

COMPLIANCE	<b>Advantage Dental</b> <a href="#">From DentaQuest</a>		
	<b><i>Policy and Procedure</i></b>		
	Policy Name:	<b>OIG/GSA Exclusion Review</b>	Policy ID: <b>PLANCG-68</b>
	Approved By:	Courtney Ransom, Head of Risk Management, Ethics & Compliance	Last Revision Date: 03/10/2025
	States:	Oregon	Last Review Date: 03/10/2025
	Application:	Medicaid	Effective Date: 03/10/2025

## PURPOSE

Federal law requires that no payment be made by any federal health care program for any items or services furnished, ordered or prescribed by an excluded individual or entity. The payment prohibition applies to the excluded person and anyone who employs or contracts with the excluded person, and extends to payment for administrative and management services that are reimbursed directly or indirectly by a federal health care program.

The OIG also has authority to impose civil monetary penalties against entities (such as The DCO) that receive reimbursement from federal health care programs and employ or contract with excluded individuals or entities.

It is therefore imperative that The DCO regularly screen our employees, temporary staff, independent contractors, vendors, subcontractors and the providers with whom we contract to participate in our provider networks to determine whether they have been excluded, suspended, debarred, or otherwise ineligible from participation in federal health care programs. Our clients require that the Company perform such regular exclusion checks and provide confirmation upon request that the Company is not employing or conducting business with excluded individual/entities. The DCO must not have a Network Provider, Subcontractor, or person with an employment, consulting, or any other contractual agreement who is (or is affiliated with a person/entity that is) debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation (FAR) or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing such order.

## POLICY

It is The DCO policy to ensure that it does not employ or contract with individuals or entities that are excluded, suspended, debarred, or otherwise ineligible from participation in federal health care programs. The DCO performs initial and, thereafter, monthly, exclusion checks to ensure that prospective and current employees, temporary staff, independent contractors, vendors, subcontractors, and Providers are not excluded from participation in Federal health care programs to prevent hiring or retaining any excluded persons or entities.

The DCO conducts periodic reviews of current employees and/or Subcontractors/Network Providers and agents to determine whether any have been suspended or debarred or are under criminal investigation or indictment. If an employee or non-employee agent or Subcontractor/Network Provider is found to be ineligible, Contractor must have a written policy requiring the removal of the employee from direct responsibility for, or involvement with, the

Medicaid program, or for the termination of the Subcontract/Network Providers, as appropriate.

## REFERENCES

- Social Security Act §§1124, 1124A, 1124B
- 42 C.F.R. §§ 422.503(b)(4)(vi)(F)
- Medicare Managed Care Manual Chapter 21 Section 50.6.8
- 42 CFR § 438.610

## DEFINITIONS

- **“The DCO Personnel”** means an officer, employee, independent contractor, Board member and/or subcontractor (downstream entities).
- **“Ineligible individual/entity”** is defined as anyone who: excluded, suspended, debarred, or otherwise ineligible to participate in the federal health care programs or in federal procurement or non-procurement programs; or debarred, excluded or ineligible to participate in State health care programs.
- **“Exclusions Lists”** include but are not limited to the U.S. Department of Health and Human Services, Office of Inspector General (OIG)’s List of Excluded Individuals/Entities (LEIE), the U.S. General Services Administration (GSA)’s Excluded Parties List System (EPLS) and System for Award Management (SAM), Office of Foreign Assets Control (OFAC), U.S. Treasury Department Office of Foreign Assets List of Specially Designated Nationals and Blocked Persons (SDN), and all currently available state Medicaid exclusion databases.
- **“Provider Sanction Lists”** include, but are not limited to all Exclusions Lists, the National Provider Data Bank (NPDP), State Boards of Licensure, Social Security Administration Death Master File (SSADMF), Medicare Preclusion List, and all currently available state Medicaid exclusion databases.

