

# Exclusion-Sanction Screening Policy

[COMP.OP.0010] 2025-06-02



## **PURPOSE**

CMS requires that Medicare Advantage Prescription Drug (MAPD) organizations review the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE list) and the GSA Excluded Parties Lists System (EPLS) prior to the hiring or contracting of any new employee, temporary employee, volunteer, consultant, governing body member, or FDR, and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs.

In addition to LEIE and SAM, 42 states and jurisdictions maintain their own Medicaid exclusion lists. These lists include violations of state law that do not necessarily violate federal law and may not be reported to the federal databases.

Furthermore, CMS maintains a list that includes providers and prescribers who are precluded from receiving payment for certain Medicare items and services. This list primarily includes those who have been revoked from Medicare or are under an active reenrollment bar, or who have engaged in conduct that could have led to revocation if they were enrolled. In addition to the preclusion list, CMS also maintains an opt out list of providers who have chosen to opt out of participating in Medicare.

Best practice is to search all databases in order to obtain the most current and comprehensive information on excluded and sanctioned individuals and entities.

## **APPLICABILITY**

This policy applies to all individuals and entities Devoted Health employs, contracts, appoints, or otherwise does business with, including employees, volunteers, Officers, Directors, vendors and/or third-parties.

## **ACRONYMS AND DEFINITIONS**

CMS: Centers for Medicare & Medicaid Services

FDR: First Tier, Downstream & Related Entities

MAPD: Medicare Advantage Prescription Drug

OIG: Office of Inspector General

LEIE: List of Excluded Individuals and Entities

EPLS: Excluded Parties Lists System

SAM: System for Award Management

## **RESPONSIBILITIES**

### **Chief Compliance Officer:**

The Chief Compliance Officer, or their designee, is responsible for the following activities:

- Revisions, implementation, workforce education, interpretation, and enforcement of this policy.
- Periodically assessing the adequacy of this Policy.

### **Business Owner:**

All Business Owners with responsibilities for hiring, contracting, appointing, or otherwise engaging individuals or entities to perform business or provide services on behalf of Devoted Health must adhere to this policy prior to initiating, and in the ongoing maintenance, of any business relationships.

### **Workforce:**

All workforce members must report any action that would render that individual or entity an Ineligible under this policy.

## **POLICY**

Devoted Health will not hire, contract, appoint, or otherwise do business with individuals or entities that are excluded from participation in Federal or State healthcare programs. Prior to hiring, contracting, appointing, or otherwise conducting business with an individual or entity, Devoted Health will perform an exclusion screening against the current Office of Inspector General (OIG), System for Award Management (SAM) databases, and all state Medicaid exclusion lists. Screenings are conducted monthly thereafter to prevent inappropriate payment to individuals or entities that have been added to the exclusions lists since the last time the exclusion databases were checked.

These screenings include all prospective and current employees, contractors, subcontractors, interns, volunteers, board members, vendors, and FDRs.

All Devoted employees screenings are conducted by Sterling. All other individuals and entities screenings are conducted by Streamline Verify.

Devoted will maintain the screening results for a minimum of ten (10) years.

If an individual/entity is identified as a potential match in the exclusion verification process, Compliance and/or the appropriate Business Owner will conduct the necessary research to confirm or clear the potential match. In the event of a confirmed exclusion, the individual/entity is deemed ineligible. Compliance, Legal, and HR, as appropriate, will initiate the appropriate course of action, up to and including termination of the relationship and return of any identified overpayments.

Devoted Health will not:

- Use federal or state funds to pay for services, equipment or drugs prescribed or provided by an excluded individual or entity.
- Pay for health care items or services, including pharmacy claims, furnished ordered, or prescribed by an excluded individual or entity.
- Engage in a business relationship with anyone who is currently under sanction or exclusion by the OIG, SAM, or state Medicaid program.

## **REGULATORY REFERENCE**

Sections 1128 and 1156 of the Social Security Act.

Medicare Managed Care Manual, Chapter 21 Compliance Program Guidelines and Prescription Drug Benefit Manual Chapter 9 - Compliance Program Guidelines, Section 50.6.8 – OIG/GSA Exclusion (Chapter 21 - Rev. 109, Issued: 07-27-12, Effective: 07-20-12; Implementation: 07-20-12) (Chapter 9 - Rev. 15, Issued: 07-27-12, Effective: 07-20-12; Implementation: 07-20-12) The Act §1862(e)(1)(B), 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 422.752(a)(8), 423.504(b)(4)(vi)(F), 423.752(a)(6), 1001.1901

See Letter from Centers for Medicare and Medicaid Services (CMS) to State Medicaid Directors 5 (Jan. 16, 2009), available at

<https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD011609.pdf>

42 U.S.C. § 1396a(a)(39) (2012), available at

<http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf> (codifying the termination requirements of ACA § 6501)

Letter from Centers for Medicare and Medicaid Services (CMS), CPI-CMS Informational Bulletin, Affordable Care Act Program Integrity Provisions – Guidance to States — Section 6501

– Termination of Provider Participation under Medicaid if Terminated under Medicare or other State Plan (Jan. 20, 2012), available at <http://downloads.cms.gov/cmsgov/archived-downloads/CMCSBulletins/downloads/6501-Term.pdf>

## **RELATED POLICIES, DOCUMENTS, AND CONTROLS**

Provider Operations/Network: [\[ExclusionMonitoring.01\] Provider Group, Ancillary Groups, Hospital groups Exclusion-Sanction Screening Prior to Contracting](#)

Credentialing: [\[PROP.CR.0002\] Credentialing and Recredentialing Policy](#)

Procurement: [\[Exclusion Screening SOP V3 5.21.2024\]](#)

HR: [Devoted Workforce Clearance/Background Check](#)

Sales: [\[SALE.OP.0001\] Selling Requirements Policy](#)

[\[COMP.16i\] Exclusion Screening Management SOP](#)

[\[COMP.16g\] Exclusion Screening: Streamline Verify Match Resolution SOP](#)

# REVIEW AND VERSION HISTORY

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Prior versions are available upon request