

MHN ENTERPRISE POLICY
Compliance Policies and Procedures Manual

EC.005 – GOVERNMENT SANCTIONS SCREENING

SECTION:	ETHICS AND COMPLIANCE	LAST REVISION DATE:	10.17.2022
SUBJECT:	Government Sanctions Screening	LAST REVIEW DATE:	10.17.22
POLICY NUMBER:	EC.005	APPROVED BY:	MHN ERMC – Policy & Procedure Subcommittee

I. PURPOSE

The purpose of this Policy is to ensure compliance with the authority of the Office of Inspector General (OIG) to exclude individuals and entities from Federally funded health care programs pursuant to section [1128](#) of the [Social Security Act](#) (Act) (and from Medicare and State health care programs under section [1156](#) of the Act). OIG maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals/Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP).

To avoid CMP liability, health care entities such as MHN need to routinely check the LEIE to ensure that new hires, current employees and contractors are not on the excluded list. In addition, contractors that work with covered health care entities, like MHN, are required by their contracts to screen for and comply with requirement that no current employees, new hires or contractors are on the excluded list.

The effects of an exclusion are outlined in the [Updated Special Advisory Bulletin on the Effect of Exclusion From Participation in Federal Health Programs](#), but the primary effect is that no payment will be made for any items or services furnished, ordered, or prescribed by an excluded individual or entity. This includes Medicare, Medicaid, and all other Federal plans and programs that provide health benefits funded directly.

II. POLICY

Medial Home Network¹ takes reasonable steps to ensure that we do not knowingly employ or contract with Excluded Parties for services or products that are billed to or paid for with government funds. Accordingly, MHN conducts federal and state sanctions and exclusions checks on employees, board members, officers, contracted providers, MHNConnect Portal Participants, vendors, and contractors (“Covered Persons”).

A. Screenings: MHN will regularly conduct government sanctions screening to ensure that we do not knowingly employ or retain Covered Persons that have been excluded or debarred from participating in government programs.

B. Employee Reporting: All applicants and employees are required to self-report any government sanctions and exclusions on their employment application. Individuals who have been excluded,

¹ MHN Enterprise Policies are consistent among Medical Home Network and its affiliates, including but not limited to MoreCare and MHN REACH ACO. A reference to MHN in this policy includes MHN and all MHN subsidiaries, unless expressly superseded by a subsidiary-specific policy.

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debarred, restricted, disqualified or sanctioned from any federal, state or government programs shall not be hired. All employees are required to report any exclusion they receive during their tenure with MHN within five (5) days to the Compliance Officer. MHN has the right to take disciplinary action, up to and including termination for any employee who provides false or inaccurate information regarding their government sanctions status.

- C. Prospective Covered Persons:** All prospective Covered Persons are to be checked against the sanction list before being offered the position or contract.
- D. Ongoing Screening:** Ongoing screening for government sanctions is conducted on all Covered Persons on a monthly basis.
- E. Appeal Rights for All Covered Persons:** All Covered Persons identified as having matching names on government sanctions lists shall have the right to review and contest any such findings by providing information to clarify whether a match has in fact occurred.
- F. Excluded Party:** If MHN discovers that a Covered Person is or became an Excluded Party during an employment, contractual or other relationship with MHN (a “Business Relationship”), MHN will consult legal counsel and take all such actions as it deems appropriate, including, without limitation, immediately terminating the Business Relationship.

III. PROCEDURAL GUIDELINES

- A. DEFINITIONS** Capitalized terms not otherwise defined in these policies and procedures shall have the following meaning:
 - 1. **“Excluded Parties”** are individuals or entities listed by a federal or state agency as debarred, suspended or otherwise ineligible to participate in federal or state healthcare programs or individuals or entities that, as the result of a settlement agreement, have voluntarily withdrawn from participation in any program under federal law.
 - 2. **“Covered Persons”** are defined to include the following persons if they (1) provide services and products that are billed to government programs or (2) have influence over, or assist with, the submission of claims to government programs:
 - a. Board Members and Officers
 - b. Employees and temporary employees;
 - c. Contracted Providers, Provider Participants and MHNConnect Portal Participants; and

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- d. MHN vendors, consultants, and contractors (including individuals providing services through contractors or vendors if their services are being compensated, directly or indirectly, with Federal or state program funds).
- 3. **“First Tier Entity”** means any party that enters into an acceptable written arrangement with MHN to provide administrative services or health care services. Example: a call center contracted with MHN.
- 4. **“Downstream Entity”** is an organization or individual that enters into an acceptable written arrangement below the level of the arrangement between MHN and a First Tier Entity. This continues down to the level of the ultimate provider of a service or product.
- 5. **“Related Entity”** means any entity that is related to MoreCare by common ownership or control. It must:
 - a. Perform some of MHN’s management functions under contract or delegation;
 - b. Furnish services to enrollees under an oral or written agreement; or
 - c. Lease real property or sells materials to MoreCare at a cost of more than \$2,500 during a contract period. (See, 42 C.F.R. §423.501).

