

Exclusion List Review and Reporting Process

Corresponding Policy: Sanction, Exclusion, Preclusion and Medicare Opt Out Review Policy, A20130905076

Departmental SOP Number: N/A

Effective Date: 6/11/2014

Sponsoring Department: Compliance

Impacted Department(s): All

Data Classification: ☐ Confidential ☒ Restricted

Purpose and Applicability of Process

To require systematic monitoring of the following nine sanction and exclusion lists as required by state and federal contracts:

- 1) The Office of the Inspector General (OIG) List of Excluded Individuals and Entities (LEIE);
- 2) The General Service Administration Excluded Parties List Service (EPLS);
- 3) The New York Office of Medicaid Inspector General (OMIG) list of excluded Providers and Entities;
- 4) New York Medicare Opt Out;
- 5) The U.S. Treasury's Office of Foreign Assets Control's (OFAC) List of Specially Designated Nationals and Blocked Persons (list of blocked persons) in compliance with the Presidential Executive Order on Terrorist Financing Blocking Property and Prohibiting Transactions with Persons Who Commit, Threaten to Commit, or Support Terrorism;
- 6) OPM's Office of the Inspector General's Guidance for the Implementation of Federal Employees Health Benefits Program (FEHBP) Debarment and Suspension Orders;
- 7) New York State Office of General Services - Iran Divestment Act;
- 8) The Social Security Administration's Death Master File (DMF); and
- 9) Federal Preclusion List.

This monitoring is intended to identify and follow-up on any sanctioned individuals who might be associated with Independent Health and/or its subsidiaries and to report utilization, if applicable, to the appropriate state or federal entity.

Process

Monthly Batch Reviews / Uploads

1. Compliance is responsible for overseeing the overall process and the software; the operational business unit representatives will be responsible for completing their batch review of potential hits each month.
 - a. Reviews should be completed by the 10th or 11th of each month depending on how the weekends fall.
2. On the 18th of the month, or the Friday prior if the 18th falls on the weekend, Compliance will manually upload three Government files into WatchDog: FEHB Debar, NY Medicare Opt-Out and OMIG Exclusion. Compliance will also verify if the Iran Divestment Act List has been updated on the OSG website and verify that all entities are listed within the OFAC list. *See the Compliance 'WatchDog Elite - Tipsheet and Instructions' for the process of uploading the files – Monthly Government List Uploads.*
3. On the 20th of the month, or the first business day after, Compliance will review the monthly batch runs to ensure the data files were successfully loaded and processed in the WatchDog system. *See the Compliance 'WatchDog Elite - Tipsheet and Instructions' for the troubleshooting process if the batch did not run or there was an error with the upload – Monthly Batch Review.*
 - a. Compliance will utilize the 'CSI Counts- Monthly revised' excel saved on the S-Drive ([S:\Compliance Team\Exclusion List Uploads and Documentation\CSI Uploads-Reviews](#)) to track the volume of data sent each month and the number of potential hits against each batch. *If there is a significant change in the counts / data uploaded reference the Compliance 'WatchDog Elite - Tipsheet and Instructions' for the monitoring and troubleshooting process – Monthly Batch Review.*

Compliance Monthly Batch Oversight

1. The operational business unit representative will add confirmed matches to the Excluded Parties Excel. *See the Compliance 'WatchDog Elite - Tipsheet and Instructions' for Compliance Oversight of the monthly batch reviews – Monthly Batch Review.*
 - a. The Excluded Parties Excel will be kept on IH Connections and all necessary individuals will have access to review and update the document.
 - b. Each Department's SOP is also stored in the same folder on IH Connections. Compliance is responsible for working with the business owners to keep these documents up to date.
2. If the operational business unit representative is unable to add an individual to the Blocked Customer List (BCL) as the option is greyed out in the WatchDog System, it means the provider was previously added to the opposite list (you cannot block someone if they were previously added to the GCL).
 - a. The operational business unit representative will email Compliance with the provider's information and the WatchDog Customer ID. Compliance will remove the entity from the Good Customer List in the system and notify the operational business unit once complete. *See the Compliance 'WatchDog Elite – Tipsheet and Instructions' for the process to remove the GCL flag in WatchDog – Monthly Batch Review.*
3. If the operational business unit representative identifies potential matches that they are not able to resolve and which require further research and investigation beyond those resources they have available to them, the operational business unit representative will email the SIU email box for a member of the SIU staff to assist with research and investigation.
 - a. Email subject line should read: 'Exclusion List'

