



Community Behavioral Health: Provider Notification Monthly Check Reminder June 21, 2016

CBH reminds providers that the CBH Provider Agreement requires providers to conduct and maintain records of monthly checks for excluded individuals and entities on the three exclusion lists noted below and to report exclusions to CBH within three (3) business days.

In 2011, the Commonwealth's Office of Medical Assistance Programs issued MA Bulletin 99-11-05, "Provider Screening of Employees and Contractors for Exclusion from Participation in Federal Health Care Programs and the Effect of Exclusion on Participation." Available at http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_005732.pdf.

This Bulletin outlined the payment ban and the screening and self-audit process. The Bulletin reminds providers that, per the Code of Federal Regulation 42 CFR § 1001.1901(b),

No payment will be made by Medicare, Medicaid or any of the other Federal health care programs for any item or service furnished, on or after the effective date [of an exclusion], by an excluded individual or entity, or at the medical direction or on the prescription of a physician or other authorized individual who is excluded when the person furnishing such item or service knew or had reason to know of the exclusion.

Non-payable services include not only those provided by clinicians and physicians, but also indirect services provided by administrators, billing agents, accountants, claims processors, utilization reviewers, and others not directly involved in the care of members. Per the Bulletin, examples of individuals or entities that providers should screen for exclusion include, but are not limited to: Individual or entity who provides a service for which a claim is submitted to Medicaid; Individual or entity who causes a claim to be generated to Medicaid; Individual or entity whose income derives all, or in part, directly or indirectly, from Medicaid funds; Independent contractors if they are billing for Medicaid services; referral sources, such as providers who send a Medicaid recipient to another provider for additional services or second opinion related to medical condition.

Upon discovery of an exclusion, it is not sufficient for a provider to solely terminate the employment or contract with the excluded individual or entity. Providers must notify CBH within three (3) days of discovery and conduct a self-audit to determine the amount of the repayment to CBH, as CBH is unable to make or retain payments for services provided by excluded individuals and entities. Per the Bulletin, The amount of the Medicaid overpayment for such items or services is the actual amount of Medicaid dollars that were expended for those items or services. When Medicaid funds have been expended to pay an excluded individual's salary, expenses, or fringe benefits, the amount of the overpayment is the amount of those expended Medicaid funds.

Reports of exclusions should be made to the CBH Compliance Operations Specialist at CBH.ComplianceContact@phila.gov. Failure to conduct monthly checks or report exclusions to CBH will result in a violation of the CBH Provider Agreement (see Section II(A)(16)) and may result in remedies or sanctions consistent with the CBH Provider Agreement. Future CBH Compliance Department audits may include reviews of the monthly exclusion list check documentation.

The three lists providers must check include:

List of Excluded Individuals and Entities (LEIE): <http://oig.hhs.gov/fraud/exclusions.asp>

System for Award Management (SAM) (*formerly Excluded Parties List System (EPLS)*):

<https://www.sam.gov>

Department of Human Services' Mediceck List: <http://www.dhs.pa.gov/publications/medichecksearch/>

Questions regarding this Notification can be directed to CBH.ComplianceContact@phila.gov.