

Exclusion from Government Program Checks

ASH¹ contracts with Medicare Advantage Organization, Medicaid Managed Care Plans, Qualified Health Plan (QHP) Issuers to provide benefits to their members. Because these programs are paid for with federal and/or state tax dollars there are specific compliance requirements that the Medicare Advantage Organization, Medicaid Managed Care Plans, and QHP Issuers require ASH and its contracted providers meet such as checking the federal and state exclusion lists. The term “Contracted Providers” includes all contracted practitioners, contracted providers, credentialed practitioners and contracted virtual providers who are contracted to provide health care services to Medicare Advantage, Medicaid and QHP beneficiaries or third parties or other persons performing services in support of Contracted Providers agreement with ASH.

As outlined in your Operations Manual, you must check all employed or contracted persons² involved in the administration or delivery of Medicare Part C, Medicaid and/or QHP benefits against the List of Excluded Individuals/Entities ("LEIE") list maintained by the Office of the Inspector General ("OIG"), the System for Award Management ("SAM") list maintained by the General Services Administration ("GSA") and any state published Medicaid exclusion lists (collectively "Exclusions Lists") prior to hire, or contract and monthly thereafter. If you find any employed or contracted persons on the Exclusion Lists, you must notify ASH immediately of such finding. For more information on how to access the Exclusion Lists mentioned above, please refer to the Exclusion Checks Guide on the ASHLink® online service.

The required exclusion checks must be completed monthly and attested to below.

Below please find a sample exclusion check report that you can use to document that the required checks were performed. You can also use your own report if it captures the information outlined below. Proof of the checks being performed must be kept on file for at least 10 years after the final date of the applicable member benefit plan contract period. ASH, its clients and/or regulatory agencies may request the proof for audit purposes.

Name of Contracted Provider: _____

Contracted Provider NPI: _____

Month	Date Verified	Reviewer's Initial	Result (example: no matches or list confirmed matches)
JAN			
FEB			
MAR			
APR			
MAY			
JUN			
JUL			
AUG			

¹ References to "ASH" include both American Specialty Health Plans of California, Inc., American Specialty Health Group, Inc., American Specialty Health IPA o NJ Inc. and ASHCare Virtual Services, Inc.

² The term “employed and contracted persons” includes any employees, temporary employees, volunteers, interns, consultants, governing body members and Contracted Provider’s downstream entities.

SEP			
OCT			
NOV			
DEC			