**Exclusion Monitoring Policy and Procedure: Individuals and Entities**

Background:

Pursuant to federal law, regulations, CMS Guidelines and certain state Medicaid Bulletins, healthcare organizations are prohibited from billing CMS and receiving reimbursement for payments or services, providing items or services that are furnished, ordered, or prescribed by an individual or entity that is “excluded”.

Under the Centers for Medicare and Medicaid Services’ (CMS) rules, providers must not employ or contract with individuals or entities that are excluded from participation in any health care program or debarred by the GSA. CMS does not allow payments, (directly or indirectly) which are reimbursing healthcare organizations that furnish under the plan by an excluded individual or entity while being excluded from participation. A typical exclusion can be for a minimum of five (5) years or can be indefinite. It should be noted that an individual or entity may apply for a reinstatement of an exclusion. Upon reinstatement, the record will appear as historical, but will not be considered as a current exclusion.

In 2009, CMS advised State Medicaid Directors to remind providers (employers) of their responsibility to monitor and screen, all new hires, existing employees, contractors, referring physicians and entities., on a periodic basis. Further, CMS has advised states that they should require providers (employers) to search the OIG LEIE and GSA EPLS (now SAM.gov) websites monthly to capture exclusions and reinstatements that have occurred since the last search. Accordingly, several states have issued Exclusion Bulletins requiring the additional search of their specific state Exclusion list. (Today there are 25 such states with a state exclusion list or bulletin).

State Medicaid agencies are required to notify the OIG whenever they exclude or terminate an individual or entity from the Medicaid program. However, the OIG reported in August 2008 that approximately 2/3rds of providers with such actions were not found in the OIG exclusions database.

In 2011, Congress passed the Patient Protection and Affordable Care Act (PPACA) which, among other requirements, requires that if an individual or entity is excluded in any one state, he/she/it is now excluded in all states. (Section 6501).

In 2011, CMS issued final Guidelines that “recommend with guidance” monthly monitoring of individuals and entities.

Purpose of Policy:

To ensure compliance with federal and state law, regulations, CMS Guidelines and certain state Medicaid Bulletins with regard to exclusion screening and monitoring of individuals and entities who are employed or contracted to work with \_\_\_\_\_\_\_\_\_\_\_\_

Scope:

This policy applies to all new hires, existing employees, contractors, vendors, referring physicians and medical staff.

Policy:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not employ, contract with, accept referrals from, or engage in business with any person or entity who is currently excluded, sanctioned or debarred by the OIG or any other duly authorized enforcement agency or license and disciplinary authority.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall not employ or continue to employ any individual or contract with any entity (including the acceptance of referrals from referring physicians that are currently excluded, debarred or not properly licensed) who has been convicted of a felony criminal offense in the last 7 years related to health care fraud, patient abuse, substance abuse or other program related crimes and/or are listed as currently excluded, debarred or otherwise ineligible for participation in federal health care programs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall remove individuals or entities which have direct responsibility for or involvement in any federal health care program as well as those pending the resolution of any criminal charges or proposed exclusions. Contractors, and/or their employees, which are under pending criminal charges shall be suspended from continued work until a Court has either dismissed the charges or reinstated the Contractor/employee.

Procedures: (The organization shall either conduct the following screening and monitoring in-house or through an approved and authorized third party vendor, selected by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ department).

1. Prior to hiring an individual or a establishing a business relationship with any individuals, medical professionals or entities ,\_\_\_\_\_\_\_\_\_\_ will conduct a search against the current List of Excluded Individuals and Entities (LEIE) of the OIG. The search shall consist of First and Last Name, including all known maiden names, aliases and/or hyphenated names. A possible match must be verified for all possible or related name matches that are found. A Social Security Number is the best, but not the only identifier, to use as a data input to match on the OIG LEIE site. If a possible record cannot be determined, then it shall be sent to the Compliance Department for final adjudication.
2. Prior to hiring an individual or a establishing a business relationship with any individuals, medical professionals or entities ,\_\_\_\_\_\_\_\_\_\_ will conduct a search against the current GSA EPLS and SAM.gov site for excluded, debarred or sanctioned individuals and/or entities. The search shall consist of First and Last Name, including all known maiden names, aliases and/or hyphenated names. A possible match must be verified for all possible or related name matches that are found. An address and/or Social Security Number are the best, but not the only identifiers, to use as a data input to match on the OIG LEIE site. If a possible record cannot be determined, then it shall be sent to the Compliance Department for final adjudication
3. Prior to hiring an individual or a establishing a business relationship with any individuals, medical professionals or entities ,\_\_\_\_\_\_\_\_\_\_ will conduct a search against the available state Medicaid exclusion lists for excluded, debarred or sanctioned individuals and/or entities. (There are currently 42 state Medicaid lists). It is important to note that a search should be run against all available state Medicaid exclusion lists, not just the state in which the individual or entity is currently residing or working. The search shall consist of First and Last Name, including all known maiden names, aliases and/or hyphenated names. A possible match must be verified for all possible or related name matches that are found. A Social Security Number is the best, but not the only identifiers, to use as a data input to match on the OIG LEIE site. If a possible record cannot be determined, then it shall be sent to the Compliance Department for final adjudication
4. If it is determined upon reasonable due diligence that an individual or entity is listed as excluded by the OIG, then you must contact the Compliance Department before taking any adverse action against the individual or entity, such as terminating the relationship with the excluded party. This must be done within 24 hours of receipt of the confirmed matching exclusion or debarment record.
5. Note: Prospective employees and vendors who have been officially reinstated into the Medicare and Medicaid programs by the OIG may be considered for employment, medical privileges or a contractual relationship upon proof of such reinstatement and a determination that there are no other impediments to such action.
6. All applications and contracts shall include a statement that accuracy of all information provided is a condition of employment or contract, and that the provision of incorrect information is grounds for immediate termination of employment or contract. Applications and contracts will also include a statement that grants the right to verify all information provided in any employment application or contract agreement.
7. \_\_\_\_\_\_\_\_\_\_\_is responsible for carrying out this policy as it relates to hiring of employees.
8. Credentialing committees are responsible for carrying out this policy in granting staff privileges to medical personnel who are not employees.
9. \_\_\_\_\_\_\_\_\_\_\_\_is responsible for carrying out this policy as it relates to vendors and contractors.
10. The Compliance Officer is responsible for monitoring this policy for compliance and reporting results annually to the Executive Compliance Committee and Audit and Compliance Committee of the Board, along with any recommendations for remedial actions or improvement to the program.