## PROCEDURE

### A. Employees:

To prevent hiring of any ineligible individual, all employees, board members, and temporary staff will be screened by Human Resources prior to engaging their services by:

1. Requiring applicants to disclose whether they are an ineligible individual; and
2. Reviewing Exclusions Lists directly or through an outside vendor to determine if such individual is an ineligible person:
  - a. OIG’s LEIE
  - b. GSA’s SAM
  - c. OFAC/SDN
  - d. State Medicaid Exclusions Lists
3. Requiring any staffing agencies to conduct exclusion screening and provide written verification of eligibility for placement and to screen temporary staff engaged by The DCO monthly in the same manner thereafter; and
4. Performing monthly exclusions checks of existing employees.

### B. Sub-delegated Vendors:

To prevent contracting with an ineligible entity, vendors, sub-delegated vendors, subcontractors, and downstream entities will be screened by Vendor Management prior to engaging their services by:

1. Requiring entities to disclose whether they are ineligible to participate in state and federal healthcare programs during onboarding and/or pre-delegation; and

2. Reviewing Exclusions Lists directly or through an outside vendor to determine if such entity is an ineligible entity:
  - a. OIG's LEIE
  - b. GSA's SAM
  - c. OFAC/SDN
  - d. State Medicaid Exclusions Lists
3. Requiring internal staff engaging a prospective vendor to send details to Vendor Management so they can conduct exclusion screenings.

- C. Ongoing exclusion monitoring of all brokers, vendors, contractors, and independent contractors occurs on a monthly basis. Accounts Payable (AP) sends a current listing to Vendor Management to be sent to the external vendor engaged to perform exclusion checks.
1. All findings are reported by the external vendor directly to Vendor Management for further review and follow-up as necessary.
  2. If a positive finding is encountered, it will be addressed by Vendor Management and AP.
  3. Documentation is maintained by Vendor Management.

**D. Providers:**

Credentialing performs exclusions screening of all participating and non-participating providers prior to engagement or contracting and monthly thereafter in accordance with their provider monitoring policies and procedures. These populations are reviewed against Exclusions Lists and Provider Sanction Lists, including but not limited to:

1. OIG's LEIE
2. GSA's SAM
3. OFAC/SDN
4. State Medicaid Exclusions Lists
5. NPDP
6. SSADMF
7. State Boards of Licensure
8. Medicare Preclusion List
9. State Medicaid Registration

- E. "Positive Hits": All operational departments responsible for performing exclusions screenings will review and attempt to "rule out" any positive matches in accordance with their processes, which may include comparing source file data and using algorithms and logic built into their search query tools to pair source data against Exclusions Lists, established internally or externally with an outside sanction check vendor. Review of potential matches will be completed by the end of each month.

- F. If the Human Resources Department, Accounts Payable, Credentialing, or Vendor Management department identifies an individual/entity who is or has become ineligible to participate in federal health care programs or in federal procurement or non-procurement programs, the employee, temporary staff, independent contractor, provider, vendor, or subcontractor will immediately be relieved from his/her responsibilities, or the contract with the excluded individual or entity will be terminated immediately. As required, The DCO will notify the client of any individual/entity excluded from federal or state programs, as well as individuals/entities with confirmed compliance and fraud, waste and abuse violations that may have provided services on behalf of the client.

- G. The websites reviewed for any potential matches, include but are not limited to the

Exclusions List and Provider Sanction Lists identified in this policy.

- H. Documentation to support employee, subcontractor and provider screenings against the OIG listing and GSA listing prior to hire (contracting) and monthly thereafter will be maintained for a minimum of 10 years in accordance with the Record Retention Schedule.

***Revision History***

Date:	Description
5/11/2016	Updates based on annual review.
4/26/2017	Updates based on annual review.
2/27/2018	Conversion to revised policy and procedure format and naming convention.
8/28/2018	Updates based on client audit.
11/12/2018	Corporate Compliance Committee approval
05/29/2020	ADS Compliance Committee approval
06/09/2021	Updates based on annual review.
10/05/2021	Updates based on annual review.
12/31/2022	Updates based on annual review.
09/05/2023	Updates based on annual review.
03/10/2025	Updates based on annual review.