

General Information

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| Policy Name: | Excluded Providers, Employee, & Vendor Screening |
| Category: | Risk Management – Corporate Compliance |
| Applies To: | All hospital 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 hospital screening procedures such as those pertaining to criminal background checks. |
| Key Words: | Exclusion Screening, Vendor Credentialing, Purchasing Verification, SAM, LEIE, Taiga Checks, Contractor, OIG, OMIG |
| Associated Forms & Policies: | |
| Original Effective Date: | 01/01/10 |
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| Revision Dates: | 08/01/10, 08/01/11, 09/01/12, 12/01/15, 02/18/17, 01/31/19, 01/20/21, 09/29/22, 10/04/23 |
| This Version's Effective Date: | 10/04/23 |

Policy

Crouse Hospital does not 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 hospital remains in compliance with applicable laws and regulations and provides safe and quality care to its patients. The hospital screens all applicants and employees, candidates for, and current Members of, the Medical Staff, contractors, agents, subcontractors, independent contractors and vendors for exclusion from government health care programs and monitors the exclusion lists on an ongoing basis.

An “Excluded Provider” is anyone who appears on the screening database lists (See Procedure: Section B). 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.

Procedure

- A. General Requirement. The hospital (through Human Resources, Purchasing, the Medical Staff Office, the Compliance Office, the Business Office or other departments) shall screen individuals and companies with whom the hospital has business relationships and/or employment relationships. Screenings shall be conducted prior to the start of the business/employment relationship and periodically thereafter as determined necessary by the Compliance Officer (“CO”), or his/her designee, and in accordance with applicable federal and state guidelines. Exclusion screening results will be promptly shared with the compliance officer and appropriate compliance personnel.

B. Screening Databases. The CO, or his/her designee, shall ensure that the following databases are queried at least every thirty (30) days:

1. United States Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) – This database provides information regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all federal health care programs;
2. New York State 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;
3. 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;
4. 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.

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

C. Other Databases. The CO, or his/her designee, shall ensure one or more of the following websites as applicable are queried in accordance with this policy:

1. New York State Department of Health, Office of Professional Medical Conduct and Physician Discipline (OPMC) website – Verification of practitioners who have been disciplined by OPMC;
2. National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank – Flagging systems intended to facilitate a comprehensive review of health care practitioner's professional credentials or past actions.

D. Purchasing Department Verification.

1. Individual sales representatives are the responsibility of the companies they are employed by. Upon Crouse's request, these companies will be required to provide verification that exclusion checks of their sales reps are performed.
2. Symplr, the hospital vendor credentialing service, performs all checks per OIG and OMIG stated guidelines as of September 2010. Those companies who are not registered with Symplr will be verified by Crouse staff.
3. All new companies to Crouse are checked against the above mentioned websites prior to doing business with the organization and/or being added to the Lawson vendor (company) file. The complete hospital vendor (company) file will be checked every thirty (30) days against the four websites (OIG, OMIG, SAM and SDN).

E. Ongoing Obligation to Report. All members of the Medical Staff are required to disclose if they become Excluded Providers subsequent to appointment/reappointment. All current employees, independent contractors and vendors of the hospital have an obligation to notify the CO 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 CO may result in disciplinary action.

References

System for Award Management, U.S General Services Administration. <https://www.sam.gov/SAM/>

Office of Inspector General, U.S Department of Human Services. <https://exclusions.oig.hhs.gov/>

Office of the Medical Inspector General, New York State Department of Health. <https://omig.ny.gov/search-exclusions>

Office of Professional Misconduct (OPMC), New York State Department of Health.
<https://www.health.ny.gov/professionals/doctors/conduct/>

National Practitioner Data Bank (NPDB), U.S. Department of Health and Human Services.
<https://www.npdb.hrsa.gov/>

Specially Designated Nationals and Blocked Persons List (SDN), U.S Department of the Treasury.
<https://home.treasury.gov/policy-issues/financial-sanctions/specially-designated-nationals-and-blocked-persons-list-sdn-human-readable-lists>

Definitions

Not Applicable

Addendums, Diagrams & Illustrations

Not Applicable