A. PROCEDURE

- 1. **Screening Designee.** The MHN Compliance Officer will designate an individual or entity to perform the screening as set forth in this policy and procedure (“Screening Designee”).
- 2. **Screening.** Screening will be on a monthly basis in accordance with the procedure set forth in Section II(B)(2), below. The Screening Designee will conduct screening prior to entering into an employment, contractual, or other relationship with a Covered Person (including individuals providing services as a sole proprietor or through a corporate entity if the individual is the sole employee of the sole proprietorship or corporate entity) and ongoing screening in accordance with the procedure set forth in Section II(B)(2), below.
 - a. As part of MoreCare’s delegated oversight functions, First Tier, Downstream, or Related Entities (“FDRs”) are required to attest on an annual basis to MoreCare of their completion of these required exclusion checks done prior to contracting/hiring and monthly thereafter.
- 3. **Database Checks for Initial and Ongoing Government Sanctions Screening**
 - a. The initial screening of prospective Covered Persons will be conducted prior to final execution of an agreement or the final offer of employment, as applicable

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- b. Ongoing screening will be performed by the Screening Designee by no later than the fifth (5) day of each month.
 - c. The Screening Designee will be responsible for using all available information to ensure that an up-to-date list of Covered Persons is used for each ongoing screening.
 - d. The Screening Designee will screen Covered Persons against the Excluded Parties lists maintained by:
 - i. The Department of Health and Human Services Office of Inspector General, available at <https://oig.hhs.gov/exclusions/index.asp>
 - ii. The federal government’s System for Award Management (“SAM”) site (formerly referred to as the General Services Administration Excluded Parties List), available at <https://sam.gov/content/exclusions>;
 - iii. The Office of Foreign Assets Control’s Excluded Parties List System (EPLS), available at <https://www.visualofac.com/regulations/excluded-parties-list-system/> and
 - iv. Such other agency as directed by the Compliance Officer or Legal Counsel.
 - e. The Accounts Payable department will check the most recent monthly exclusion report or online screening tool prior to issuing initial payment Covered Person.
 - f. The Screening Designee and the Compliance Officer are responsible for maintaining documentation that screening has been performed and that appropriate follow-up has occurred for any identified matches.
2. Contract Clauses. Where appropriate, we will include clauses in our contracts with vendors, consultants and contractors authorizing immediate termination of a contractual relationship if the party to the contract becomes debarred, suspended or otherwise ineligible to participate in any government program.
- a. In addition, MoreCare’s contracts with First Tier Entities require that they perform the same pre-hiring/contracting and monthly verifications against the same lists for all their employees and Downstream Entities. Attestations (or other methods of verification) may be implemented with the entity to evaluate their compliance. Further, compliance may be assessed for the applicable First Tier Entities that are selected for the annual Work Plan. Should a First Tier Entity be unable to show compliance with this requirement, a corrective action plan will be implemented.

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2. Handling an Excluded Party. If any Covered Person becomes suspended, proposed for debarment, debarred or otherwise ineligible to participate in government programs during a Business Relationship with MHN, we will take such action as appropriate, including, without limitation: (1) removing such individual or entity from responsibility for providing services and products to government programs; (2) removing such individual or entity from any position in which they have any influence over, or assist with, the submission of claims to government programs; or (3) immediately terminating our Business Relationship with the individual or entity. We will provide notice to our upstream contracting parties of the termination of a Business Relationship with a newly identified Excluded Party to the extent required by our upstream contracts, or if MHN becomes an Excluded Party.

IV. FORMS

None

V. RELATED POLICIES

- MoreCare EC.014 Risk Assessment, Work Plan, Auditing and Monitoring
- MoreCare EC.021 CAP Escalation and Management
- MoreCare EC.024 Precluded Providers

VI. REFERENCES AND ACCREDITATION AUTHORITIES

- Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs, HHS OIG (May 8, 2013), *available at*: <http://oig.hhs.gov/exclusions/files/sab-05092013.pdf>
- CMS Proposed Final Rule Regarding Additional Screening for Medicare, Medicaid and CHIP Programs, 76 Fed. Reg. 5862 (Feb. 2, 2011), *available at*: <http://www.gpo.gov/fdsys/pkg/FR-2011-02-02/pdf/2011-1686.pdf>
- State Medicaid Director Letter No. 08-003(June 2008)
<http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD061208.pdf>
- State Medicaid Director Letter No. 09-001 (Jan. 2009)
<http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD011609.pdf>

VII. REVIEW STATEMENT

MHN will maintain the status of this activity and conduct audits as appropriate to ensure compliance. This policy will be reviewed every two years or in timely response to changes in local or federal regulations. Modifications to the policy will be made as needed.

VIII. REVIEW HISTORY

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Approved

May 1, 2013

Reviewed

September 18, 2015

May 18, 2016

September 30, 2019

October 17, 2022