



Policy Title:	Compliance Policy and Procedure: Employee and Vendor Exclusion Screening
Policy Number:	100 - 04
Effective Date:	5/23/17
Review Dates:	6/19/2023
Revised Date(s):	12/30/2019, 1/21/2021, 6/21/2023
Purpose:	See below
Regulation Reference (if applicable):	42 CFR § 1001.1901(b) 18 NYCRR § 515.5
Reviewed/Approved By (this list will change for each policy):	
 	
Chris Williamson, Executive Director	Date

PURPOSE:

Crouse Medical Practice (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 appropriate screening of healthcare providers, employees and the board to ensure that they have not been sanctioned by a Federal or State law enforcement, regulatory, or licensing agency. CMP will require that all independent contractors and vendors conduct their own exclusion screenings prior to entering a contract and monthly thereafter to ensure that they have not been sanctioned by a Federal or State law enforcement, regulatory, or licensing agency.

POLICY:

1. It is the policy of CMP not to hire, employ or enter into any business arrangement with any entity or person who is 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.

2. CMP will conduct/contract out exclusion (sanction) screening of all current and proposed employees, and oversight board members. CMP will require that all proposed independent contractors and vendors conduct their own exclusion screenings prior to entering a contract and monthly thereafter. CMP will require that their contract includes 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.

3. CMP will verify that individual contractors, vendors, and entities 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.
4. 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.

Screenings shall be conducted prior to the start of the business/employment relationship and periodically thereafter as determined necessary by the Compliance Officer, or his/her designee, and in accordance with applicable federal and state guidelines. For example, the New York State Office of Medicaid Inspector General (OMIG) currently recommends providers screen the updated state and federal and exclusion lists (described below) every thirty (30) days.

PROCEDURES:

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.

Applicable to Employees, Healthcare Providers, and Oversight Board Members:

1. 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 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.
 - a. An exclusion check is a search of the following sources to determine if the individual or entity's name appears on any of the lists:
 - U.S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (OIG-LEIE) available on the website at <http://exclusions.oig.hhs.gov> and
 - The General Services Administration's System for Award Management (GSA-SAM) available on the GSA website at <http://www.sam.gov/>

- NYS Medicaid Fraud Database available on the NYS Office of the Medicaid Inspector General website at <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
 - U.S. Treasury's Office of Foreign Assets Control Specially Designated Nationals (SDN) website at <https://sanctionssearch.ofac.treas.gov/>
- b. Human Resources will perform an exclusion check on all candidates receiving a conditional offer of employment at CMP as 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.
 - c. 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.
 - d. The Compliance Officer will maintain the results of all monthly exclusion checks. Human Resources will maintain the results of all pre-employment exclusion checks.
 - e. If any CMP employee, healthcare provider, or oversight board member is charged 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:

1. 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 shall be retained with the executed contract. All contracts and the evidence of this initial exclusion screening shall be provided to the Executive Assistant for recordkeeping. An exclusion check is a search of the following sources to determine if the individual or entity's name appears on any of the lists:
 - U.S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (OIG-LEIE) available on the website at <http://exclusions.oig.hhs.gov> and



- The General Services Administration's System for Award Management (GSA-SAM) available on the GSA website at <http://www.sam.gov/>
 - NYS Medicaid Fraud Database available on the NYS Office of the Medicaid Inspector General website at <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
 - U.S. Treasury's Office of Foreign Assets Control Specially Designated Nationals (SDN) website at <https://sanctionssearch.ofac.treas.gov/>
2. All contracts entered into by CMP will contain a certification that the vendor, its employees and subcontractors are not excluded by the Federal or State government.
 3. If the exclusion check indicates that a vendor has been excluded from Federal or State healthcare programs, the contract will be terminated.
 4. The Compliance Officer shall be provided the results of initial and monthly vendor/independent contractors exclusion checks that are requested by the Compliance Officer within 10 days of request.