



**CENTRAL HEALTH PLAN
OF CALIFORNIA**

**Compliance Department
Policy & Procedure**

Policy Name: BACKGROUND CHECKING – OIG EXCLUSIONS		Page: 1 of 9
Policy Number: 14		Reference: Prescription Drug Benefit Manual, Chapter 9, § 50.6.8 (Rev. 16, 1/11/13); LEIE Quick Tips (OIG Website), <i>available at</i> https://oig.hhs.gov/exclusions/tips.asp
Director Approval: Compliance Committee		Medical Director: N/A (Medical Policies only)
Effective Date: 10/26/11	Revision Date: 2/24/12, 5/10/13, 8/2/13, 1/14/14, 11/13/15, 7/1/16, 4/20/17, 1/18/18, 5/16/19	Rev. No: 9

GOAL: To avoid the civil monetary penalties associated with hiring an individual or entity that has been excluded from Federally-funded health care programs and to ensure that all payments will be provided for items or services properly furnished, ordered, or prescribed by Central Health Plan of California (CHPC) and its employees. CHPC reviews the DHHS OIG List of Excluded Individuals and Entities (LEIE list) and the GSA Excluded Parties List System (EPLS) prior to the hiring or contracting of any new employee, temporary employee, volunteer, consultant, governing board member, or FDR, and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs.

BACKGROUND: Medicare payment may not be made for items or services furnished or prescribed by an excluded provider or entity. This payment prohibition applies to all methods of Federal health care program payment, e.g., itemized claims, cost reports, fee schedules, capitated payments, a prospective payment system or other bundled payment, or other payment system. The prohibition applies even if the payment is made to a State agency or a person that is not excluded (e.g., non-excluded provider utilizes the services of an excluded nurse). The prohibition also applies to items and services beyond direct patient care (e.g., preparation of surgical trays, review of treatment plans, provision of administrative or management services, or prescription information data entry for billing), unless such services are unrelated to Federal health care programs. Furthermore, no Part C or D Sponsor or first-tier, downstream, or related entity (FDR) may submit for payment any item or service provided by an excluded person or entity, or at the medical direction or on the prescription of a physician or other authorized person who is excluded. Sponsors who do so may be subject to civil monetary penalties.

The Department of Health and Human Services, Office of Inspector General (OIG) has the authority to exclude individuals and entities from Federally-funded health care programs and

maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals and Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties.

The General Services Administration (GSA) also maintains a database called the System for Award Management (SAM), which is the official government-wide system of records of debarments, suspensions, and other exclusionary actions. While the LEIE contains just the exclusion actions taken by the OIG, SAM contains debarment actions taken by various federal agencies, including the OIG. Also, in addition to health care providers (that are also included on the OIG’s LEIE) the GSA list includes non-health care contractors with whom Sponsors may contract.

Monthly screening is essential to prevent inappropriate payment to providers, pharmacies, and other entities that have been added to exclusions lists since the last time the list was checked.

POLICY: CHPC is strongly committed to the reduction of prospective fraudulent, wasteful, and abusive activity and to employing and working with individuals and entities that will not hinder its ability to administer health care coverage to its beneficiaries. As a part of this commitment, it is CHPC’s policy to review the OIG’s LEIE and the GSA’s SAM to ensure that it works and contracts with responsible parties only and does not allow individuals or entities to participate in a Federal health care program if he, she, or it has been debarred, suspended, or otherwise excluded from participation.

PROCEDURE	Responsible Party
<p>1. Prospective CHPC Employees, Consultants, Governing Board Members, or Shareholders</p> <p>A. Prospective Employees:</p> <p>i. Screening: Human Resources (HR) will determine whether any prospective employees (e.g., permanent employees, temporary employees, full-time employees, part-time employees, or volunteers) are listed on the OIG’s LEIE or GSA’s SAM prior to employment.</p> <p>1) Permanent Employees: As part of the background screening process pursuant to HR Policy and Procedure #1 (New Hire P & P), HR will conduct OIG & GSA screening by submitting a Background Check Request to its contracted background check company (e.g., Employer Investigation Services).</p> <p>2) Temporary Employees and Volunteers: HR will conduct OIG & GSA screening by:</p> <p>a. using its contracted OIG & GSA screening services company (Screening Services Company) or</p> <p>b. searching OIG’s LEIE (http://exclusions.oig.hhs.gov/) and GSA’s SAM. For instructions on searching OIG’s LEIE and GSA’s SAM, see OIG’s FAQ and SAM’s User Guide.</p> <p>HR will also document the screening process and results</p>	<p>Human Resource, Compliance</p> <p>Human Resources</p>

