



Pharmacy and Practitioner Exclusion and Preclusion Fix

Background:

Navitus Health Solutions regularly monitors lists which may indicate that a practitioner or pharmacy is excluded or precluded from providing services to a federal or state program. This may include federal health (OPM), Medicare or Medicaid or any payers who are participating in these programs. Navitus will flag these excluded and/or precluded practitioners and pharmacies to reject claims from processing.

- Exclusion has a variety of causes including fraud, licensing issues, DEA certifications, or reasons usually connected with payment or benefits issues.
- Preclusion has a variety of causes including application integrity, behavior, quality of care and other violations on Medicare participation and enrollment criteria for Medicare Advantage (Part C) and Part D providers.

The reason for exclusion or preclusion may not be given. Navitus does not always know the reason for exclusion or preclusion nor does Navitus regulate these. Exclusion is done at the State or Federal level through various agencies. Preclusion is administered through the Medicare program.

To resolve an exclusion or preclusion, each prescriber or pharmacy must contact the agency or source(s) responsible for excluding/precluding the prescriber or pharmacy. Navitus cannot remove the exclusion or preclusion. Navitus also cannot process claims until the pharmacy or prescriber is cleared by the excluding and/or precluding entity.

Suggestions for Resolution:

- Review license(s) to ensure that any license is free of restrictions or disciplinary actions that may trigger exclusion or preclusion
- Contact all excluding or precluding entities. Lists are managed by different entities.
- Providers should ask the entity about the reason for exclusion and/or preclusion and your options to resolve it
 - Verify that excluding/precluding entity has the correct pharmacy or prescriber listed
 - Verify the length of the exclusion/preclusion
 - For preclusion, ask about your options to re-enroll with Medicare

Type	Level	Agency/Entity	Claim Reject	Email Contact	Phone
Exclusion	Federal	OIG LEIE	A1 – Excluded provider	https://oig.hhs.gov/contact-us/index.asp#exclusions	202-631-2311
Exclusion	Federal	GSA SAM including OPM		www.sam.gov or http://www.fsd.gov	866-606-8220
Exclusion	Federal	DEA		https://www.deadiversion.usdoj.gov/drugreg/index.html	800- 882-9539
Exclusion	State	State Medicaid		Varies by state	Varies
Exclusion	State	License		Varies by state	Varies
Preclusion	Medicare	CMS	929 - Prescriber	providerenrollment@cms.hhs.gov	N/A
Preclusion	State	Pennsylvania*	930 - Pharmacy	RA-BPI-Preclusions@pa.gov	N/A

Both Exclusion and Preclusion List FAQs

- How often are exclusion and preclusion lists updated?
 - Preclusion and OIG and GSA exclusion lists are updated monthly. Most Medicaid exclusion programs are updated monthly with some delays. Both lists usually show the effective date but may not always show the end date. When an end date is reached, the pharmacy or practitioner is usually removed from the list.
- Can I be on both exclusion and preclusion lists?
 - Yes. But only one rejection type (exclusion or preclusion) can be applied per claim.
- If I fix my status with one agency or source, does that fix all lists?
 - No. These lists are all managed by different entities and agencies. CMS, OIG, GSA and State Medicaid programs do not coordinate lists. They also apply updates at different intervals.
- How long does a provider stay on a list?
 - This varies based on the reasons used to exclude or preclude the practitioner or pharmacy.
 - GSA sanctions, including OPM, can be 5 to 10 years or indefinite with any end date listed.
 - Medicare exclusions are usually no less than 5 years with the length of exclusion listed on the OIG.
 - Medicaid exclusion programs may not list the length of exclusion.
 - Medicare preclusions are between 1-3 years.

Exclusion List FAQs Only:

- If prescriber excluded by Medicare or Medicaid is prescribing for other members, why would claims still reject for the provider?
 - Navitus applies this as a fraud and/or program integrity control to all lines of business.
 - Also, if a health plan also has a Medicare, Medicaid or Exchange plan or participates in any other federal health benefit (OPM, USPS, etc.) and is receiving federal health benefit money and these federal program standards must be applied.
 - If a health plan is NCQA or similarly accredited, the requirements for provider credentialing require the plan to consider sanctions applied by a third party.
 - See <http://www.ncqa.org/tabid/1407/Default.aspx>
 - If an employer (group) or health plan is serving a government contractor or is a subcontractor of a government contractor and is funding physician/pharmacy services, that employer group or health plan may be at risk for violating terms of a government contract if claims are allowed.
 - Federal contracts may require GSA or other federal program screening
 - Many states have procurement contract requirements that incorporate exclusions or limitations by any other government entity
- If I have an active license, why isn't Navitus processing claims prescribed by the practitioner and overriding the exclusion?
 - Prescribing is part of medical practice and is permitted under a practitioner's state license. A practitioner may still be licensed which allows prescribing. But if the practitioner is also excluded, exclusion is a separate sanction. Even if the practitioner can prescribe under a state license, the exclusion prevents payment for the claims.
- If a State Medicaid Program says a pharmacy or practitioner is not on the exclusion list in the state they are prescribing but another state's Medicaid program excludes them, why is Navitus still excluding?

- If that state Medicaid Program has a law or statute that prohibits other state Medicaid exclusions, the other states' Medicaid exclusions would also apply. This is the case with most states. A state will generally only list the pharmacies or practitioners it has investigated and excluded. A state will not list other states' exclusions but will expect them to be applied.
- If a pharmacy that was excluded is purchased by a new owner, will that pharmacy remain on the exclusion list?
 - It is likely that the pharmacy name will remain on the list until the new owner works with the appropriate entity to clear the exclusion.
- What is the easiest way to provide evidence of a fixed or cleared exclusion?
 - Navitus will accept a fax or email with the agency's identification or letterhead that identifies the provider, the exclusion, and the date that it was cleared.

Preclusion List FAQs Only:

- Where can CMS's FAQs on preclusion be found?
 - FAQs are located on the Medicare Provider Enrollment and Supplier website at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/PreclusionList.html>
- Why didn't I receive a notification from Navitus about my preclusion?
 - This is not controlled by Navitus. CMS is responsible for notifications in advance of preclusion and provides an opportunity to appeal.
- Does Navitus want proof of my enrollment with Medicare?
 - No. Navitus can only rely on the preclusion list from CMS. Navitus does not make any decisions about the completeness or accuracy of a pharmacy or prescriber's enrollment application.