# Applicable to

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Entity** | QHBPC[[1]](#endnote-1) | QHPC[[2]](#endnote-2) | QHPMC[[3]](#endnote-3) | QHIC[[4]](#endnote-4) | QTZ[[5]](#endnote-5) | If other, please specify. | |
| **State** | Iowa | Illinois | Minnesota | Wisconsin | | If other, please specify. | |
| **Product Line** | All Insured Product Lines (Does not include self-funded) | | | | | Self-Funded |  |
|  | Commercial HMO  Commercial PPO  Commercial POS | | Individual ACA Exchange  Individual ACA Non-Exchange  Individual Pre-2010  Medicaid-BadgerCare Plus  Medicaid-SSI | | | Medicare Advantage  Medicare Select  Medicare Supplement  State/Local  D-SNP | |

# Enforcement

Workforce members who violate this policy will be subject to disciplinary actions, up to and including termination of employment. Workforce members have a duty to report suspected or actual noncompliance. Failure to do so may result in disciplinary action leading up to and including termination.

# Review, Revision and Distribution

This policy and any material revisions to this policy require the approval of **Compliance Committee**.

External requests for access to this P&P (from network partners, sister companies, etc.) should be directed to **Compliance Officers**.

This document will be updated periodically to reflect changing business and technology requirements or at least annually, whichever is sooner. All change requests should be directed to the document owner.

# Document Logistics & Revision History

|  |  |
| --- | --- |
| **Document Owner:** | AVP, Compliance & Government Regulatory Compliance Director, Senior Deputy General Counsel, Compliance Services |
| **Next Review:** | March 2024 |

|  |  |  |
| --- | --- | --- |
| **Description of Changes** | **Name, Title, or Committee** | **Date** |
| **Creation** | Tina Shuda, Sr. Compliance Analyst | 5/18/2017 |
| **Reviewed/Revised** | Kelly Skifton and Kristie Breuning | 3/6/2023 |
| **Approved** | Compliance Committee | 4/20/2023 |
| **Note:** Only keep the initial creation, last revision, and last approval dates. Previous versions must be archived for 10 years. | | |

# Purpose

To ensure all workforce, consultants, governing board members, vendors, providers, and FDRs with whom Quartz does business with are properly screened against the required government exclusion lists and are authorized to participate in federal and state healthcare programs.

# Policy

Federal law prohibits entities that participate in federal health care programs from entering into or maintaining certain relationships with individuals or entities that have been excluded from participation in federal health care programs. It also excludes from coverage any service that has been ordered, supervised, or furnished by an individual or entity during a time when the individual or entity has been excluded from the federal program.

Quartz may not use federal funds to pay for items, services, equipment, or drugs furnished, prescribed, or provided by a provider, entity, supplier, employee, or vendor excluded by the DHHS OIG or GSA. Quartz shall perform initial, monthly, and/or on-going exclusion screening reviews for all workforce, consultants, governing board members, vendors, members, providers, and FDRs to determine whether they have been sanctioned. The term “sanctioned” means any individual or entity who either:

* is currently excluded, suspended, debarred or otherwise ineligible to participate in a federally funded healthcare program or in federal procurement or non-procurement programs; or
* has been convicted of a criminal offense related to the provision of health care item or services and has not been reinstated in federally funded health care programs after a period of exclusions, suspension, debarment, or ineligibility. Criminal background screening is completed by Human Resources upon hire.

The Compliance department shall report all findings related to the monthly monitoring activity on a Compliance Auditing & Monitoring Summary Form, and will share the results with the Compliance Officer(s), Provider Affairs, Provider Enrollment, Sales and SIU.

