

# SMSO Policy Manual

## PROVIDER PRECLUSION PROCESS

Executive Sponsor: Stephen Adamson, Chief Operations Officer

Issuing Department: Claims

Gate Keeper: Melissa Rusk, Director Claims

### **COMPLIANCE STATEMENT:**

**Enforcement:** All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.

**Review Schedule:** This policy will be reviewed and updated as necessary and no less than every two years.

**Monitoring and Auditing:** The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.

**Documentation:** Documentation related to this policy must be maintained for a minimum of 10 years.

### **Applies to:**

☒ SummaCare ☒ Apex  
☐ Summa Health Management Company ☒ Summa Insurance Company

### **Line of Business:**

☒ Commercial Groups ☐ Medicare  
☒ Medicare Supplemental ☒ On-Exchange  
☒ Off-Exchange ☒ Self-Funded

**1.0 Purpose:**

- 1.1 To ensure that no government health care program payment is rendered to ineligible providers or entities and no precluded provider is considered contracted for non-Medicare plans. This policy/procedure only addresses Part C and health care providers. Responsibility for exclusion screening in Part D is delegated to MedImpact.

**2.0 Policy:**

- 2.1 Payment may not be made for items or services furnished or prescribed by a precluded provider or entity. SummaCare will not use federal funds to pay for services, equipment or drugs prescribed or provided by a provider, supplier, employee or FDR precluded by CMS, and will utilize the monthly preclusion list to prevent contracting with or paying claims from precluded providers.

**3.0 Procedure:****3.1 Initial Preclusion Screening – Providers**

- 3.1.1 The Credentialing Department conducts initial preclusion screening checks prior to contracting with a health care provider.

**3.2 Monthly Preclusion Screening**

- 3.2.1 SummaCare accesses the monthly preclusion file from the CMS Portal.

- 3.2.1.1 The file is uploaded to  
S:\Client\_Services\_Shared\Preclusion\Preclusion\_Files\_for\_IT using program CM360.
- 3.2.1.2 Vendor business owners provide the preclusion file to all identified vendors (or supplies IT with the communication method) to apply the preclusion process. Vendors are required to confirm actions taken.
- 3.2.1.3 These vendors include but are not limited to: Delta Dental, CHP and Homelink. The current list of vendors is located at:  
S:\Client\_Services\_Shared\Preclusion\Vendors.
- 3.2.1.4 The file is processed internally and reports are generated within 2 business days. Daily reports are run to determine if new claims have been received.
- 3.2.1.5 The CM417reports are reviewed and the following actions taken:
  - 3.2.1.5.1 Claims: will send a preclusion letter for any Medicare member who has received services within the last 12 months for precluded providers.

**3.2.1.5.1.1** The member must be notified as soon as possible but not later than 30 days from the posting of the preclusion list. The member must have at least 60 days' advance notice before claims from a precluded provider are denied or rejected.

**3.2.1.5.2** Claims will send a preclusion letter for any out of network Medicare provider who has rendered services to a Medicare member within the last 12 months.

**3.2.1.5.3** Configuration: will term any precluded provider who is loaded in Amisys as non-network for Medicare plans.

**3.2.1.5.4** Contracting: will request any contracted precluded provider be termed from the network.

**3.2.1.5.5** Credentialing: will term the provider from the network.

**3.3** Melissa Rusk, Director, Claims & BPO Operations has the authority and responsibility for the activities in this policy or procedure.

**3.4** The Issuing Dept. is responsible for monitoring/enforcing the compliance with this policy.

#### **4.0 References:**

**4.1** Source of the policy (regulatory citation, accreditation standard, internal standard)

**4.1.1** CMS-4182-F

**4.2** Are there any references to other documents, regulations, or intranet locations?

**4.2.1** [Preclusion Flow – Configuration and Programming](#)

**4.3** Are there other policies that work in conjunction with this policy?

**4.3.1** None

**4.4** Replaces (if applicable):

**4.4.1** None

#### **5.0 Definitions:**

**5.1** None

#### **6.0 Key Words or Aliases (Optional):**

**6.1** Preclusion, Medicare



Uncontrolled if Printed

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