

PROVIDER BULLETIN

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Provider Screening

▪ **Providers' Obligation to Screen Employees and Contractors for Excluded Persons**

The Centers for Medicare and Medicaid Services issued State Medicaid Director Letter #09-001 dated January 16, 2009 regarding excluded persons. The letter advises States of their obligation to direct providers to screen their employees and contractors for excluded persons. In particular, the letter states, in part:

Policy Clarification: States Should Advise Medicaid Providers to Screen for Exclusions

To further protect against payments for items and services furnished or ordered by excluded parties, States should advise all current providers and providers applying to participate in the Medicaid program to take the following steps to determine whether their employees and contractors are excluded individuals or entities:

States should advise providers of their obligation to screen all employees and contractors to determine whether any of them have been excluded. States should communicate this obligation to providers upon enrollment and reenrollment.

States should explicitly require providers to agree to comply with this obligation as a condition of enrollment.

States should inform providers that they can search the HHS-OIG Web site by the names of any individual or entity.

States should require providers to search the HHS-OIG Web site monthly to capture exclusions and reinstatements that have occurred since the last search.

States should require that providers immediately report to them any exclusion information discovered.

The letter can be viewed in its entirety at: <https://cms.gov/SMDL/downloads/SMD011609.pdf>

The Missouri Medicaid Audit and Compliance Unit does consider compliance with the steps outlined in the letter and summarized above as an integral part of a providers' provision of service delivery to MO HealthNet program participants. Compliance with these requirements may be subject to review by the Missouri Medicaid Audit and Compliance Unit.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**