



2.07 OPERATING POLICY & PROCEDURE

Subject: Exclusion from Participation in the Provider Network		Application: All Departments
First Effective 1/01/14	Revised 5/23/16	Review 2/13/2023

PURPOSE

To assure the Pivotal and any network organization does not employ, contract or pay for items or services furnished by an individual or entity that has been excluded from participation in a Federal Healthcare Program, including the Medicare or Medicaid program, pursuant to Section 1128 or Section 1128A of the Social Security Act.

DEFINITIONS

Excluded Entity

An individual, business or organization that has been excluded from participating in Federal Health Care Programs or whose name appears on the US Department of Health and Human Service's Medicare and Medicaid Sanctions and Reinstatement Report, the Medicare Exclusion Database (MED), the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE), the Medicaid State Agency (MDHHS/MSA) exclusion data base, or through direct contact with the MDHHS/MSA or the Medicare

Ownership and Controlling Interest: means an individual who has at least 5% ownership of a provider organization; is a Governance/Board member of a provider organization; or is a managing employee (i.e., Officer, Director, general manager, business manager or administrator) who has the authority to set policy and/or bind the entity into an agreement.

POLICY

It shall be the policy of Pivotal that the provider network will not knowingly employ, contract or purchase services or items from any individual or entity that has been excluded from participation in a Federal Healthcare Program, including Medicare or Medicaid.

PROCEDURE

- A. The Pivotal and each provider organization (i.e., Contract Agency) may not knowingly have a relationship with any individual (or entity) who is disbarred, suspended or otherwise excluded from participating in the federal Medicare, Medicaid or other Federal Healthcare program. This includes:

1. An individual (or entity) who is disbarred from procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under guidelines implementing federal Executive Order No 12549.
 2. An individual (or entity) who is an affiliate as defined in the Federal Acquisition Regulation.
- B. Pivotal and all network providers shall assure compliance with all federal and State guidelines regarding exclusion of individuals and entities from participating, but not reinstated, in the Medicare, Medicaid or any other Federal health care programs. Basis for exclusion include convictions for program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance loans.
- C. **GOVERNANCE / MANAGEMENT - LEVEL EXCLUSION REVIEW REQUIREMENTS**
- Each organizational provider at the time of application to Pivotal's network shall provide a **list** of the following persons to Pivotal:
1. Each person with an ownership or controlling interest in the organization, as defined by this policy guideline;
 2. Each person on the Governance/Board of Directors; and
 3. Each person charged by the Board to act as a managing employee (i.e., Officers, Directors, Administrators, etc.)
- D. **In providing the above list, the provider organization shall identify:**
1. Each individual by legal name (first, middle, last), date of birth and title or position held in the agency. It is the responsibility of the provider to ensure that the names on the forms are legible and reviewed for accuracy.
 2. Any individual with any conviction (felony or misdemeanor) or license revocation or suspension of an individual with an ownership or control interest immediately to Pivotal.
- E. The provider organization shall also provide written evidence of its check of the Medicare/Medicaid Program exclusion data base, and that none of its current Owners, Board Members, Officers, Directors or other managing employees are excluded, disbarred or suspended from participation in a Federal Healthcare Program.
- F. At the time that any Owner, Board Member, or managing employee is replaced by a new person, the Organization shall conduct a disbarment check of the person prior to appointment. Evidence of such review shall be on file at the Organization site, and shall be open to audit review by Pivotal, or by any other federal, state or accreditation reviewer.
- G. **PRACTITIONER PROVIDER EXCLUSION REVIEW REQUIREMENTS**

As a condition of rendering services within Pivotal's provider network, each organizational provider shall have an internal credentialing policy and procedures that are consistent with the MDHHS Credentialing Technical Requirement (P.6.4.3.1.) and Pivotal's policies 02.05 and 2.06 on Credentialing of individual and organizational providers.

H. As part of its practitioner credentialing process (i.e., a practitioner is any person who renders a Medicaid or Medicare billable service), each provider organization shall conduct a federal disbarment review check as follows:

1. **At Hire**
Ideally prior to the time of hire, but, at minimum, prior to the time of provisional or initial credentialing and the rendering of any Medicaid or Medicare billable service.
2. **At Re-credentialing**
At the time of re-credentialing, which shall occur at least every two years, unless the practitioner was placed on provisional status, then prior to the time of the provisional/suspended term end.
3. Pivotal shall retain the monitoring function to assure that employees, board members, managing employees and contracted providers have not been excluded from a Federal Health Care Program.
4. Each provider organization shall develop internal procedures for conducting federal disbarment checks, including tracking and logging information. Such information shall be on file at the organization for federal, state, PIHP or CMH audit review. At minimum, the review procedures shall:
 - a) Verify information (legal name and date of birth) of individuals listed as excluded. Social Security numbers of excluded individuals may also need to be verified, if the date of birth does not confirm whether an individual is excluded.
 - b) Require the provider organization to immediately inform the Pivotal if they identify any disbarred individual.
 - c) Take immediate action to suspend that person from immediately rendering any further Medicare, Medicaid or other federal Healthcare Plan billable service.

I. **SUSPENSION/DISBARMENT**

Pivotal shall immediately suspend the privileges of any person (i.e., Owner, Partner, Board of Director, Officer, Director or employee) from further affiliating with or participating within any Federal Healthcare Program, including Medicare and Medicaid.

- J. Pivotal shall update its roster of credentialed Providers, including Organizations, Practitioners and their managing owners/officers, of all federally suspended, disbarred or excluded individuals.

REFERENCES

- MDHHS/PIHP Medicaid Contract for Specialty Benefit Services and Supports, Section II, Subsections 5.3, 6.4.1, 6.4.3, and Attachment P.6.4.3.1.
- 42 CFR 438. §§.214, 608 & 610
- 42 CFR Section 1001.1001
- Social Security Act §§ 1128, 1128A, 1156, & 1892