4. The SIU staff will check the email box regularly following the 20th of the month after the CSI Watchdog Elite files run.
 - a. SIU staff will research the potential match using the following steps:
 - i. Locate the provider on the applicable batch in Watchdog
 - ii. Review Watchdog information on provider
 - iii. Review potential match in IH systems (Siebel, RX claim, HealthRules, etc.)
 - iv. Verify provider NPI via NPPES website
 - v. If further verification is needed, conduct internet research and/or Accurant report
 - vi. Locate sanctioned/excluded list provider appears on
 - b. SIU staff will update the batch reviewer and add the results of their investigation in the CSI Watchdog Elite application.
 - vii. Confirmed Match-
 1. SIU staff will add the entity to the blocked customer list with a justification or additional information regarding how the determination was made.
 - viii. Non Confirmed Match
 1. SIU will add the entity to the good customer list in CSI Watchdog Elite. The reason for the non-match will be noted and justified in the application accordingly by the SIU staff working the issue.
 - ix. Inconclusive Match
 1. Should SIU not be able to determine if a match is possible or confirmed, these issues will be escalated to Compliance and Legal for further investigation and resolution.
5. SIU will then update the Excluded Parties master exclusion list Excel on IH Connections with any confirmed matches they have identified.
 - a. SIU will notify Compliance when the investigations have been completed for the month for batch resolution – *See Monthly Batch Closure section below.*
6. If a Par-Provider is identified as a confirmed match either SIU or the operational business unit representative, whomever determines the provider is a confirmed match, must notify the Manager of Credentialing to complete that review process.

Monthly Batch Closures

1. Compliance staff will ensure all batches are closed before the next month's run. *See the Compliance 'WatchDog Elite - Tipsheet and Instructions' for the process of reviewing the batches and closing them out each month – Monthly Batch Closure Process.*

Monthly Utilization Reviews and Government Reporting

1. Once the operational business unit representative's review and the SIU review are complete, representatives from Pharmacy Operations, Network Contracts, Credentialing, SIU, and Claims will review the Exclusion List for Utilization prior to the 18th of the Month.
 - a. They will update the green 'Utilization Review' section in the Excluded Parties Excel with the results of the review.
 - b. They will note the utilization review results, any action that has or will occur and they will initial and date the cell as a sign-off (similar to the indicator grid).

- i. If there is no utilization for their department the owner will note the excel and signoff on their review.
2. Compliance will review the Excluded Parties Excel twice a month, after the old files have been uploaded and before the new files are uploaded.
 - a. Compliance is responsible for completing the blue 'Additional Information' section of the Excluded Parties Excel.
 - b. Compliance will review confirmed utilization and determine what action needs to be taken through the Monthly Utilization Review Meetings. Minutes, Agendas and supporting documentation for these meetings are saved on the S-Drive under the correct year (S:\Compliance Team\Exclusion List Uploads and Documentation\CSI Uploads-Reviews\Retro-Review Meetings)
 - i. Instruct RX-Claims to be refunded
 - ii. Notify any Government Agencies such as the DOH, CMS, OMIG
 - iii. Notate the cell and keep on watch list
3. Compliance is responsible for notifying SIU if there are any confirmed payments from providers that have been excluded from the Medicaid program.
 - a. SIU will be responsible for submitting the appropriate report with the necessary information to the NYS Medicaid Inspector General at bmfa@omig.ny.gov. SIU will notify Medicaid Product Operations to adjust the encounter data to reflect the recovery within 60 days of identifying the inappropriate payment.
4. SIU is responsible for notifying any Governmental agencies (e.g. - the DOH / OMIG) if there are any confirmed matches with utilization for state products within 20 days of the operational business unit representative's sign-off.
 - a. All department reviews need to be completed prior to Government Reporting.
 - b. Compliance may reach out to the operational business unit representative for additional information to complete the notification / additional information section.
 - c. OMIG and our Account Manager at the DOH should be included in any reporting.
 - i. OMIG should be notified at selfdisclosures@omig.ny.gov.
 - ii. Our current account manager at the DOH is Jane Colon – jane.colon@health.ny.gov – (518) 474-5515.
 1. Email Subject – Independent Health Sanctioned Provider – SECURE

