




United Behavioral Health

Monitoring of Medicaid Exclusion and Debarment		Policy Identifier/Number: QA-14	
Annual Review Completed Date: February 2018			
Policy Category: Government – Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director		Signature: 	

Policy Statement and Purpose

Optum Pierce Behavioral Health Organization (OPBHO) monitors monthly exclusion checks of all agency owners, partners, employees, volunteers, interns, and Board members as a part of its Annual Review of Behavioral Health agencies in keeping with the OPBHO contract and state and federal requirements.

This policy describes the administrative processes required of network providers to meet the standards set by the PIHP contract and the External Quality Review Organization for exclusion checks. It is intended to clearly communicate the expectations to providers.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

N/A

Policy Provisions

1. In accordance with the current Terms and Conditions of the Optum Pierce BHO Contract, the following classes of persons are reviewed for Debarment or Exclusion from payment with Medicaid funds:
 - 1.1.1. All directors, officers, and partners of the contractor;
 - 1.1.2. All individuals or entities with ownership or control interest of at least five (5) percent of the contractor's equity;
 - 1.1.3. All individuals who would benefit directly or indirectly from funds received under the contract;
 - 1.1.4. All employees, consultants or contractors;

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

- 1.1.5.All individuals serving as volunteers, interns, or any type of student serving in any capacity in the agency; and
- 1.1.6.All board members.
- 2. Reviews of all persons are accomplished on a monthly basis.
- 3. The following original source documents are accepted as proof of the reviews:
 - 3.1.1.A single-sheet printout from an LEIE/OIG, or other approved search site, of each individual's exclusion check which notes the person's name, the database searched, and the date of the search;
 - 3.1.2.A printout from an LEIE, or other approved search site, of up to five names of individuals searched in the database, the database searched and the date of the search; or
 - 3.1.3.A hard copy of an electronic exclusion check with the name of the database searched, date of the search, and the names of all individuals checked.
- 4. An attestation of a search which does not list the names of each of the individuals researched in the database(s) will not be accepted as sole proof of the search.
 - 4.1.1.A monthly report that the search is being conducted should be directed to the QA/PI Unit at Optum by an individual responsible for running the exclusion checks or for maintaining the files. A simple statement via email stating that the check has been completed for that month should be sent to the email address raetta.daws@optum.com.
- 5. The list of excluded individuals may be found at: <https://oig.hhs.gov/exclusions/>
- 6. Disciplinary Action reports issued by the Washington Department of Health must also be reviewed and maintained.
- 7. Any excluded individuals and entities discovered in the screening(s) must be reported to Optum Pierce BHO within ten (10) business days as required by Contract.
- 8. Information from exclusion checks may be stored securely either electronically or on paper.
 - 8.1.1.Files must be available to OPBHO Quality Assurance staff on request.
 - 8.1.2.This information must be retained for ten years per
 - 8.1.3.Once the retention time frame has been met, information must be destroyed to ensure that no confidential employee information is inadvertently released in accordance with federal record retention regulations.

Related Policies, Procedures & Materials

N/A

Attachments

N/A

Approval History

- Policy created and effective: March 2017
- Optum Pierce BHO reviewed and accepted: February 2018