWN.CCD.035, sets forth Renown’s policy not to employ or conduct business with any individual or entity that has been sanctioned, excluded or debarred. Hometown Health Policies (e.g., HOMETOWN.HNS.014 and HOMETOWN.HNS.019) set forth Hometown Health’s policy on the credentialing and recredentialing of participating providers. In collaboration with Renown Health, Hometown Health will ensure that its staff, vendors and contractors are clear of any sanctions, exclusions or debarments (“sanctions”).

I. Initial and Ongoing Sanction Screening

- (a) Staff, Volunteers, Interns and Board Members  
Renown Health Human Resources will perform sanction screenings for new staff (part- and full-time), volunteers, interns and Board members assigned to Hometown Health at the time of hire or contract and at a minimum on a monthly, ongoing basis for all existing staff, volunteers, interns and Board members.
- (b) Temporary Staff

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Renown Health Human Resources, and/or by its staffing agency, will ensure sanction screenings is performed on temporary staff assigned to Hometown Health prior to hire or contract. Temporary staff assigned to Hometown Health for longer than one year, Renown Human Resources and/or by its staffing agency will ensure sanction screenings is performed prior to hire, on a monthly, ongoing basis.

(c) Vendors and Consultants

For vendors paid through the Hometown Health claim payment system (DST), Hometown Health screens its new and existing vendors by notifying the Renown Health Purchasing department, who then performs OIG/GSA sanction screening. This screening is performed prior to contracting and monthly thereafter.

For vendors paid through the Renown Health Purchasing department, the Renown Health Purchasing department provides the names of entities and individuals to Renown Health’s Human Resource department for screening. The Renown Health Human Resource department then performs OIG/GSA sanction screenings on new vendors assigned to Hometown Health prior to hire or contract and on a monthly, ongoing basis for all existing vendors.

Hometown Health requires its vendors to: (1) review the applicable sanction lists prior to hiring or contracting any new, temporary, permanent staff; Board members; volunteers and/or consultants monthly; (2) promptly notify the Hometown Health Compliance Officer of those who appear on the applicable sanction list; (3) immediately remove any staff and/or entities from their duties related directly or indirectly to Hometown Health; and (4) maintain documentation evidencing the screening of all staff and entities.

(d) Participating Providers

Hometown Health, through oversight of its centralized verification organization (“CVO”), shall ensure that sanction and preclusion screenings is performed for its contracted participating providers (physicians and non-physician practitioners) prior to initial credentialing and on a monthly basis thereafter.

II. Duties and Responsibilities

- (a) Renown Health and Hometown Health will not employ or contract with any staff or entity known to be excluded from participating in federal health care programs.
- (b) Sanction screening includes a review of the exclusion list for relevant governmental databases (e.g., OIG List of Excluded Individuals/Entities (LEIE), System for Award Management (SAM) exclusions list (formerly known as the GSA Excluded Party List

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System) which also includes the U.S. Department of Treasury Specially Designated Nationals (SDN) List and State of Nevada Provider Exclusions List).

- (c) If a potential match is discovered from a review of the relevant governmental databases, the Compliance Officer is notified and will initiate an investigation to determine if the staff and/or entity is either cleared or the sanction is confirmed.
- (d) Staff with a potential match may be placed on leave until the investigation is complete.
- (e) Staff, temporary staff, volunteers, interns, consultants, vendors, participating providers and Board members have a duty to report suspected or actual sanctions to the Hometown Health Compliance Officer.
- (f) Medicare payment may not be made for items or services furnished or prescribed by an excluded provider or entity, or that is on the preclusion list. Sponsors shall not use federal funds to pay for services, equipment or drugs prescribed or provided by a provider, supplier, employee or FDR excluded by the DHHS OIG or GSA, or that is on the preclusion list.
- (g) If Hometown Health discovers that a claim was submitted for health care services and/or drugs were prescribed or delivered by an excluded or precluded provider, Hometown Health should investigate to determine if any other claims were submitted by the excluded provider and recoup ineligible payments and/or delete the prescription drug event ("PDE") data and report incident to NBI MEDIC.

- III. Inquiries that relate to this Hometown Health Policy or matters that are not specifically addressed by this policy should be directed to Hometown Health Manager of Compliance.
- IV. To effectively monitor adherence to applicable laws, statutes and regulations, Hometown Health will conduct a periodic review and analysis to determine if there are any changes in its benefits, policies & procedures and utilization management protocols which impact compliance.
- V. To monitor adherence to applicable laws, statutes and regulations, Hometown Health will notify its delegated contractors of changes impacting compliance, including parity of health care services such as mental health and/or substance use disorder parity ("MHPAEI"), as applicable.

