

GOVERNMENT PROGRAMS COMPLIANCE POLICY

Title: Identifying Excluded Individuals and Entities			Policy No: 009		
Effective Date: 4/21/11					
Policy Applies to the Following Products with an "X":					
X	Medicare Part D	X	Medicare Advantage and Part D	X	Medicare Medicaid Plan (MMP)
Owners:					
Kim Green		Government Programs Compliance Officer		Government Programs Compliance	
Approved:					
HCSC Board of Directors					
Purpose					
The purpose of this policy is to articulate HCSC's commitment to compliance with CMS regulations and other federal rules that require the identification of excluded individuals and entities.					
Scope					
This policy applies to HCSC employees who are involved in the administration or delivery of the Government Programs referenced above, including the chief executive and senior administrators, managers, governing body members and first tier, downstream and related entities (FDRs).					
This policy also applies to providers and any person with an ownership or control interest or who is an agent or managing employee of the provider where such identification is delegated by the plan state to HCSC.					
Policy					
HCSC is committed to complying with all CMS and federal guidelines, including but not limited to those related to identifying excluded individuals and entities.					
HCSC does not do business with debarred individuals or entities. Specifically, HCSC will not contract with or hire any individual or entity who has the status of "debarred," nor will HCSC continue to employ, contract or conduct business with an individual or entity who becomes debarred while employed at or under contract with HCSC.					
HCSC and any First Tier, Downstream, or Related Entities (FDRs), that assist in the administration or delivery of Medicare benefits will not:					
<ol style="list-style-type: none"> 1. Hire, contract with, or continue to employ or contract with: <ul style="list-style-type: none"> • An individual or entity that has been sanctioned by a federal or state agency as debarred, excluded, or suspended, • Voluntarily withdrawn as a result of a settlement agreement • Listed with the Office of Foreign Asset Control (OFAC) • Or otherwise excluded from program participation 2. Use Federal funds to pay for services provided or prescribed by an excluded party, including <ul style="list-style-type: none"> • Services • Equipment • Drugs prescribed or provided 					
Screening					
To meet government and non-government contract obligations, HCSC will make reasonable efforts to screen for excluded individuals and entities.					
Prior to hiring or contracting with an entity, and monthly thereafter, HCSC will screen all individuals and entities engaged in a business relationship with HCSC including, but not limited to:					

- new employees,
- temporary employees,
- volunteers,
- consultants,
- governing body members and
- FDRs

HCSC will utilize applicable federal and state exclusion databases and lists to determine whether individuals or agencies are excluded or debarred, including but not limited to:

- OIG List of Excluded Individuals and Entities (LEIE)
- (SAM) Excluded Parties List System
- Applicable state-specific exclusion lists

This policy will be reviewed on an ongoing basis and may change to meet new contractual and regulatory requirements.

Definitions

CMS: Centers for Medicare and Medicaid Services.

Debarred: the status of being sanctioned, excluded, prohibited from participation in or terminated from any government program by any government agency.

Downstream Entity: any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first-tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (42 C.F.R. §, 423.501).

Employee: individual directly employed by HCSC

FDR: First Tier, Downstream or Related Entity.

First Tier Entity: any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program. (See, 42 C.F.R. § 423.501).

Governing Body: that group of individuals at the highest level of governance of the sponsor, such as the Board of Directors or the Board of Trustees, who formulate policy and direct and control the Government Contract Holder in the best interest of the organization and its enrollees. Governing body does not include C-level management such as the Chief Executive Officer, Chief Operations Officer, Chief Financial Officer, etc., unless persons in those management positions also serve as directors or trustees or otherwise at the highest level of governance of the sponsor.