PROCEDURE	Responsible Party
<p>according to the instructions outlined in Section 3(B) Documentation.</p> <p>ii. When searching OIG's LEIE or GSA's SAM, be sure to check all possible variations of the individual's name (e.g., maiden names, married names, nicknames, reversed first and last names, hyphenated names, and each last name in hyphenated last names).</p> <p>B. Prospective Consultants, Governing Board Members, or Shareholders:</p> <p>i. Screening: Prior to engagement or appointment, Compliance will conduct OIG & GSA screening on prospective consultants, governing board members, or shareholders by</p> <ol style="list-style-type: none"> 1) using Screening Services Company or 2) searching OIG's LEIE (http://exclusions.oig.hhs.gov/) and GSA's SAM (https://www.sam.gov). For instructions on searching OIG's LEIE and GSA's SAM, see OIG's FAQ and SAM's User Guide. <p>Compliance will also document the screening process and results according to the instructions outlined in Section 3(B) Documentation.</p>	<p>Compliance</p>
<p>2. Existing CHPC Employees, Consultants, Governing Board Members, and Shareholders:</p> <p>A. HR & Compliance Duties:</p> <p>CHPC must conduct a monthly OIG & GSA screening to ensure that CHPC's permanent employees, temporary employees, full-time employees, part-time employees, volunteers, consultants, governing board members and shareholders are not listed on the OIG's LEIE and GSA's SAM.</p> <p>I. Once a month, HR must submit a list including all CHPC's permanent employees, temporary employees, full-time employees, part-time employees, volunteers, consultants, governing board members, and shareholders (HR List) to Compliance for the monthly OIG & GSA screening. This list should include all possible variations of the individual's name (e.g., maiden names, married names, nicknames, reversed first and last names, various names the individual may go by in their native language, hyphenated names, and each last name in hyphenated last names).</p> <p>II. Compliance will review the list prior to using it for the monthly OIG-GSA screening to ensure that all temporary employees have been accounted for.</p>	<p>Compliance, Human Resources</p>

PROCEDURE	Responsible Party
<p>III. Compliance will conduct the monthly OIG & GSA screening by using Screening Services Company. Screening Services Company will search the names from the HR List against the OIG's LEIE and GSA's SAM and will generate a report based on the search results. Compliance will forward the report to HR once it receives the report from Screening Services Company. HR is responsible for reviewing the report and resolving any potential matches in the report.</p> <p>IV. HR must inform Compliance whether all potential matches are cleared once they are resolved.</p> <p>B. Other Duties:</p> <p>i. Disclosure: Anyone on the HR List must immediately disclose to HR any debarment, exclusion, or other event that makes them ineligible to perform work related directly or indirectly to Federal health care programs.</p> <p>ii. Statement of Understanding: If anyone on the HR list has not been debarred, excluded, or otherwise ineligible to perform work related directly or indirectly to Federal health care programs, they must attest to such by signing the Statement of Understanding following each Compliance and HIPAA Training, which must be completed within ninety (90) days of hire and annually thereafter.</p>	<p>CHPC Employees, Consultant, Governing Board Members, Shareholders</p>
<p>3. Resolving Possible False Matches</p> <p>A. Procedures: If an individual's name appears on the LEIE and/or SAM, verify that the name on the exclusion list is, in fact, the individual being searched. This can be done by verifying that other information specific to the individual (e.g., date of birth (DOB), address, social security number (SSN), tax identification number, unique physician identification number (UPIN), national provider identifier (NPI), employment identification number (EIN)) is also a match.</p> <p>i. LEIE: Search results on the LEIE may include the individuals DOB, UPIN, NPI, and address. The LEIE also includes a function through which an individual's SSN or EIN can be verified. Use this information to conclude whether the name on the excluded list is the individual being searched.</p> <p>If a search result does not contain a DOB, UPIN, NPI, or SSN, it is not available from the OIG. In this case, contact the Exclusions Staff to determine if there is any other information available.</p> <p>a. E-mail Address: sanction@oig.hhs.gov</p> <p>b. Telephone: (202) 691-2311</p> <p>c. Fax: (202) 691-2298</p> <p>Mailing Address: HHS, OIG, OI</p>	<p>Compliance, Human Resources</p>

