



POLICY AND PROCEDURE MANUAL

SUBJECT Excluded Provider Screening	ACCOUNTABILITY The NMRE, NMRE Provider Network, and Applicable Subcontractors	Effective Date: January 24, 2024	Pages:
REQUIRED BY:	BBA Section 438.214(d) Section 1128 and 1128A of the Social Security Act PIHP Contract Section: Addendum G, "Debarment and Suspension," Section R, "Program Integrity" Other: Federal Acquisition Regulation at 48 CFR 2.101, 2 CFR 180, Office of the Inspector General, 42, US Code § 1320a-7	Last Review Date: April 23, 2024	Past Review Date: March 23, 2016
Policy: ☒ Procedure: ☐	Review Cycle: Annual Author: NMRE Contract and Provider Network Manager	Responsible Department: Quality	Reviewers: NMRE CEO

Definitions

Community Mental Health Services Program (CMHSP): For the purposes of this document, a CMHSP member is one or more of the following: AuSable Valley Community Mental Health Authority, Centra Wellness Network, North Country Community Mental Health, Northeast Michigan Community Mental Health Authority, and Northern Lakes Community Mental Health Authority.

Entity: For the purposes of this document, an organization that directly employs and/or contracts with individuals to provide health care services. Examples of entities are, but are not limited to, community mental health services programs (CMHSPs), hospitals, nursing homes, homes for the aged, psychiatric hospital units, and partial hospitalization programs, substance abuse programs, and home health agencies.

Excluded Individual/Entity: Individuals or entities that have been excluded from participating, but not reinstated, in Medicare, Medicaid, or any other federal health care program.

Individual: For the purposes of this document, an individual who is engaged in the delivery of healthcare services and legally authorized to do so by the state in which they deliver the services.

Michigan Department of Health and Human Services (MDHHS): The principal department of the state of Michigan, headquartered in Lansing, that provides public assistance, child and family welfare services, and oversees health policy and management.

Northern Michigan Regional Entity (NMRE): The Prepaid Inpatient Health Plan (PIHP) for Region 2, the 21- counties located in Michigan’s northern lower peninsula.

Office of the Inspector General (OIG): An agency in the Michigan Department of Health and Human Services (MDHHS) that investigates cases of fraud within the Department [MCL 400.43b].

Prepaid Inpatient Health Plan (PIHP): A organization that is responsible for managing Medicaid services related to behavioral health and development disabilities.

Provider Network: The five Member Community Mental Health Services Programs (CMHSPs) that created the NMRE and the NMRE Substance Use Disorder services Provider Panel.

Purpose

The purpose of this policy is to establish criteria to ensure that the NMRE and its Provider Network do not do business with any director, partner, subcontractor, network provider (individual or entity), or person that is known to be excluded from procurement activities or participation in any federal health care program or is found to be on the Sanctioned Provider List.

Policy

- 1) To comply with 42 CFR 438.610, the NMRE and its Provider Network will not knowingly have a business relationship with:
 - a) An individual that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order 12549.
 - b) An Individual or entity that is an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2.101, or a person described in part (a) above.
 - c) An individual or entity that is excluded from participation in any federal health care program under Section 1128 or 1128A of the Social Security Act.
- 2) At the time of provider enrollment, and monthly thereafter (to capture exclusions and reinstatements that have occurred since the last search, and any time new disclosure information is submitted), the NMRE and its subcontractors will search the following databases to ensure that the applicable provider entity and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more, or a managing employees) have not been excluded in the following federal or state healthcare programs:
 - a) Office of the Inspector General’s (OIG) exclusions database (individual or entity)
 - b) The System for Award Management (SAM)
 - c) The State of Michigan Sanctioned Provider List
- 3) The NMRE and its Provider Network will only employ or contract with individuals or providers that meet the following standards:

- a) Are not presently excluded, disqualified, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department, MDHHS, or the NMRE.
 - b) Have not, within a three-year period preceding the current fiscal year, been convicted of, or had a civil judgement rendered against them, for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction of contract under a public transaction, violation of federal or state antitrust statutes, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen properties.
- 4) The NMRE will notify MDHHS OIG immediately using the approved OIG reporting form and process if search results indicate that any Network Providers, or individuals or entities with ownership or control interests in a provider entity are on the OIG exclusion database. The NMRE will provide notification to MDHHS OIG of any administrative actions that limit a provider's participation in the Medicaid program.
- 5) To the extent consistent with applicable Federal and State law, including, but not limited to 42 CFR Part 2, HIPAA, and the Michigan Mental Health Code, the NMRE will not disclose protected health information to MDHHS-OIG or the Department of Attorney General upon their written request, without first obtaining authorization from the beneficiary to disclose such information.

SUBJECT: Excluded Provider Screening	ACCOUNTABILITY: The NMRE, NMRE Provider Network, and Applicable Subcontractors	Effective Date:	Pages:
REQUIRED BY:	BBA Section 438.214(d) Section 1128 and 1128A of the Social Security Act PIHP Contract Section: Addendum G, “Debarment and Suspension,” Section R, “Program Integrity” Other: Federal Acquisition Regulation at 48 CFR 2.101, 2 CFR 180, Office of the Inspector General, 42, US Code § 1320a-7	Last Review Date: April 23, 2024	Past Review Date: March 23, 2016
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Purpose:

The purpose is to establish a procedure to ensure that the NMRE and its Provider Network do not do business with parties known to be excluded from procurement activities or participation in any federal health care program as reflected in the NMRE Excluded Provider Screening Policy.

Procedure:

The NMRE, its five member CMHSPs, SUD Provider Panel, their contractors and subcontractors, and any other applicable network providers will adopt policies and practices consistent with the following sections to ensure they do not do business with any director, partner, subcontractor, network provider (individual or entity), or person that is known to be excluded from procurement activities or participation in any federal health care program or is found to be on the Sanctioned Provider List.

A) Regional Processes

- 1) By using primary source verification of the excluded provider program databases listed in the NMRE Excluded Provider Screening Policy or substantially similar alternative data sources using the same current and primary sourced information, or by using a third-party vendor providing services including the use of current and primary sourced information, the NMRE and its Provider Network will maintain practices that:
 - a) Verify that no employee, contractor, contracted entity, Board Member, or owner is sanctioned, debarred, or excluded from participating with any federal health care program prior to beginning employment, contract, or appointment.
 - b) Verify each month that no current employee, contractor, contracted entity, Board Member, or owner is sanctioned, debarred, or excluded from participating in any federal health care program.
 - c) Ensure that any contracted provider entity’s managing or controlling employees, or provider entity agents with authority to act on behalf of a provider, or persons with an ownership or

control interest of over five percent (5%) in a subcontracted provider are not excluded both initially and monthly thereafter.

- 2) Retain documentation of initial and monthly sanctioned/debarred/excluded provider checks in a secured location for a period of no less than seven (7) years.

B) Reporting Positive Search Results

- 1) Member CMHSPs, SUD Provider Panel, and any other applicable subcontractors of the NMRE must immediately notify the NMRE Compliance Officer of any positive database search results that indicate that any of their subcontracted entities, employees, or entities with ownership or control interests in their provider entity are on the OIG exclusions database for reporting to MDHHS OIG.
- 2) The NMRE will notify the MDHHS OIG immediately using the approved OIG reporting form and process if search results indicate that any of its network provider entities, or individuals or entities with ownership or control interest in a provider entity are on the OIG exclusions database.

C) Monitoring and Oversight

- 1) The NMRE will monitor the provisions of the NMRE Excluded Provider Screening Policy and Procedure on an annual basis in conjunction with administrative requirements in the NMRE Provider Monitoring and Oversight Policy and Procedure. Compliance reviews will include policy, procedures, and samples requiring evidence.
- 2) The NMRE may request evidence of compliance with its Excluded Provider Screening Policy and Procedure from its Provider Network at any time.
- 3) Any evidence of noncompliance with the NMRE Excluded Provider Screening Policy and Procedure will be addressed immediately with commensurate corrective action planning.

Approval Signature



NMRE Chief Executive Officer

4/10/24

Date