

NORTHWEST COMMUNITY MENTAL HEALTH AFFILIATION PIHP POLICY MANUAL

Chapter:	III	Network Management
Section:	B	Contract Development
Subject:	07	Excluded Providers

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A. POLICY

1. PURPOSE:

To prohibit doing business with any provider who is known to be excluded from participation with any Federal Health Care program.

2. POLICY STATEMENT:

The Northwest Community Mental Health Affiliation through due diligence and monitoring, will assure that it does not employ or contract with providers excluded from participation in Federal Health Care programs under either Section 1128 or Section 1128A of the Social Security Act.

3. APPLICABILITY:

Applies to all Network staff and contracted providers, including CMHSP Affiliates.

4. DEFINITIONS:

5. REFERENCE AND LEGAL AUTHORITY:

Medicaid Managed Specialty Supports and Services Contract, including all attachments.
BBA 438.214(d)
Section 1128 and Section 1128A of the Social Security Act

6. SEE ALSO:

Policy # III A 07 Due Diligence
Policy # III C 05 Provider Monitoring

7. SUPERSEDES

POLICY #	DATE
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8. APPROVED BY: DATE:

CEO/CMCO	December 11, 2006
Managed Care Advisory Committee	January 9, 2007
NLCMH Board of Directors	January 18, 2007

9. REVIEW HISTORY: DATE:

Network Management Team	July 31, 2007
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10. EFFECTIVE DATE: January 18, 2007

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B. PROCEDURES

1. The PIHP will do the following to prohibit contracting or subcontracting with a provider who has been excluded from participation with a Federal Health Care program.

- Regular review of the MDCH Bulletins re: Sanctioned Providers
- Initial review before contracting and ongoing regular review of State and Federal websites that list providers who have been excluded from participating with Federal Health programs
- Initial review before contracting and ongoing regular review of any licensing bodies which provide notification of providers who have been excluded from participating with Federal Health programs.
- Attestation requirements for credentialing and privileging and recredentialing, which obligate the provider to attest to their status related to participation with Federal Health Care programs.

Approved By:

Date:

CEO/CMCO

December 11, 2006

Managed Care Advisory Committee

January 9, 2007

NLCMH Board of Directors

January 18, 2007

Reviewed By:

Date:

Network Management Team

July 31, 2007