Good Afternoon,

Independent Health would like to inform you of a sanctioned / excluded provider we recently confirmed on _____, 20XX following our monthly review of the _____ List. Should you require any additional information from us, please let me know.

Provider: _____

NPI: _____
15. Compliance is further responsible for managing the reinstatement tab on the Exclusion List Excel.
 - a. Compliance will review the 'BCL - Master – Holds' Tab in the Exclusion Excel on an annual basis to verify opt-out and sanction status for currently blocked providers.
 - b. In the event that a sanction or opt-out period expires, Compliance will review the provider and/or prescriber to ensure there are no additional restrictions.

- i. New legislation was passed in MACRA that enabled opt-outs to automatically renew every 2 years. Any valid opt out affidavits signed before June 16, 2015 will expire 2 years after the effective date of the opt out. Any providers/prescribers with an opt out date with no end date would expire 2 years from the effective date, unless the opt out was filed after June 16, 2015.
- c. Once it is confirmed there are no new or additional restrictions associated with the provider/ prescriber. Compliance will move the entry from the 'BCL - Master – Holds' Tab to the 'Reinstatements Remove BCL.'
 - i. All operational business unit representatives must sign-off that all holds have been removed from the provider / prescriber in our internal systems.
 - ii. Compliance will be responsible for removing the Hold in the CSI WatchDog system.
 - 1. This will be completed by looking the entity up using the CSI WatchDog ID from the exclusion list excel.
 - 2. Once the provider is identified on the Blocked Customer List in the CSI WatchDog System, Compliance will add notes regarding the removal of the sanction and/or opt-out and will delete the entry from the Blocked Customer List.

Ineligibility Disclosures

1. In accordance with the Mechanisms for Reporting/Disclosing Noncompliance and Corrective Action Policy, Compliance Incident Reporting/Disclosure Response Process, and Sanction, Exclusion, Preclusion and Medicare Opt Out Review Policy, all **workforce members** are required to immediately disclose to the Compliance Officer (or designee) if they become an Ineligible Person.
2. Upon receipt of the disclosure and/or upon notice that a workforce member has become an **ineligible person**, Compliance will follow the *'Corrective Action / Progressive Discipline Policy'* and *'Compliance, Privacy and Security Event Scoring Policy'*.
 - a. Compliance with work with Human Resources and Department Leadership to remove the individual from any position in which they receive compensation, either directly or indirectly, by any Federal health care program(s) from which the individual has been excluded. This also includes any items or services furnished, ordered, or prescribed by the ineligible individual that are paid for in whole or part, directly or indirectly, by any Federal health care program(s) from which the individual has been excluded. This removal can include termination of employment as outlined in the above policies.
 - i. Items or services furnished, ordered, or prescribed by excluded persons are not payable by Federal health care programs and IHA may be liable for overpayments and/or criminal, civil, and administrative sanctions for employing or contracting with an excluded person.
 - b. Compliance will ensure no payments and/or compensation is paid to the ineligible individual at least until such time the individual is reinstated into participation in such Federal health program(s).
 - c. As outlined in the Corporate Integrity Agreement, executed 12/13/24, Independent Health will notify the **OIG** in writing within 30 days of identifying an ineligible person. The report will include:

