

Policy Title:	Employee and Vendor Exclusion Screening (CMP)
Category:	Compliance
Policy Number:	100 – 004
Initial Effective Date:	05/23/17
Review Date(s):	
Revised Date(s):	12/30/19, 01/21/21, 06/21/23, 03/26/24
Associated Forms & Policies	
Regulation Reference (if applicable):	42 CFR § 1001.1901(b) 18 NYCRR § 515.5
Key Words:	Vendor, Exclusion Screening, Vendor Credentialing, SAM, LEIE, Taiga Checks, Contractor, OIG, OMIG

I. Policy

It is the policy of CMP not to hire, employ or enter into any business arrangement with any entity or person excluded from participating in any government health care benefits program, including, without limitation, Medicare or Medicaid. This is to ensure that the practice remains in compliance with applicable laws and regulations and provides safe and quality care to its patients.

An “Excluded Provider” is anyone who appears on the screening database lists (see Procedure section). The Office of Inspector General’s permissive authority has been expanded to exclude providers that: obstruct audits, make false statements or misrepresentations of material facts in certain agreements and documents, including during enrollment, regardless of whether the statements influenced a government payment decision, or fail to provide certain payment information even if the provider did not submit a claim but requested payment. There is a 10-year statute of limitations for exclusion actions.

II. Purpose

CMP is committed to maintaining high quality care and service as well as integrity in its financial and business operations. Therefore, CMP will conduct/contract out exclusion (sanction) screening of all current and proposed employees, and oversight board members prior to the start of their employment and periodically thereafter. CMP will require that all independent contractors and vendors conduct their own exclusion screenings prior to entering a contract and monthly thereafter as determined by the Compliance Officer, or their designee, and in accordance with applicable federal and state guidelines. CMP will require that contracts include a clause that the vendor/ contractor must conduct monthly exclusion screenings of the vendor and its employees; evidence of which will be provided to the Compliance Officer upon request.

CMP will verify that [affected individuals](#) that provide and/or perform services for CMP have not been the subject of adverse governmental actions and/or excluded from the Federal or State healthcare programs.

CMP will verify that any physician or other healthcare practitioner ordering or prescribing goods or services under a federally sponsored healthcare program, such as Medicaid, is not currently excluded from participation from Federal or State healthcare programs

III. Scope

This policy applies to all CMP business arrangements, including, but not limited to, employment relationships, physician and provider credentialing activities, and contractual arrangements with third parties. This policy does not override or replace other CMP screening procedures such as those pertaining to background checks.

IV. Procedure

A. **Ongoing Obligation to Report.** All current employees, board, independent contractors and vendors have an obligation to notify the Compliance Officer immediately upon receipt of any information indicating that they have been charged with a crime relating to health care or are facing debarment, exclusion or other ineligibility from participation in any state or federal health care program. Failure to notify the Compliance Officer may result in disciplinary action or termination of contract

B. **Applicable to Employees, Healthcare Providers, and Oversight Board Members:**

- CMP will conduct/ contract out exclusion checks to verify that all employees are not excluded from Federal or State healthcare programs. CMP's oversight board consists of Crouse Hospital's senior leadership members, whom are included in the hospital's monthly employee exclusion screening process. CMP will verify that all instances in which physicians and healthcare practitioners order or prescribe Medicaid or Medicare funded goods or services provided by CMP, are not excluded from participation in a Federal or State healthcare program.
- Human Resources will perform an exclusion check on all candidates receiving a conditional offer of employment at CMP is part of the pre-employment screening process. If the exclusion check indicates that any individual has been excluded from Federal or State healthcare programs, the applicant will not be offered employment.
- If the exclusion check indicates that a practitioner has been excluded from Federal or State healthcare programs, the services or goods will not be billed to Medicaid or Medicare. Such situations will be thoroughly investigated by the Compliance Officer to determine any overpayments and assure appropriate and timely refunds to Medicaid and/or Medicare.
- The Compliance Officer will maintain the results of all monthly exclusion checks. Human Resources will maintain the results of all pre-employment exclusion checks.
- If any CMP employee, healthcare provider, or oversight board member is convicted with a criminal offense related to healthcare, or is proposed or found to be subject to exclusion from Federal healthcare programs, the employee must be removed from direct responsibility or involvement in any federally funded healthcare program while the matter is pending. If the matter results in conviction or exclusion, CMP will immediately terminate the employee's affiliation with CMP.
- **Applicable to Independent Contractors and Vendors:**
Prior to entering an agreement with a vendor/ independent contractors, the CMP

representative responsible for negotiating the contract shall ensure exclusion checks are written in the contract as an obligation of the vendor/independent contractor to perform, all independent contractors and vendors will be expected to conduct their own exclusion screenings prior to entering a contract and monthly thereafter. The evidence of this initial exclusion check is to be provided to the CMP representative responsible for negotiating the contract directly from the vendor/ independent contractor prior to entering an agreement. If the exclusion check indicates that a vendor has been excluded from Federal or State healthcare programs, the contract will not be executed. Otherwise, the results will be retained with the executed contract, both shall be provided to the Crouse Health Policies and Contracts Administrator for recordkeeping.

C. **Screening Databases:** The CO, or their designee, shall ensure that the following databases are queried at least every thirty (30) days:

- **U.S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (OIG-LEIE)**- This database provides information regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all federal health care programs; <http://exclusions.oig.hhs.gov>
- **N.Y.S. Office of the Medicaid Inspector General (OMIG) Exclusion List**- OMIG's website provides access to the list of individuals or entities whose participation in the Medicaid program has been restricted, terminated, or excluded; https://apps.omig.ny.gov/exclusions/ex_search.aspx
- **Specially Designated Nationals and Blocked Persons List (SDN)** – The office of Foreign Assets Control (OFAC) publishes a list of individuals and companies owned or controlled by, or acting for, or on behalf of, targeted countries. It also lists individuals, groups, and entities, such as terrorists and narcotics, traffickers designated under programs that are not country-specific. Collectively, such individuals and companies are called "Specially Designated Nationals" or "SDNs." Their assets are blocked and U.S. persons are generally prohibited from dealing with them; <https://sanctionssearch.ofac.treas.gov/>
- **System for Award Management (SAM) website** – *replaced the Excluded Parties List System (EPLS) in August 2012.* Verification of practitioners excluded from receiving federal contracts, certain subcontracts and certain federal financial and non-financial assistance and benefits. <http://www.sam.gov/>

Contractors, agents, subcontractors and independent contractors of Crouse Medical Practice are also required to perform exclusion screening by reviewing and OIG LEIE and OMIG databases at least every thirty (30) days.

Definitions:

Affected Individuals: All persons who are affected by the providers risk areas including employees, chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors and governing and corporate offices.