

# JOB AID

## Sanctions and Exclusions Fact Sheet

### OVERVIEW

This Job Aid provides information and guidance in regards to specific and comprehensive business rules in place for provider disclosures. To avoid application processing delays caused by insufficient information, providers are encouraged to review these requirements carefully before submitting the supporting documentation. If the requirements are not met, an application incomplete letter will be generated, prompting the provider to submit the proper documentation.

**EXCLUSION SANCTION INFORMATION**

The questions below must be answered for the enrolling provider, its owners, and agents\* in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3.

- \*An agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. This may include managing employees, general managers, business managers, office managers, administrators; Electronic Funds Transfer (EFT) authorized individuals, individual officers, directors, board members, etc.
- All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

For each exclusion sanction question answered yes, you must submit a complete copy of the applicable criminal complaint, Consent Order, documentation, and/or final disposition clearly indicating the final resolution in addition to a written explanation of the supporting documentation.

- A thorough written explanation signed by the subject of the offense if an individual or by the provider's Office Administrator if the subject of the offense is an organization of the occurrence and dated within 6 months of the application date, by the provider's Office Administrator, an owner or managing employee of the occurrence including references to the infraction/conviction date(s) entered and the resolution.
- All supporting documentation (See Job Aid/FAQ) that relates to the incident.

Failure to submit all of the request information may result in the application being deemed incomplete.

**Exclusion Sanction Supporting Documentation Job Aid/FAQ**

\* Indicates a required field

**A.** Has the applicant, managing employees, owners, or agents ever been convicted of a felony, had adjudication withheld on a felony, pled no contest to a felony, or entered into a pre-trial agreement for a felony?  
 Yes  No

**B.** Has the applicant, managing employees, owners, or agents ever had disciplinary action taken against any business or professional license held in this or any other state, or has your license to practice ever been restricted, reduced, or revoked in this or any other state or been previously found by a licensing, certifying, or professional standards board or agency to have violated the standards or conditions relating to licensure or certification or the quality of services provided, or entered into a Consent Order issued by a licensing, certifying, or professional standards board or agency?  
 Yes  No

**C.** Has the applicant, managing employees, owners, or agent sever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state; or been employed by a corporation, business, or professional association that has ever been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state; or ever been directly or indirectly affiliated with a provider or supplier that has been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, CHIP, or any other government or private health care or health insurance program in any state?  
 Yes  No

**D.** Has the applicant, managing employees, owners, or agent sever had suspended payments from Medicare or Medicaid in any state; or been business or professional association that ever had suspended payments from Medicare or Medicaid in any state; or ever been directly or indirectly affiliated with a provider or supplier that ever had suspended payments from Medicare, Medicaid or CHIP in any state?  
 Yes  No

**E.** Has the applicant, managing employees, owners, or agents ever had civil monetary penalties levied by Medicare, Medicaid, or other State or Federal Agency or Program, including the Division of Health Service Regulation (DHSR), even if the fine(s) have been paid in full?  
 Yes  No

**F.** Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid; or ever been directly or indirectly affiliated with a provider or supplier that has uncollected debt owed to Medicare, Medicaid, or CHIP?  
 Yes  No

**G.** Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense related to the neglect or abuse of a patient in connection with the delivery of any health care goods or services?  
 Yes  No

**H.** Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance?  
 Yes  No

**I.** Has the applicant, managing employees, owners, or agents ever been convicted of any criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?  
 Yes  No

**J.** Has the applicant, managing employees, owners, or agent sever been found to have violated federal or state laws, rules, or regulations governing North Carolina's Medicaid program or any other state's Medicaid program or any publicly funded federal or state health care or health insurance program and been sanctioned accordingly; or ever been directly or indirectly affiliated with a provider or supplier that had its Medicare, Medicaid, or CHIP billing privileges denied or revoked?  
 Yes  No

**K.** Has the applicant, managing employees, owners, or agents ever been convicted of an offense against the law other than a minor traffic violation?  
 Yes  No

**L.** Has the enrolling provider had any liability insurance carrier canceled, refused coverage, or rated up because of unusual risk or have any procedures been excluded from coverage?  
 Yes  No

**M.** Has the enrolling provider ever practiced without liability coverage?  
 Yes  No

**N.** Does the enrolling provider have any medical, chemical dependency or psychiatric conditions that might adversely affect your ability to practice medicine or surgery or to perform the essential functions of your position?  
 Yes  No

**O.** Has the enrolling providers hospital and/or Clinic privileges ever been limited, restricted, reduced, suspended, revoked, denied, not renewed, or have you voluntarily surrendered or limited your privileges during or under the threat of an investigation or are any such actions pending?  
 Yes  No

**P.** Has the enrolling provider had a professional liability claim assessed against them in the past five years or are there any professional liability cases pending against them?  
 Yes  No

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Please be sure to complete all required fields with valid content.

**1. Providers who answer “YES” to these questions must provide documentation.**

For each exclusion sanction question answered “Yes”, you must submit a complete copy of the applicable criminal complaint, Consent Order, court documentation, and/or final disposition clearly indicating the final resolution in addition to a written explanation of the supporting documentation.

**2. A thorough written explanation signed by the subject of the offense is required for each “YES” response.**

A thorough written explanation signed by the responsible party, if an individual, or by the Office Administrator, if an organization. The occurrence must be dated within 6 months of the application and include the responsible party, offense/conviction date(s), and the resolution. A separate document is required for each affirmative response.

**3. In addition to the written explanation, supporting documentation may include, but is not limited to:**

- Criminal Complaint
- Consent Order
- Court Documentation
- Final Disposition

**4. Documentation is required for *each* affirmative response.**

Be aware that documentation is required for each individual question that the responsible party responds “Yes”. Failure to provide proper documentation may result in the application being deemed incomplete.

**5. Dates listed on the Exclusion Sanction section *must* match the offense dates on documentation.**

All dates must align on provided documentation and match dates provided through applications. During the background check process, all dates will be checked for accuracy. Dates that do not align will delay the application process. Dates should be based on the date of the offense.

**6. Failure to disclose offenses will result in a denial of the application.**

Background checks are performed for all applications (Enrollment, Re-enrollment, Manage Change Request, Re-verification) and failure to disclose offenses with any and all applications will result in a denial. If a provider discloses an offense during their initial enrollment, they must continue to disclose the offense with each additional application.

**7. Written explanation and supporting documentation must be signed within 6 months of the application.**

Each time a new application is submitted, the signature and date of the written explanation must be reviewed as explanations with a date more than 6 months prior to the submission of the application will result in an incomplete application.