- i. The identity of the individual and job duties performed by the person
 - ii. The dates of employment or contract relationship
 - iii. Description of the exclusion list screening IHA completed before and / or during the individual's employment or contract including any flaw or breakdown in the process that led to the hire/contracting
 - iv. A description of how the individual was identified
 - v. A description of any CAPs implemented to prevent future employment or contracting with an ineligible individual.
3. Failure to disclose ineligibility status or follow up on known excluded persons and/or entities will be a violation of Independent Health policy and may result in disciplinary action up to and including termination. *See the 'Corrective Action / Progressive Discipline Policy' and 'Compliance, Privacy and Security Event Scoring Policy' for additional information.*
4. Any workforce members who have been confirmed to be ineligible will be reported to the Board of Directors by the Chief Compliance Officer.

* For confirmed matches for vendors, employees and board members, contact Legal and Compliance for additional assistance. This is further addressed in the HR and Finance SOPs.

**As of 9/15/16 the New York Office of the Medicaid Inspector General (OMIG) list of terminated Providers and Entities was removed from our monitoring as clarification was requested from OMIG regarding removal of the Terminations List from their website and no response has been received. The list was last updated on 6/18/15.

***As of 7/20/16 all Board Members are reviewed per the updated Workday – Employee Batch Process. Confirmation Email on file confirming transition.

**** Licensure actions / reviews are maintained by the Manager of Credentialing in a separate SOP and will not be tracked using this process.

***** HPMS Memos / Government Notifications of Fraud will be tracked for utilization in the same Excluded Parties Excel, but under a separate tab – The Government Alerts Tab. SIU, Pharmacy and Credentialing will be responsible for utilization reviews and signoffs as deemed necessary and appropriate based on the type of alert – e.g. Sanction Referral vs. Formal Sanction.

*****This process will be used for any additional confirmation of any criminal convictions, identified through additional means, by providers and/or managing employees related to Medicare, Medicaid, or Title XX programs, Independent Health must notify the Department of Health within 20 days, pursuant to 42 CFR §455.105 and 42 CFR §455.106.

*****HPMS Memos / Government Notifications of Fraud are currently being completed through iComply and SIU is notified of any relevant information. Archiving the Government Alert tab on the Exclusion list library.

Definitions

DOH – Department of Health

CMS – Centers of Medicare and Medicaid Services

OIG – Office of the Inspector General

SIU – Special Investigation Unit

Contingent workers: are external resources, not employed by **Independent Health** which include: Temporaries (including interns), Consultants, Contractors, **Vendors**, Board Members, and cloud users.

Disclosure Program means a program that enables individuals to disclose to the Compliance Officer or some other person who is not in the disclosing individual's chain of command any potential violations of criminal, civil, or administrative law related to the Federal health care programs or any issues or questions associated with IHA's policies, conduct, practices, or procedures.

FDR:

- **Downstream Entity** means any party that enters into a written arrangement acceptable to CMS, below the level of the arrangement between Independent Health and a first-tier entity.
- **First Tier Entity** means any party that enters into a written arrangement acceptable to CMS with Independent Health.
- **Related Entity** means any entity that is related to Independent Health by common ownership or control and:
 1. Performs some of the Independent Health's management functions under contract or delegation; or
 2. Furnishes services to Medicare enrollees under an oral or written agreement; or
 3. Leases real property or sells materials to Independent Health at a cost of more than \$2,500 during a contract period.

Ineligible Person means an individual or entity who: (a) is currently excluded from participation in any Federal health care program or (b) has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a) (mandatory exclusion) but has not yet been excluded from participation in any Federal health care program.

Independent Health means Independent Health Association, Inc., its affiliates, and subsidiaries or 'family of companies'.

Out-of-area associates: Business needs may necessitate the employment of associates who work and reside out of the state of the company's principal place of business; designated as "remote" in workday. (Established under the requirements outlined in the alternate work arrangements policy.)