# Definitions

|  |  |
| --- | --- |
| **Exclusion Screening Application (ESA)** | The ESA is an internally developed software application used to house, screen, and track exclusions from the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), General Services Administration (GSA) System for Award Management (SAM), Office of Foreign Assets Control (OFAC), Medicare Exclusion Database (MED), CMS Preclusion List, and United States Office of Personnel Management (OPM)/Federal Employees Health Benefits Program (FEHBP). |
| **Government Services Administration (GSA) Systems for Award Management (SAM)** | The General Services Administration (GSA) maintains the sanction list to provide a single comprehensive list of individuals and firms debarred, suspended, or excluded by Federal government agencies from receiving federal contracts or federally approved subcontracts and from certain types of federal financial and nonfinancial assistance and benefits. The sanction list was created for information of and use by Federal agencies. In addition to health care providers (that are also on the OIG’s LEIE) the GSA list includes non-health care contractors with whom Sponsors may contract. |
| **Medicare Exclusion Database (MED)** | The MED is a CMS repository and distributor of all Office of Inspector General (OIG) sanctioned data. The data in the MED application, which is updated monthly, is used to deny claims submitted from excluded providers. The OIG has the authority to exclude individuals and entities from Federally funded health care programs pursuant to section 1128 of the SSA and from Medicare and State health care programs under section 1156 of the Act and maintains a list of all currently excluded individuals and entities. |
| **National Practitioner Data Bank (NPDB)** | The National Practitioner Data Bank (NPDB) is primarily an alert or flagging system intended to facilitate a comprehensive review of health care practitioners' professional credentials. The information contained in the NPDB is intended to direct discrete inquiry into, and scrutiny of, specific areas of a practitioner's licensure, professional society memberships, medical malpractice payment history, and record of clinical privileges. The information contained in the NPDB should be considered together with other relevant data in evaluating a practitioner's credentials; it is intended to augment, not replace, traditional forms of credentials review. Authorized parties to make NPDB inquiries and for reporting include state licensing boards, medical malpractice payers (authorized only to report to the NPDB), hospitals and other healthcare organizations, professional societies, and licensed healthcare practitioners (self-query only). |
| **Office of Foreign Assets Control of the Department of the Treasury** | The Office of Foreign Assets Control (OFAC) administers U.S. economic sanctions programs, which prohibit dealing, in whole or in part, with nations currently disfavored by the U.S. Government. The Specially Designated Nationals (also known as the SDN list) contains names of countries, organizations, and individuals with which U.S. interests are precluded from conducting business and whose U.S. assets have been frozen. |
| **Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE)** | The Office of Inspector General (OIG) established a program to exclude individuals and entities who have been found to have violated federal law and/or regulations. The OIG has been granted a number of legal authorities under the Social Security Act to affect sanctions and maintains a List of Excluded Individuals and Entities (LEIE). The effect of an OIG exclusion from Federal health care programs is that no Federal health care program payment may be made for any items or services (1) furnished by an excluded individual or entity, or (2) directed or prescribed by an excluded physician (42 CFR 1001.1901). This payment ban applies to all methods of Federal program reimbursement, whether payment results from itemized claims, cost reports, fee schedules or a prospective payment system (PPS). Any items and services furnished by an excluded individual or entity are not reimbursable under Federal health care programs. In addition, any items and services furnished at the medical direction or prescription of an excluded physician are not reimbursable when the individual or entity furnishing the services either knows or should know of the exclusion. This prohibition applies even when the Federal payment itself is made to another provider, practitioner or supplier that is not excluded. |
| **Preclusion List** | The Preclusion List generated by CMS that contains a list of providers, prescribers, individuals, and or entities who are precluded from receiving payment for Medicare Advantage (MA) items and services or Part D drugs prescribed or provided to Medicare beneficiaries. The CMS Preclusion List are individuals or entities that fall with any of the two categories:   1. Are currently revoked from the Medicare program, are under an active re-enrollment bar, and CMS has determined that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program; or 2. Have engaged in behavior for which CMS could have revoked the prescriber, individual, or entity to the extent applicable if they had been enrolled in Medicare, and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare program. Such conduct includes, but are not limited to, felony convictions and OIG exclusions. |
| **Wisconsin Department of Safety and Professional Services (WI DSPS)** | The Wisconsin Department of Safety and Professional Services (WI DSPS) is responsible for ensuring the safe and competent practice of licensed professionals in Wisconsin. The department also:   * Administers and enforces laws to assure safe and sanitary conditions in public and private buildings. * Provides administrative services to the state occupational regulatory authorities for regulation of occupations and offers policy assistance in such areas as evaluating/establishing new professional licensing programs, creating routine procedures for legal proceedings, and adjusting policies in response to public need. * Releases a monthly file listing the names of licensed practitioners who have had Orders against them. * The Orders may include a variety of actions, including license suspension, license reduction, license monitoring, etc. * If a practitioner’s license is suspended, they will no longer be considered a payable provider with Quartz.   The Quartz Credentialing Committee will review Orders for contracted providers and reserve the right to take additional disciplinary action against the practitioners. |
| **Workforce** | Employees, temporary employees, volunteers, trainees, and other persons whose conduct, in the performance of work are under the direct control of Quartz. |

