



# Network Personnel Analysis Unit Reminders

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PRESENTED BY:

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# Checking for Exclusions

§ 455.436 Federal database checks:

- The State Medicaid agency must do all of the following:
- (a) Confirm the identity and determine the exclusion status of providers and any person with an ownership or control interest or who is an agent or managing employee of the provider through routine checks of Federal databases.
- (b) Check the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the Excluded Parties List System (EPLS)...
- (c)
- (1) Consult appropriate databases to confirm identity upon enrollment and reenrollment; and
- (2) Check the LEIE and EPLS no less frequently than monthly.

*Title 42. Chapter IV. Subchapter C. Part 455. Subpart E. § 455.436*

# Checking for Exclusions

Throughout the term of this Provider Agreement, Healthcare Provider shall...Not employ or engage any individual to provide Covered Services who is ineligible to participate in the Medicaid or Medicare program or any other state or federal assistance program...

*CBH Provider Agreement*

Develop policies and procedures for screening of all employees and contractors (both individuals and entities), at time of hire or contracting; and, thereafter, on an ongoing monthly basis to determine if they have been excluded from participation in federal health care programs...

*PA DPW Medicaid Bulletin 99-11-05, 8/15/2011*

# Checking for Exclusions: Monthly

The following databases must be checked *on a monthly basis*:

- **Medicheck List**: Identifies providers, individuals, and other entities that are precluded from participation in Medical Assistance (MA) Program
- **List of Excluded Individuals/Entities (LEIE)**: database maintained by the Department of Health and Human Services, Office of Inspector General (DHHS/OIG) of all individuals or entities that have been excluded nationwide from participation in any federal health care program (e.g., Medicaid and Medicare)
- **System for Award Management (SAM)**: combines federal procurement systems and the Catalog of Federal Domestic Assistance into one system; consolidation includes the Excluded Parties List System (EPLS)
- **National Plan and Provider Enumeration System (NPPES)**

# Checking for Exclusions: At hire and yearly

The following database must be checked *upon hire and yearly thereafter*:

- Social Security Death Master File (DMF)

Effective February 5, 2021, in accordance with the HealthChoices Program Standards and 42 CFR 455.436, CBH Providers must check their employees against the Social Security Death Master File (DMF) upon hire and annually thereafter.

*CBH Provider Bulletin 21-01, January 5, 2021*

# Checking for Exclusions

This payment ban applies to any items or services payable under a Medicaid program that are furnished by an excluded individual or entity, and extends to:

- all methods of reimbursement...
- payment for administrative and management services not directly related to patient care...
- and payment to cover an excluded individual's salary, expenses or fringe benefits, regardless of whether they provide direct patient care...

Section 1903(i)(2)(A),(B) of the Act (42 U.S.C.A. § 1396b(i)(2)(A),(B))1; and 42 Code of Federal Regulation (CFR) Section 1001.1901(b).2

# Checking for Exclusions

- Providers must maintain an auditable record of all exclusion checks.
- Providers may use a service to check for exclusions.
- All staff, not just clinical or direct-service, need to be checked.
- CBH is copied on letters to excluded individuals and will notify providers if there is a potential match.

## Checking for Exclusions: Dealing with a potential match

- Providers are responsible for verifying or clearing a potential match.
- It is the responsibility of the excluded individual to notify the provider that they have been excluded.
- Provider must report the exclusion to CBH within 3 business days.
- Provider will be asked to do a self audit to determine the amount for recovery of funds.
  - To include *all* expenses related to the employment, contracting or subcontracting of the excluded individual or entity.

# Staff Rosters

- Collecting since 2016, database since 2019.
- Requested yearly but may also be requested at additional times.
- Rosters must include all employed, contracted or temp staff who see CBH members.
- Clinical / direct service staff.
- Incomplete rosters will be returned for correction.
- For providers with questions or obstacles please reach out for support.

# Staff Roster Utility

- Staffing trends
- Network adequacy
- Provider types, license types
- Practitioners working at multiple providers
- Requisite credentials
- Are all positions staffed?
- Supervision ratios (IBHS/ABA)
- Psychiatric time ratios (OPMH)

# Staff Rosters Accuracy

- All rosters are loaded into the CBH Staff Roster Database. Worksheet format integrity must be maintained in order for the roster to be accepted into the database.
- License
- Hours
- Caseload
- Supervisor (clinical)
- Provider number

C·B·H

# Questions?