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**Definitions:**

- **Delegated Entity:** Any party, including an agent or broker that enters into an agreement with a Qualified Health Plan ("QHP") issuer to provide administrative services or healthcare services

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to qualified individuals, qualified employers, or qualified employees and their dependents. (45 C.F.R. 156.20).

- **Government Services Administration (“GSA”):** An independent agency of the United States government, it combines the Central Contractor Registration (CCR/FedReg), Online Representations & Certifications Application (ORCA) and the Excluded Parties List System (EPLS) into one main contractor database. This database was named System for Award Management or better known as the SAM registration.
- **Downstream Entity:** Any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with a MA organization or Part D benefit, below the level of the arrangement between a MA organization or Part D plan sponsor (or applicant) and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (42 C.F.R. 422.2, 423.4).
- **First-Tier Entity:** Any party that enters into a written arrangement, acceptable to CMS, with a MA organization or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA organization or Part D program. (42 C.F.R. 422.2, 423.4).
- **Medicare Advantage (“MA” or “Part C”):** A Medicare program that provides additional choices among health plans. Those who subscribe to Medicare Parts A and B are eligible, except individuals who have End-Stage Renal Disease (“ESRD”) unless certain exceptions apply. Medicare Advantage Plans are also known as Medicare + Choice Plans.
- **National Benefit Integrity Medicare Drug Integrity Contractor (“NBI MEDIC”):** The purpose of the NBI MEDIC is to detect and prevent fraud, waste, and abuse in the Part C (Medicare Advantage) and Part D (Prescription Drug Coverage) programs on a national level. (<http://www.healthintegrity.org/contracts/nbi-medic/>).
- **Office of Inspector General (“OIG”):** The department within the Department of Health & Human Services (“HHS”) tasked with enforcement of waste, fraud, and abuse efforts in Medicare, Medicaid and more than 100 other HHS programs. (<https://oig.hhs.gov>). The OIG is authorized to exclude from participation in the Federal health care programs any healthcare provider, individual, contractor, or business. Reasons for exclusion from participation include: convictions of program-related crimes, patient abuse, healthcare fraud, controlled substances abuse, and license revocation or suspension.
- **Preclusion List:** a CMS-compiled list of individuals and entities that are currently revoked from Medicare, and are currently under a reenrollment bar under 424.535(c). (42 C.F.R. 422.2, 423.100).
- **Prescription Drug Plan (“PDP” or “Part D”):** A Medicare program to assist with the cost of prescription drugs for individuals who are eligible beneficiaries to receive Medicare prescription

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drug coverage. There are two ways to obtain Medicare prescription drug coverage: 1) through a Medicare Prescription Drug Plan or 2) through Medicare Advantage Plan that includes drug coverage. These plans are offered by insurance companies and other private companies approved by Medicare.

- **Related Entity:** Any entity that is related to MA and/or Part D sponsor by common ownership or control.
- **U.S. Department of Department of Health and Human Services (“HHS”):** The mission of HHS is to enhance and protect the health and well-being of all Americans. HHS will provide effective health and human services and foster advances in medicine, public health, and social services. (<http://www.hhs.gov/>).

#### References:

- Federal Register / Vol. 64, No. 219 / Monday, November 15, 1999 / Notices (“Department of Health and Human Services, Office of Inspector General, Publication of the OIG’s Compliance Program Guidance for Medicare+Choice Organizations Offering Coordinated Care Plan”)
- Medicare Advantage Program, 42 C.F.R. Part 422
- Medicare Prescription Drug Benefit, 42 C.F.R Part 423
- Medicare Managed Care Manual, Chapter 21 (“Compliance Program Guidelines”)
- Prescription Drug Benefit Manual, Chapter 9 (“Compliance Program Guidelines”)
- URAC Standard P-CR 14 - Participating Provider Credentials Monitoring
- USA, Department of Justice, Criminal Division, Fraud Section. (n.d.). Evaluation of Corporate Compliance Programs
- HOMETOWN.HNS.019 – Assessment of Organizational Providers
- HOMETOWN.HNS.014 – Credentialing/Recredentialing Process
- RENOWN.CCD.035 – Exclusion Screening

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