Government Contracts Holders: Health Care Service Corporation, a Mutual Legal Reserve Company (“HCSC”) and the following entities: HCSC Insurance Services Company, a wholly-owned subsidiary of HCSC (“HISC”); GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO a wholly-owned subsidiary of HCSC (“BlueLincs HMO”); GHS Managed Health Care Plans, Inc. (formerly known as AHS-Tulsa Oklahoma Health Plan, Inc. d/b/a Lovelace Medicare Plan), a wholly owned subsidiary of BlueLincs HMO (“GHS-MHC”); GHS Insurance Company (formerly known as GHS Property and Casualty Insurance Company), a wholly-owned subsidiary of HCSC (“GHS”); or any other HCSC subsidiary or affiliate that holds a Government Programs contract. HCSC, HISC, BlueLincs HMO, GHS-MHC and GHS are each referred to as a “Government Contract Holder” and collectively as “Government Contract Holders.”

Ineligible Party: Any individual or entity that has been:

- debarred, suspended or otherwise excluded from federal or state program participation,
- charged with or convicted of a criminal offense involving government business, or
- convicted of or had a civil judgment rendered against them regarding dishonesty or breach of trust.

OFAC: Office of Foreign Asset Control

OIG: Office of Inspector General's (OIG's) List of Excluded Individuals and Entities

Related Entity: any entity that is related to an MAO or Part D sponsor by common ownership or control and:

- performs some of the MAO or Part D plan sponsor's management functions under contract or delegation,
- furnishes services to Medicare enrollees under an oral or written agreement, or
- leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than \$2,500 during a contract period (42 C.F.R. §423.501).

SAM: System for Award Management Excluded Parties List System (formerly called GSA General Services Administration Excluded Parties List System)

Vendor: FDRs and support service vendors as defined by the MCO policy, "Identifying, Determining FDR Status, and Tracking." Vendors include, but are not limited to, providers, producers, fulfillment vendors, etc.

Governing Authorities

Social Security Act §1862(e)(1)(B)

42 C.F.R. §§ 422.503(b)(4)(vi)(F)

42 CFR 438.610

45 CFR 76

42 C.F.R. § 455 and 438.608.

Compliance with OFAC and USA Patriot Act (Corporate Policy)

Ineligible Parties Validation Policy (HR Management Policy)

Prescription Drug Benefit Manual. Chapter 9

Medicare Managed Care Manual. Chapter 21

United States Department of Health and Human Services Centers for Medicare & Medicaid Services Contract in Partnership with State of Illinois Department of Healthcare and Family Services and Health Care Service Corporation (Illinois Medicare Medicaid Alignment Initiative Contract)

Review Date	Board Ratification Date	Author	Description of Changes
07/03/2019	12/03/2019	Crystal Brotski	Removed Medicaid Plans – created new Medicaid specific GPC Policy. Added section headings. Minor grammatical corrections.
6/8/2018	12/04/2018	Crystal Brotski	Removed reference to Montana HELP program. Updated debarment manager.
06/09/17	12/05/2017	Mike Szott	Added preamble sentence, "HCSC does not do business with debarred individuals or entities," definition of "Debarred" and corrected punctuation. Update name of IL Medicaid Plans.
08/31/16	12/05/2016	Mike Szott	Added references and updated policy language; modified to include reference to 42 CFR 455.436.
08/27/2015	12/08/2015	Dennis Klopfle	Added references

07/23/2015	07/23/2015	Dennis Klopfle	No changes recommended.
06/27/2014	12/09/2014	Dennis Klopfle	No changes recommended.
04/14/2014	05/06/2014	Dennis Klopfle	Policy language extracted & updated from the 2/26/2013 approved Policy & Procedure. Government Programs Compliance (GPC) will now be maintaining a separate policy and a separate procedure on each government requirement.
01/23/2013	02/26/2013	Dennis Klopfle	Updated to cover the updated regulations in Chapter 9 & Chapter 21. Changed titles, dates to be consistent format, and added "HCSC" to HISC to cover the HMO contracts covered under HCSC. Changed "subsidiary" reference to "Government Contract Holders (as defined in the Health Care Service Corporation Corporate Integrity & Compliance Program Government Programs Section)." Also replaced HCSC Government Contracts Compliance Officer with HCSC Government Programs Compliance Officer.
03/21/2011	04/21/2011	Dennis Klopfle	Modified to be HISC Medicare specific