

Exclusion Screening Policy

Objective:	To comply with Federal and State mandates to screen employees, independent contractors, business vendors, key providers, and governing board members to verify that they have not been involved in adverse governmental actions related to fraud, patient abuse, licensing board sanctions, license revocation/suspension/surrender, or have defaulted on Health Education Assistance Loans.	Policy/Procedure Number:	01-46
Reference: <i>(All Applicable Federal, State and Local Laws)</i>	Administrative Policy 01-29: Standards of Conduct; NYS Civil Service Law, Section 75; Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191; Medicare-Medicaid Anti-Fraud and Abuse Amendments of 1977, Public Law 95-142; and 8NYCRR §521.3.	Effective Date:	June 22, 2011
		Responsible Department:	County Administration
		Modified Date (s):	
Legislative Policy Statement:	Tompkins County government and its related entities are committed to maintaining high quality service and integrity in its financial and business operations. Therefore, all necessary steps will be taken to insure that healthcare-related employees, providers, contractors, prescribing/authorizing physicians, etc., that provide and/or perform services for or on behalf of the County have not been the subject of adverse governmental actions and/or excluded from the federal healthcare programs.	Resolution No.:	2011-100
General Information:		Next Scheduled Review:	2016
I. Definitions:	Exclusion Screening —An inspection process for minimizing risk in hiring individuals or contracting with business entities that have been involved in adverse governmental actions related to fraud, patient abuse, licensing board sanctions, license revocation/suspension/surrender, or have who have been excluded from federal healthcare programs.		
II. Policy:	<p>A. The County will conduct monthly exclusion screening of all employees, contractors, and providers, and screening of governing Board members (initially, the County Legislature, Community Mental Health Services Board, and Board of Health) that have authority to grant appropriations or that contribute to the development or execution of policy as these action relate to the use of Medicaid or Medicare funds. In addition, for employees that require specific medical/healthcare license/certification in order to perform their duties, these credentials will be verified with appropriate licensing and disciplining authorities.</p> <p>B. Individuals and entities excluded from federal healthcare programs will be prohibited from holding a position, or conducting business with the County, in any area that is directly or indirectly funded by a state or federal program that bars participation by such excluded individuals and entities.</p> <p>C. If an exclusion check indicates that a potential governing Board member has been excluded from federal or state healthcare programs, the individual must abstain from any vote on any measure before the Board that relates to programs or activities that are directly or indirectly funded by a state or federal program that bars participation by such excluded individuals.</p> <p>D. If a determination is required regarding whether an activity is directly or indirectly funded by a State or federal program that bars participation by excluded individuals, the determination shall be made by the Director of Finance, in consultation with the County's Compliance Officer and Personnel Commissioner. If an employee or business seeks an appeal of that determination, that appeal shall be heard and decided by the County Administrator and reported to the relevant committee of the County Legislature.</p>		

E. Any disciplinary action for employees must follow the removal and other disciplinary action policies established by applicable law and provisions of collective bargaining agreements.

F. The County Compliance Committee will conduct an annual audit to verify that the County's screening exclusion policy is being enforced.

III. Procedure:

A. The County will conduct exclusion checks 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 (OIG)'s List of Excluded Individuals and Entities (LEIE) currently available on the website at <http://exclusions.oig.hhs.gov>
- The General Services Administration (GSA)'s Excluded Parties List System currently available on the GSA website at <http://www.epls.gov/>
- NYS Medicaid Fraud Database currently available on the NYS Department of Health website at <http://www.emedny.org/info/disqualified.html>

B. The County Personnel Commissioner will ensure that exclusion checks are performed on candidates for employment at the point of offer of employment and for potential Board members that have authority to grant appropriations or that contribute to the development or execution of policy as these action relate to the use of Medicaid or Medicare funds. The County Personnel Commissioner will maintain the results of all exclusion checks for employees and governing board members and will report this information to the County Compliance Officer at the time of the annual compliance report.

C. The County Contracts Coordinator who is responsible for processing contracts on behalf of the County will ensure that exclusion checks are conducted prior to entering into an agreement with contractors providing healthcare-related services. If the exclusion check indicates that a contractor has been excluded from federal or state healthcare programs, the contract will not be executed until a determination is made by the Finance Director as to whether the contract pertains to activities subject to the prohibition on participation by excluded entities. The County Contracts Coordinator will ensure that all contracts entered into by the County will contain a certification that the federal or state government does not exclude the contractor, its employees, or subcontractors. The County Contracts Coordinator shall maintain the results of all exclusion checks and will report this information to the County Compliance Officer at the time of the annual compliance report.

D. The County Finance Director shall ensure that an exclusion check of all existing healthcare contractors is conducted monthly through to the end of the contract performance period. If the exclusion check indicates that a contractor has been excluded from federal or state healthcare programs, the contract will be terminated. The County Finance Director shall maintain the results of all exclusion checks and will report this information to the County Compliance Officer at the time of the annual compliance report.

E. Any County departments working directly with physicians and healthcare practitioners will ensure that an initial exclusion check is conducted on each practitioner who prescribes or orders Medicaid or Medicare funded goods or services, and then monthly thereafter. 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. The results of all exclusion checks for physicians and healthcare practitioners and will be reported to the County Compliance Officer at the time of the annual compliance report.