



THE UNIVERSITY OF ARIZONA
HEALTH PLANS

SUBJECT: SANCTION SCREENING

POLICY: CP 6033

Department of Origin: Compliance and Audit

Responsible Position: Director of Compliance

Date(s) of Review and Revision: 04/13; 03/14; 06/15; 8/16

Policy Replaces: CP 102; CP 1102 A; CP 1102 S

Department Approval:



Approval has
completed on CP 603.

PURPOSE

The University of Arizona Health Plans (Health Plan) will not employ or contract with any individual or entity who has been debarred, suspended or otherwise excluded from lawfully prohibited from participating in any public Federal procurement activity or from participating in non-procurement activities or has been excluded from participation in federal programs.

APPLICABILITY

This policy applies to all lines of business.

POLICY

The Health Plan must ensure proper screening takes place to determine if individuals or entities associated with Health Plan operations have been debarred, suspended or otherwise lawfully prohibited from participation in any Federal public procurement activity or from participating in non-procurement activities; excluded from participation in any Federal Health Care Programs; or convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XIX, or Title XX services program. This screening must occur prior to hiring and/or contracting and then, again, on a monthly basis thereafter. Monthly screening is essential to prevent inappropriate payment to providers, pharmacies and other entities that have been added to exclusion lists since the last time the list was checked. The screening process is conducted in a manner that is non-discriminatory toward any

employee or subcontractor seeking to be qualified as a Health Plan participating provider.

The Health Plan shall not use federal or state funds to pay for services, equipment or drugs prescribed or provided by a provider, supplier, employee or first tier, downstream or related entity (FDR) excluded by the Department of Health and Human Services (DHHS), or the Office of the Inspector General (OIG).

DEFINITIONS

Please refer to the link below for full definitions for the following terms:

<http://sharepoint/sites/hppandp/new/Lists/Definitions/PP%20Definitions.aspx>

First Tier, Downstream and Related Entities (FDR)

Fiscal Agent

Related Party

PROCEDURE

- 1.0 The Health Plan does not delegate substantial discretionary authority to make decisions about entities that it knows, or should have known, have a propensity to engage in inappropriate or improper conduct.
- 1.1. The Health Plan will confirm the identity of incoming employees, FDRs, Related Parties and fiscal agents which have an ownership or control interest or managing employee interest and determine if they have been convicted of a criminal offense in any program under Medicare, Medicaid or the Title XX services program and whether they have been excluded from participation in Federal health care programs by searching the DHHS-OIG List of Excluded Individuals and Entities (LEIE list) and The System of Award Management (SAM) formerly known as The Excluded Parties Lists System (EPLS) prior to the hiring or contracting of any new employee, temporary employee, volunteer, consultant, governing body member, FDR, subcontractor and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs.
- 1.2. On a monthly basis, the Health Plan identifies all persons associated with the Health Plan, Related Parties and fiscal agents which have an ownership or control interest or managing employee interest and determine if they have been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or the Title XX services program through a routine check of the following databases:
 - 1.2.1. The List of Excluded Individuals (LEIE)
 - 1.2.2. The System of Award Management (SAM) formerly known as The Excluded Parties List (EPLS)
 - 1.2.3. Any other databases directed by AHCCCS or CMS.
- 2.0 If any person or entity is identified as excluded through these checks, the Health Plan immediately notifies AHCCCS and CMS; taking immediate action to

exclude the individual from all Health Plan operations and activities to terminate the individual or entity.

- 3.0 The exclusion status results are held by the Health Plan. The Health Plan submits an annual attestation to AHCCCS that the above-listed information has been requested and obtained for Health Plan contracted providers, Fiscal Agents and Related Parties. Upon request, the Health Plan provides AHCCCS and CMS with the above-listed information.

PERFORMANCE AND OUTCOME MEASURES

- 1.0 The Health Plan ensures that 100% of individuals associated with the Health Plan are screened for exclusion status on a monthly basis.
- 2.0 Sanctions Summary Monthly Report

REFERENCES

- 1.0 AHCCCS 4 Contract, Section D, Paragraph 16, Staff Requirements and Support Services
- 2.0 AHCCCS 4 Contract, Section D, Paragraph 62, Corporate Compliance
- 3.0 42 CFR 438.610 (a) & (b)
- 4.0 42 CFR 1001.1901(b)
- 5.0 42 CFR 1003.102(a)(2)
- 6.0 42 CFR 455.101; 106; 436
- 7.0 SMDL09-001
- 8.0 Medicare Managed Care Manual – Chapter 21 – Compliance Program Guidelines 50.6.8 – OIG/GSA Exclusion
- 9.0 Prescription Drug Benefit Manual – Chapter 9 – Compliance Program Guidelines 50.6.8 – OIG/GSA Exclusion

ASSOCIATED POLICIES AND PROCEDURES

- 1.0 Health Plan Policy – CP 6001 Compliance Program
- 2.0 Health Plan Policy – CP 6221 Compliance Officer Responsibilities

ATTACHMENTS

N/A