

Name:	Monitoring of Exclusion Lists
Date of Origin:	11/02/2015
Current Effective Date:	2/16/2022
Scheduled Review Date:	2/16/2023

I. POLICY

Managed Dental Care of Oregon (MDCO) is committed to complying with Federal law that prohibits entities that participate in federal health care programs (including Medicaid, Medicare and other governmental programs) from entering into or maintaining certain relationships with individuals or entities that have been excluded from participation in federal health care programs.

The Medicaid statute also excludes from coverage any item or service that has been ordered, supervised, or furnished by an individual or entity during the time when the individual or entity has been excluded from the federal program.

The purpose of this policy is to set forth the procedures MDCO follows in determining whether potential and current MDCO staff providers and/or contractors are excluded from participation in such federal programs.

This policy seeks to comply with all applicable components of OAR 410-141-3510 and 42 CFR 455 Subpart E, when screening providers and disclosing entities or persons.

II. PURPOSE

OIG/LEIE and SAM Exclusion Lists Review

MDCO will perform initial and on-going monthly monitoring of exclusion lists to ensure that providers, vendors, contractors, and panel providers have not been sanctioned or excluded from participating in any federal health care program as prohibited by federal law.

An “ineligible individual/entity” is anyone who:

- b. Is currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs or in federal procurement or non-federal procurement programs;
or
- b. Has been convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred, or otherwise declared ineligible.

If MDCO identifies an ineligible individual/entity, MDCO’s Compliance Specialist will contact Interdent’s General Counsel for advice and direction on proceeding with an appropriate course of action.

Procedure

The following screening procedures will be conducted by Interdent’s Recruiting department and/or MDCO’s Administrative Assistant to the President:

Screening Prior to Hire

Prior to the hiring of any MDCO employee, the Recruiting Department will screen all potential employees by:

- (1) Requiring applicants to disclose whether they are ineligible; and
- (2) Reviewing the United States General Services Administration List of Parties Excluded from Federal Programs (“GSA Exclusion List” aka SAM List) and the United States Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (“OIG/LEIE Exclusion List”).

The Recruiting Department shall notify Interdent’s General Counsel of any matches found during any of the above screening processes. If a potential employee is determined to be an Excluded Individual, the individual will no longer be eligible for hire.

At Hire

After hire, all employees are required to complete the Code of Conduct training, and sign an acknowledgement that the employee has read and agreed to the conditions set out in the Interdent Handbook including certifying that the employee has not been excluded, has no knowledge of an impending exclusion, and agrees to notify the Compliance Officer if they should become aware of a potential Exclusion.

Monthly Screening

Upon the effective date of this policy, and monthly thereafter, MDCO will screen providers to verify that all existing providers (staff and panel providers) have not been excluded from federal programs since the last review.

This process shall involve MDCO’s Administrative Assistant (to the President) reviewing the updated List of Excluded Individuals on the OIG/LEIE Exclusion List and comparing it to the current active MDCO provider Master list of practitioners. In addition, MDCO’s Business Intelligence Analyst will review the GSA Exclusion List and perform the same review of that List against MDCO’s Master list of practitioners.

If either individual or other designated staff member identifies that a current provider is an ineligible individual/entity in the Exclusions verification process, Interdent’s General Counsel will be contacted for advice and direction on proceeding with an appropriate course of action. Both individuals shall also notify MDCO’s Compliance Officer if any matches found during any of the above screening processes.

Vendor Exclusion List Review

MDCO’s Administrative Assistant shall screen all new vendors/contractors who have submitted a request for payment for services paid from dollars under a federal health care program. Upon the effective date of this policy, and annually thereafter, vendors that receive payment from sources that originate with Federal health care programs will be reviewed to confirm no vendor is on any federal Exclusion List.

~~The Administrative Assistant shall notify the Compliance Officer of any matches found during any of the above screening processes.~~

“Moderate” and “High-Risk” Providers

When a “moderate” or “high-risk” provider or provider type (as designated by CMS) is being considered for credentialing—MDCO will provide to OHA via written administrative notice, documentation demonstrating that the provider has undergone a fingerprint-based background check and site visit within the last 5 years.

Annual Report

MDCO’s Compliance Officer shall request documented evidence of monthly screenings, which may take the form of a tracking log maintained by the Administrative Assistant and Business Intelligence Analyst, and to include date of review and findings. The Compliance Officer shall retain all logs evidencing monthly review of Exclusion Lists for a minimum of ten (10) years, and may from time to time, monitor screening activities of the Administrative Assistant and Business Intelligence Analyst to confirm compliance with all federal regulations.

III. REVISION ACTIVITY

Revision Date	Revision and Rationale	Effective Date
11/02/2015	Policy Creation	
12/02/2015	Policy Approved	12/02/2015
12/01/2017	Policy schedule for review.	12/01/2017
5/4/2018	Reviewed/Updated	5/4/2018
5/4/2020	Review	5/4/2020
2/10/2021	Review and Update	2/10/2021
2/16/2022	Review	2/16/2022

IV. AFFECTED DEPARTMENTS

All MDCO Providers

V. REFERENCES

42 U.S. Code section 1320a-7(a)(1)(D), (a)(4)(c), 1320a-7(b)(8) Health Insurance Portability and Accountability Act of 1996 Balanced Budget Act of 1997 63 Fed. Reg. 46736, 46743 (September 2, 1998) OIG Advisory Bulletin, September 28, 1999

MDCO Provider Services Guide