Subcontractor/subcontracted: any organization that **Independent Health** contracts with to fulfill or help fulfill requirements in its Medicare (Part C and/or Part D) contracts, Medicaid Managed Care and Family Health Plus Model contracts, Qualified Health Plan contract, and any other legally binding agreement. Additionally, this term could also refer to one of Independent Health's direct subcontractors, that then itself subcontracts work or services to yet another entity.

Vendor: any business, entity, or person that **Independent Health** enters into a written arrangement (or similar agreement) to provide administrative, consultative, health care, data storage, and application development services. A vendor could also be a: a) delegated and/or a **First Tier and Downstream (FDR) entity**, b) a Business Associate, and/or c) a **Subcontractor** (see definitions above).

Workforce members: includes associates of **Independent Health**, its family of companies (full or part time, including **out of area associates**), and applicable **contingent workers**, including governing body members, in addition employees of **vendors** that directly support operational, administrative or health care services for **Independent Health**.

References

Related Processes, Policies and Other Documents

- Sanction, Exclusion, Preclusion and Medicare Opt Out Review Policy, A20130905076
- New Vendor Sanction/Exclusion/Opt-Out Review SOP (Compliance)
- WatchDOG Elite – Tipsheet & Instructions (Compliance)
- Monitoring of Practitioners Providers Sanctions licensure Medicare Status and Complaints (Credentialing)
- Adverse Action Notification (Credentialing)
- Sanction Process – WatchDOG (HR)
- Exclusion List Process – Finance (Finance)
- Exclusion List Process – Special Investigations Unit (SIU)
- Pharmacy Department Excluded Entities Process (Pharmacy)
- Standard Operating Process CSI WATCHDOG (NCM)
- Medicare opt out Business Process (NCM)
- Mechanisms for Reporting/Disclosing Noncompliance and Corrective Action Policy (A990801007)
- Compliance Reporting/Disclosure Response SOP
- Corrective Action / Progressive Discipline Policy, #A040628200
- Compliance, Privacy and Security Event Scoring Policy, #A20140303001

Regulatory References

- 42 CFR §422.204(b)(4)
- 42 CFR §422.752(a)(6) and (8)
- 42 CFR §455.105(a)(b)
- 42 CFR §455.106(a)(b)
- Medicaid Managed Care Contract Section 18.12 (a)&(b) and Section 18.9
- Executive Order 13224 – Presidential Executive Order on Terrorist Financing Blocking Property and Prohibiting Transactions with Persons Who Commit, Threaten to Commit, or Support Terrorism (66 Fed. Reg. 49079 (2001))
- Federal Financial Crimes Enforcement Network's Final Rules re Patriot Act
- New York State Iran Divestment Act of 2012
- Public Law No: 114-10 (04/16/2015) H.R.2 – Medicare Access and CHIP Reauthorization Act of 2015 - Section 106

Version Control

Sponsored By:

Name sponsor: Nicole Britton

Title of sponsor: Chief Compliance Officer

Revision Date	Owner	Notes
5/29/2014	C.Randle	Drafted Process
3/2/2015	C. Kosinski	Updated Reinstatement Process
4/9/2015	C. Kosinski	Updated DOH Contact

8/3/2016	C. Kosinski	Update Board Review Note
9/12/2016	C. Kosinski	Minor Revisions including Medicare Opt Out auto renew and OMIG Termination List Removal.
12/15/2016	C. Kosinski	Minor Revisions – added troubleshooting instructions and batch monitoring process and headings to break up process text
4/28/2017	C.Kosinski	Minor Revisions – added Medicaid 60 day reporting
2/6/2018	C.Kosinski	Minor Revisions – Government Alert Tab and Language updates
1/1/2021	A. Wiegand	Minor Revisions, policy change
6/24/2024	A. Wiegand	Removed Government alerts section, note added, minor language updates, added Preclusion list to monitored lists
3/1/2025	C. Kosinski	Added Ineligibility Self-disclosure process, updated definitions