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<p>Attn: Exclusions P.O. Box 23871 Washington, DC 20026</p> <p>NPI information may also be attainable through CMS' Medicare Exclusion Database (MED) via the MED online system, which includes information from the LEIE and the NPI. An "Individuals Authorized Access to the CMS Computer Services" (IACS) ID is required to access MED online and/or download the files. An IASC ID may be obtained through the IACS registration process at https://portal.cms.gov/wps/portal/unauthportal/selfservice/newuserregistration/.</p> <p>ii. SAM: Search results on the SAM include a function through which an individual's address can be verified. Use this information to help determine whether the name on the excluded list is the individual being searched. If the problem is that the individual appears on SAM, check to see if he or she is listed as having an Active or Inactive exclusion. If the individual's record shows an Inactive exclusion, the individual is no longer on the OIG's excluded list and CHPC can contract with him or her. If further verification is needed beyond what the record information provides, contact the federal agency that took the action against the listed employee.</p> <p>iii. Verifying a potential match based on first and last name, with no other identifiers: If there is a potential match based on first and last name, and there are no other identifiers (e.g., middle name, DOB, address, SSN, TIN, UPIN, NPI, EIN) to help confirm whether there is an actual match, look at the: 1) date of the exclusion, and/or 2) location of the exclusion, to help verify if there is a false match:</p> <p>a. Date of the exclusion: Look at the date of the exclusion for the name identified on LEIE or SAM.</p> <p>a. Compare the exclusion date to the age of the individual being searched.</p> <p>b. This approach can help determine whether the individual was old enough to have held any type of license at the time the exclusion occurred. If they were not old enough to hold a license on the exclusion date, this is likely a false match.</p> <p>b. Location of the exclusion: Another option is to look at the address or location of where the exclusion action was initiated.</p> <p>a. Verify where the individual being searched was at the time the exclusion action was initiated. For</p>	

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<p style="padding-left: 40px;">example, CHPC can ask the individual being searched where they were residing on the date of the exclusion, or if they were at the location of the exclusion at the time of the exclusion date.</p> <p style="padding-left: 20px;">b. If they were not at the location of the exclusion on the exclusion date this is likely a false match.</p> <p style="padding-left: 20px;">c. Make a note and document your findings.</p> <p style="padding-left: 20px;">d. NOTE: According to verbal guidance from OIG Exclusions staff, while neither of these methods are fool-proof, they should be sufficient to show that CHPC did all it could to resolve potential false matches.</p> <p>B. Documentation: All findings must be documented, including the following:</p> <ul style="list-style-type: none"> i. Name of the searched individual, including the searched variations. ii. Date on which the screening was conducted. iii. Names of the exclusion lists and any other databases searched. iv. Dates on which the searched databases were last updated. v. Indication of whether the individual is excluded. <p style="padding-left: 40px;">Documentation will be maintained for a minimum of ten (10) years and should include printed screenshots verifying the results of potential name matches.</p>	
<p>3. Excluded Individuals:</p> <p>A. Prospective Employees: If a prospective employee is named on the OIG's LEIE and/or GSA's SAM he or she must not be hired.</p> <p>B. Existing Employees, Consultants, Governing Board Members, and Shareholders: If any permanent employees, temporary employees, full-time employees, part-time employees, volunteers, consultants, governing board members, and shareholders are named on the OIG's LEIE and/or GSA's SAM, they must be immediately excluded or removed from any work related directly or indirectly to all Federal health care programs. HR must also immediately inform Compliance, which shall initiate the following:</p> <ul style="list-style-type: none"> i. Remedial Steps: Compliance shall begin taking any appropriate remedial steps. ii. Claims: Claims must identify and prevent payment for claims at point-of-sale for any drugs or services prescribed, dispensed, or delivered by excluded providers. When Claims identifies these claims at point-of-sale, the claims must be denied. Claims must investigate and determine whether other claims were submitted by the excluded person or entity, or by any other excluded entity. 	<p>Human Resources, Compliance, Claims, Finance, Pharmacy</p>

