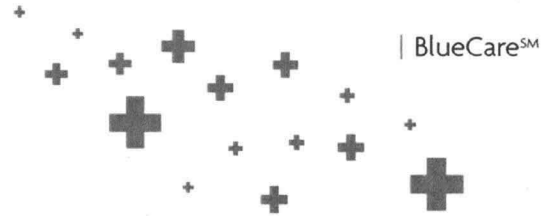




1 Cameron Hill Circle
Chattanooga, TN 37402-0001
bluecare.bcbst.com



Monthly Screening Requirements

Please remember to screen all employees and contractors (the “Monthly Screening Process”) against Exclusion Lists to determine whether any of them have been determined to be ineligible persons, and therefore, excluded from participation as a Medicaid Provider. Providers are also required to have employees and contractors disclose whether they are ineligible Persons prior to providing any services on behalf of the Provider.

To find the list of Excluded Individuals/Entities from the U.S. Department of Health and Human Services’ Office of Inspector Generals please go to (<http://www.oig.hhs.gov>) and the general Services Administration’s List of Parties Excluded from Federal Programs located at (<http://www.sam.gov>).

“Ineligible Persons” means any individual or entity who (a) is, as of the date such Exclusions Lists are accessed by the Provider, excluded, debarred, suspended or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; or (b) has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320(a)-7(a), but has not yet been excluded, debarred, suspended or otherwise declared eligible.

XII. Highlights of Provider Agreement

All BlueCare and TennCare*Select* network Providers have signed a "Provider Agreement" with Volunteer State Health Plan, Inc., dba BlueCare Tennessee. The Agreement contains the provisions that govern the relationship between BlueCare Tennessee and the Provider under the BlueCare and TennCare*Select* plans.

Monthly Screening Requirements

For the purpose of the Monthly Screening Requirements, the following definitions shall apply:

"Exclusion Lists" means the U.S. Department of Health and Human Services' Office of Inspector General's List of Excluded Individuals/Entities (located at <http://www.oig.hhs.gov>) and the General Services Administration's (GSA) System for Award Management (SAM) located at <http://www.sam.gov>. For Subcontractors, in addition to the forgoing, the definition of "Exclusion Lists" also includes the Social Security Master Death File ("MDF").

"Ineligible Persons" means any individual or entity who: (a) is, as of the date such Exclusion Lists are accessed by the Provider, excluded, debarred, suspended or otherwise ineligible to participate in Federal health care programs or in Federal procurement or non-procurement programs; or (b) has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320(a)-7(a), but has not yet been excluded, debarred, suspended or otherwise declared ineligible.

Providers are reminded of their monthly obligation to screen all employees and contractors (the "Monthly Screening Process") against the Exclusion Lists to determine whether any of them have been determined to be ineligible Persons, and therefore, excluded from participation as a Medicaid Provider. Providers are also required to have employees and contractors disclose whether they are Ineligible Persons prior to providing any services on behalf of the Provider. The Monthly Screening Process is a Centers for Medicare & Medicaid Services (CMS) requirement and a condition of their enrollment as a BlueCare Tennessee Medicaid Provider and is also a continuing obligation during their term as such. The word "contractors" in this section refers to all individuals listed on the disclosure form including Providers and non-Providers such as board members, owners, agents, managing employees, etc.

Providers, whether contract or non-contract, and Subcontractors shall comply with all federal requirements (42 CFR § 1002) on exclusion and debarment screening. Subcontractors and all tax-reporting Provider entities that bill and/or receive TennCare funds as a result of the Agreement shall screen their owners and employees against the Exclusion Lists. Any unallowable funds made to excluded individuals as full or partial wages and/or benefits shall be refunded to and/or recouped by the State and/or the MCO dependent upon the entity that identifies the payment of unallowable funds to excluded individuals.

Medicaid Providers must immediately report any exclusion information discovered to their contracted managed care organization. (See Section I. Introduction of this Manual for a listing of appropriate contact numbers.)

If Provider determines that an employee or contractor is or has become an Ineligible Person, Provider will take the appropriate action to remove such employee or contractor from responsibility for, or involvement with Provider's operations related to Federal health care programs. In such event, the Provider shall take all appropriate actions to ensure that the responsibilities of such employee or contractor have not and will not adversely affect the quality of care rendered to any BlueCare Tennessee Member of any federal health care program.

Participating or Plan Providers

"Participating" or "Plan" Providers are those who have signed an agreement with BlueCare Tennessee to provide Covered Services to our BlueCare and/or TennCare*Select* /CoverKids Members.