# Related Documents

* HumR.043 Pre-Employment Screenings Policy
* CR 5 Ongoing Monitoring and Interventions, Provider Affairs
* 2.06 Agent -Company Appointment Report (CAR)
* 4.9130 Exclusion Screening, Provider Enrollment
* Exclusion Screening Manual

# Requirements

* 42 C.F.R. §§ 422.503(b)(4)(vi) and 423.504(b)(4)(vi), Chapter 9, Prescription Drug Benefit Manual, and Chapter 21, Medicare Managed Care Manual
* 42 C.F.R. §1001.1901, Program Integrity-Medicare and State Health Care Programs
* Executive Order 13224, U.S. Department of the Treasury Specially Designated Nationals List (SDN)
* CMS-4182-F, April 16, 2018, Medicare Program; Contract Year 2019 Policy and Technical Changes to Medicare Advantage, and Medicare Prescription Drug Benefit Programs -Preclusion List Requirements

# Procedure

Quartz is strongly committed to the reduction of potential fraudulent, wasteful, and abusive activity and to employing and working with individuals and entities that will not hinder its ability to administer health care coverage to its members. As a part of this commitment, Quartz will review the OIG LEIE, GSA SAM, and other exclusions lists prior to hiring or contracting of any new workforce, consultant, board member, vendor, provider, and FDR, and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in Federal health care programs. Quartz will maintain all screening results in the internal ESA for a minimum of ten (10) years.

Monthly screenings are conducted to prevent inappropriate payment to providers, pharmacies, and other entities that have been added to the exclusions lists since the last time the list was checked. Quartz shall not use federal funds to pay for services, equipment or drugs prescribed or provided by a provider, supplier, employee, or FDR excluded, debarred, or suspended by the OIG, GSA, MED, Preclusion List and WI DSPS. If a person or entity is excluded or becomes excluded from participation in a federal health care program, Quartz will:

* Deny payment for health care items or services furnished by an excluded provider or entity.
* Not employ or engage in a business relationship with anyone who is currently under sanction or exclusion by the Department of Health and Human Services OIG and any other duly authorized enforcement agency and disciplining authority.
* Not employ any individuals who have been recently convicted of a criminal offense related to healthcare or who are listed as excluded or otherwise ineligible for participation in Federal health care programs.

Quartz will remove individuals or entities with direct responsibility or involvement in any Federal health care program, as well as those pending the resolution of any criminal charges or proposed exclusion sanction. Vendors under pending criminal charges shall be suspended from continued work until the matter is resolved in a Court of Law.

As a part of the initial credentialing and re-credentialing process, Quartz will query the National Practitioner Data Bank, the appropriate state licensing board, and other federal state agencies to verify the credentials of a prospective and existing practitioner, to determine whether they have a record of violating applicable federal and state laws governing federally-funded health care programs, and to determine whether they have a conviction record that precludes them from participating in federally-funded health care programs. Quartz will remove a practitioner from network participation who has been excluded by any federal health care program.

It is a requirement that all workforce (permanent/temporary), volunteers, consultants, vendors, and governing board members, who have any responsibilities related to the Medicare Parts C and D programs must immediately disclose to the Compliance Department any debarment, exclusion, or other event that makes him or her ineligible from participation in Federal health care programs. Quartz determines upon reasonable due diligence that an individual or entity has been sanctioned, Quartz will after consultation with the Compliance Officer(s) and General Counsel, take such action as appropriate, including any action required by law.

