

Subject:	Exclusion Screening (<i>revised title</i>)
Endorsed By:	Compliance Committee
Approved By:	Compliance Committee, Board of Managers
DSRIP Implementation Deadline:	April 2015
Effective Date:	October 2015
Supersedes:	October 2015 (Employee Screening)
Purpose:	<p>SI-PPS is committed to ensuring that all Screened Persons are not Ineligible Persons, as defined by the Office of the Inspector General (“OIG”) and the Office of the Medicaid Inspector General (“OMIG”).</p> <p>The OIG and OMIG were established to identify and eliminate fraud, waste, and abuse in health care programs, which receive federal and/or state funding, and to promote efficiency and economy in the operations of these programs. The OIG and OMIG carry out this mission through audits, inspections and investigations. In addition, the OIG has been given the authority to exclude from participation in Medicare, Medicaid and other federal health care programs individuals and entities who have engaged in fraud or abuse, and to impose civil monetary penalties for misconduct related to federal health care programs (sections 1128 and 1156 of the Social Security Act). The OMIG and the DOH have this authority with respect to health care programs, which receive funding from the State of New York.</p> <p>The effect of an OIG or OMIG exclusion from federal and/or State health care programs is that no federal and/or state health care program payment may be made for any items or services: (1) furnished by an excluded individual or entity; or (2) directed or prescribed by an excluded physician. This payment ban applies to all methods of federal and/or state program reimbursement, whether payment results from itemized claims, fee schedules or a prospective payment</p>

system. Any items and services furnished by an excluded individual or entity are not reimbursable under federal and/or state health care programs. In addition, any items and services furnished at the medical direction or prescription of an excluded physician are not reimbursable when the individual or entity furnishing the services knows or should know of the exclusion. The prohibition applies even when the federal and/or state payment itself is made to another provider or supplier that is not excluded.

The prohibition against federal and/or state program payment for items or services furnished by excluded individuals or entities also extends to payment for administrative and management services not directly related to patient care, but that are a necessary component of providing items and services to federal and/or state program beneficiaries. This prohibition continues to apply to an individual even if he or she changes from one health profession to another while excluded. In addition, no federal and/or state program payment may be made to cover an excluded individual's salary, expenses or fringe benefits, regardless of whether the individual provided direct patient care.

Policy:

1. SI-PPS prohibits the employment, appointment or election of, execution of contracts with, provision of items or services at the direction or prescription of, and/or use of services provided by Ineligible Persons.

2. SI-PPS shall ensure that all SI-PPS employees, independent contractors, agents, executives, Board of Managers' members (PPS Associates) and Participating Provider entities are screened against the applicable Exclusion Lists prior to engaging their services as part of the hiring, election, credentialing or contracting process on a monthly basis.

3. Failure to provide SI-PPS the applicable data on a timely basis each month (e.g., employee/entity names, date of birth, addresses, Social security numbers/Tax Identification numbers, etc.), it is grounds from termination of the SI-PPS and DSRIP program.

4. SI-PPS requires every PPS Associate and Participating Provider to disclose his/her status as an Ineligible Person prior to hire, election, or appointment, or at any time thereafter during the course of its association with the SI-PPS. In

applicable cases, SI-PPS may accept an affidavit or representations and warranties from an entity affirming that the entity has performed its own screening against the Exclusion Lists and neither the entity, nor any individuals are ineligible. Such affirmation or representations and warranties must include a requirement that the entity notify SI-PPS of any changes in the exclusion or ineligibility status of any PPS Associate.

5. Whenever SI-PPS has actual notice that an employed, appointed, elected or contracted PPS Associate or Participating Provider has become an Ineligible Person, SI-PPS will remove such PPS Associate/entity from responsibility for, or involvement in, the business operations related to any federal and/or state health care program or provision of items or services, directly or indirectly, to federal and/or state health care program beneficiaries and shall remove such person from any position for which the Ineligible Person's compensation, or the items or services furnished, ordered, or prescribed by the Ineligible Person, are paid in whole or part, directly or indirectly, by a federal and/or state funded health care program.

Procedure:

1. After SI-PPS conducts initial screening, the SI-PPS Compliance Officer and/or her/his designee will be provided an employee, vendor and Participating Provider list and shall conduct monthly screenings of all PPS Associates and Participating Providers against the Exclusion Lists. Any individual found to be an Ineligible Person will be immediately removed from all activities that may, directly or indirectly, be billed to federal and/or State-funded health care programs under the DSRIP Program. The SI-PPS Compliance Officer and/or his/her shall keep documentation of the monthly screenings designee. Documentation of such screenings shall be kept by the SI-PPS Compliance Officer for at least ten (10) years or in accordance with applicable laws, rules and regulations or changes to SI-PPS' policies and procedures.

2. SI-PPS shall screen all of its vendors associated with DSRIP against the Exclusion Lists. Any vendor found to be an Ineligible Person shall not be contracted with to conduct business with the SI- PPS. Documentation of the vendor screenings shall be kept by the SI-PPS Compliance Officer for at least ten (10) years or in accordance with applicable laws, rules and regulations or changes to SI-PPS' policies and procedures.

3. Any vendor found to be an Ineligible Person shall be immediately removed from all activities that may, directly or indirectly, be billed to federal and/or state-funded health care programs under the DSRIP program and will be terminated pursuant to its contractual provisions. The SI-PPS Compliance Officer shall keep documentation of the monthly screenings for at least ten (10) years or in accordance with applicable laws, rules and regulations or changes to SI-PPS policies and procedures.

4. PPS Associates and Participating Providers are required to disclose immediately to the SI-PPS Executive Director or the SI-PPS Compliance Officer any debarment, exclusion, suspension or other event that makes that person or entity an Ineligible Person.

5. Anyone who receives actual notice through a screening process or other means that a PPS Associate or Participating Provider has become an Ineligible Person shall immediately notify the SI PPS Compliance Officer. The SI-PPS Compliance Officer shall: (1) notify the Ineligible Person; (2) remove such Ineligible Person from responsibility for, or involvement in, the provision of services or business operations related to DSRIP; and (3) remove such Ineligible Person from any position for which that person's compensation or the items or services furnished, ordered, or prescribed by the Ineligible Person are paid in whole or part, directly or indirectly, by the DSRIP program.

6. Failure of PPS Associate or Participating Provider to comply with provisions of this policy may result in disciplinary action up to and including suspension or termination from employment, termination of a contractual relationship with SI-PPS, or other actions as authorized by other SI-PPS' Compliance Program and policies and procedures.

7. Upon identification of an Ineligible Person who has provided any services under DSRIP, the SI-PPS Compliance Officer, or his/ her designee, shall develop a corrective action plan to determine if further action is necessary in accordance with any local laws, rules, regulations, standards, guidelines, policies and procedures relating to the DSRIP program.

Scope:

SI-PPS Associates (PPS Associates shall mean all individuals and entities

	<p>that participate in or do business with SI-PPS, including but not limited to its employees, independent contractors, vendors, agents, suppliers, executives and governing body members) and</p> <p>Participating Providers shall mean health care providers organizations, community-based social service organizations, and other organizations that have partnered with SI-PPS and serve Medicaid beneficiaries and uninsured individuals on Staten Island.</p>
Project(s):	
Regulatory Alignment:	New York Social Services Law §363-d subd. 2 and 18 NYCRR §521.3(c),
Reference(s):	
Attachment(s):	none

Reviewed/Revised (Title change) by: Regina Bergren April 2016

Approved by Compliance Committee- August 2016

Partner Organization	Responsible Staff Name & Title	Date Reviewed	Signature