PROCEDURE	Responsible Party
<ul style="list-style-type: none"> iii. Overpayments: Finance shall identify any potential overpayments and ensure that they are all repaid within sixty (60) days of identification. iv. Prescription Drug Event Data (PDE): Pharmacy shall adjust the PDE accordingly. Any PDE data related to claims not rejected on/after the effective date of the exclusion must be deleted to ensure the dollars are not inadvertently included in reconciliation. Who bears the payment responsibility for claims not rejected on/after the effective date of the exclusion is a matter of payment terms between the parties and should be resolved accordingly. These claims need not be reversed. CHPC, however, may not include the costs of these claims in its Part D bid. v. Self-Disclosure: Compliance should follow the Self-Disclosure Protocol available here: http://www.oig.hhs.gov/compliance/self-disclosure-info/index.asp. 	
<p>4. First-Tier, Downstream, and Related Entities: CHPC shall not pay for services, equipment, or drugs prescribed or provided by a provider or supplier excluded by either the OIG or GSA. Prior to contracting with an FDR, and monthly thereafter, Broker Relations and Credentialing must review the LEIE and SAM to ensure that the entity is not listed. This applies to both health care and non-health care entities.</p> <p>A. For First-Tier Entities, excluding contracted providers within CHPC's network:</p> <ul style="list-style-type: none"> I. Compliance will compile a spreadsheet of all active and currently contracted FDRs; II. Monthly, Compliance will forward the spreadsheet to all departments which are responsible for verifying if any newly contracted FDRs need to be added (this includes Finance's list, which contains non-contracted providers) and ask that the FDRs to be added to or deleted from the spreadsheet be included in the departments' response emails; III. Monthly, Compliance will remove any entities from the spreadsheet at the departments' request and remove those entities from the contracted vendor; IV. The spreadsheet or the new FDRs will either be uploaded to the contracted vendor, or the running list will be updated. The vendor will conduct an automatic check against the OIG LEIE and GSA SAM; and V. The vendor will generate a report and Compliance will report the results on a monthly basis. <p>B. For contracted providers within CHPC's network:</p>	<p>Compliance, Broker Relations, Credentialing</p>

PROCEDURE	Responsible Party
<p>I. Credentialing will review the LEIE and SAM monthly to ensure that the provider is not listed as a part of their routine credentialing process. See Credentialing Policy & Procedures, CR 09 – Ongoing Monitoring.</p> <p>II. Credentialing should collect the following information and ensure it is accurately entered as part of the credentialing process:</p> <ul style="list-style-type: none"> • National Provider Identifier (NPI) numbers; and • Complete names that reflect the information gained during the credentialing process. . <p>C. Furthermore, CHPC must ensure that:</p> <p>I. Its FDRs:</p> <ol style="list-style-type: none"> i. Develop and implement policies and procedures that require the review of the LEIE and SAM (1) prior to the initial hire of employees and (2) monthly thereafter to ensure that no employees are excluded from Federal health care programs. The FDR must document such reviews. ii. Have processes in place to identify and prevent payment for claims at point-of-sale for any drugs or services prescribed, dispensed, or delivered by excluded providers. <p>II. Its FDRs and their employees, to whom CHPC’s core functions are delegated under its Part C and D contract, immediately disclose any exclusions or other event that makes them ineligible to perform work related directly or indirectly to Federal health care programs.</p> <p>III. CHPC must perform appropriate monitoring and auditing of these entities to ensure that they are fulfilling these requirements.</p>	

References:

Human Resources Department, Policy 1 – New Hires P & P
 Credentialing Policy & Procedures, CR 09 – Ongoing Monitoring