|  |  |
| --- | --- |
| **PROCEDURE** | **RESPONSIBLE PARTY** |
| **Prospective Employees:**  Prior to establishing employment or a business relationship with any potential employee, temporary employee, or volunteer, Quartz Human Resources will have a third-party resource, Sterling Talent Solutions (Backcheck check company) perform the pre-employment process on the candidate. The criminal background check includes a search for restrictions, sanction and exclusion records maintained by the OIG (LEIE) and GSA (SAM), and other federal agencies. The screening results are maintained by Sterling Talent Solutions. Additionally, Quartz Talent Acquisition staff will search national, public databases for candidates within the Nationwide Sex Offender Registry and OFAC SDN Lists. Current company employees who are transferring to a new job within Quartz are not considered new hires. | Human Resources |
| **Workforce/Consultants/Board Members~~:~~**  The Compliance department shall screen on a monthly basis all existing workforce (permanent/temporary), volunteers, and consultants to ensure they are not listed. The exclusion screening will include a screening against the current OIG (LEIE), GSA (SAM), MED, and OFAC databases. | Compliance |
| **Governing Board Members:**  The Compliance department shall screen new governing board members against the OIG (LEIE), GSA (SAM), MED, and OFAC exclusion lists prior to appointment and monthly thereafter to ensure they are not listed. | Compliance |
| **Contracted Providers and Facilities:**  Prior to contracting and monthly thereafter, the Provider Affairs department shall screen all contracted and credentialed providers/practitioners (people and places). The exclusion screening check will include a screening against the current OIG (LEIE), GSA (SAM), MED, Preclusion List, OFAC and WI DSPS databases to ensure they are not listed. | Provider Affairs |
| **Core System Contracted and Noncontracted Providers and Facilities:**  Provider Enrollment and Provider Affairs shall screen on a monthly basis all contracted and noncontracted credentialed providers/practitioners (people and places) who have submitted a claim within the last 90 days. The exclusion screening check will include a screening against the current OIG (LEIE), GSA (SAM), MED, Preclusion List, OFAC and WI DSPS databases to ensure they are not listed. | Provider Enrollment |
| **Vendors:**   * Prior to contracting with a vendor, the Souring & Vendor Management department will perform an exclusion screening against the current OIG (LEIE), GSA (SAM), MED, and OFAC databases to ensure the delegated entity is not listed. * The Compliance department will perform monthly exclusion screenings against the current OIG (LEIE), GSA (SAM), MED, and OFAC databases to ensure they are not listed. | Souring & Vendor Management/Compliance |
| **Agency/Agency Employees/Appointed Agents:**  Agency:   * Prior to contracting with an Agency, the Sourcing & Vendor Management department will perform an exclusion screening against the current OIG (LEIE) and GSA (SAM) databases to ensure the agency is not listed. * The Compliance department will perform monthly exclusion screenings against the current OIG (LEIE) and GSA (SAM) databases to ensure the agency is not listed. Any identified matches will be sent to Agent Appointment for review to determine if they are a true match.   Agency Employees:  Prior to hire and monthly thereafter, the Agency/Broker is responsible for performing an exclusion screening against the current OIG (LEIE) and GSA (SAM) databases to ensure employees who perform an administrative function for Quartz Medicare Advantage are not listed. Screening results must be maintained by the Agency/Broker for a minimum of ten (10) years.  Appointed Agents:   * Prior to hire or contracting, the Agency/Broker will perform an exclusion screening against the current OIG (LEIE) and GSA (SAM) databases to ensure appointed agent is not listed. * Prior to contracting, Agent Appointments requires proof of agent license and twice monthly verifies active agent license through the Company Appointment Report (CAR) obtained through the National Insurance Producer Registry (NIPR). If an appointed agent license has been suspended or termed, the appointed agent will be delisted from doing business with Quartz. * Agent Appointments will provide a monthly file of all Quartz appointed agents. This file will be uploaded into the internal ESA monthly. The Compliance department will perform monthly screening checks on all appointed agents against the current OIG (LEIE) and GSA (SAM) databases to ensure appointed agents are not listed. Compliance will notify Agent Appointments of any identified matches. Agent Appointments will be responsible for reviewing to determine if the appointed agent is a true match, how they identified as a true match or not a match, and reporting findings back to Compliance. | Sourcing & Vendor Management/Compliance/Sales/Agent Appointments |

Annually, FDRs are required to attest that they screen their employees, temporary employees, volunteers, board members, and vendors, against the OIG and GSA databases prior to hiring/contracting and monthly thereafter. FDRs are also required to disclose to Quartz if any of the persons identified in the categories listed above are excluded from participating in a federally funded health care program.

**Compliance Program Oversight**:

The Compliance Officer(s) shall be responsible for periodically verifying that procedures are being followed relating to the evaluation of all current and prospective employees, temporary employees, volunteers, vendors, consultants, board members, members, and providers to determine whether they are or have been sanctioned. The Compliance Officer(s) are also responsible for reporting results to the Compliance Committee, along with any recommendations for remedial actions or improvement to the program.

1. [↑](#endnote-ref-1)
2. [↑](#endnote-ref-2)
3. [↑](#endnote-ref-3)
4. [↑](#endnote-ref-4)
5. [↑](#endnote-ref-5)