

## CHINESE COMMUNITY HEALTHCARE ASSOCIATION

Policy Title	<b>OIG/GSA Exclusion</b>
Department	<b>Compliance</b>
Policy Number	<b>COMP 11</b>
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Health Plan	<input checked="" type="checkbox"/> AHOC <input checked="" type="checkbox"/> ABC <input checked="" type="checkbox"/> BSOC <input checked="" type="checkbox"/> SFHP <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> UNHC <input checked="" type="checkbox"/> BND <input checked="" type="checkbox"/> AETNA
Line of Business	<input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medi-cal <input checked="" type="checkbox"/> Commercial Full, part-time, temporary, contract workers/employees

**1) PURPOSE:**

This purpose of this Policy & Procedure is to define the framework, responsibilities, and guiding principles for Chinese Community Health Care Association (CCHCA) to ensure ongoing compliance related to OIG/GSA exclusion screening and monitoring.

**2) DEFINITIONS/ACRONYMS:**

<b>Terms/Acronyms</b>	<b>Definition</b>
Exclusion Lists	Consist of the Office of the Inspector General’s (OIG) List of Excluded Individuals/Entities (LEIE); and the General Services Administration’s (GSA) Excluded Parties List System (EPLS) through the System for Award Management (SAM); and the Department of Health Care Services’ (DHCS) Suspended and Ineligible Provider List.
Initial OIG/GSA Screening	Consists of an initial Exclusion Lists review to ensure prospective employees, vendors, contractors, and certain practitioners described below are eligible to participate in Federal health programs and to prevent hiring of or contracting with any Ineligible Person or Entity. <b>45 CFR § 455.436; 18 U.S. Code § 1033</b>
Recurring OIG/GSA Screening	Consists of on-going monitoring of Exclusion Lists to ensure that existing employees, vendors, contractors, and certain practitioners described below continue to be eligible to participate in Federal health programs.
Screening Subjects	Include the following groups: <ul style="list-style-type: none"> <li>• CCHCA Employees, including employed practitioners;</li> </ul>

Terms/Acronyms	Definition
	<ul style="list-style-type: none"> <li>• Contractors, including any company or person who contracts with CCHCA to perform or provide a good or service;</li> <li>• Staff Practitioners, including any individual (M.D., D.O., Podiatrist, etc.) who is authorized to order and/or receive diagnostic and therapeutic procedures under applicable state law and who has been credentialed by CCHCA to provide care in one or more CCHCA facilities.</li> <li>• Ordering Practitioners, including any individual (M.D., D.O., Podiatrist, etc.) who is authorized to order and/or receive diagnostic and therapeutic procedures under applicable state law, but who has not been credentialed by CCHCA to provide care within a CCHCA facility.</li> <li>• Volunteers, including any individual who serves in a CCHCA facility with the intention of donating their time and effort without any form of compensation.</li> </ul>
Ineligible Person or Entity	An individual or entity who is currently excluded from participating in Medicare, Medicaid, and any other Federal health care program. Such persons or entities are listed on the Exclusion Lists

**3) ROLES AND RESPONSIBILITIES:**

Role(s)	Responsibility(ies)
<b>Compliance Officer</b>	The Compliance Officer is responsible for ensuring that CCHCA maintains effective initial and recurring OIG/GSA exclusion list screening processes and for coordinating with impacted CCHCA management should a potential or existing employee, vendor, appointee, contractor, or other related persons be detected on the exclusion lists to take immediate appropriate action.
<b>Compliance Committee</b>	The Compliance Committee is responsible for reviewing the OIG/GSA exclusion list process, including this policy, and advising the Compliance Officer of any suggested changes.
<b>Departmental Management</b>	Departmental management is responsible for working collaboratively with the Compliance Office to take immediate and appropriate action should a potential or existing employee, vendor, appointee, contractor, or other related person be detected on the exclusion lists.
<b>User(s)</b>	Responsible to follow and adhere to the Policy requirements set forth in this document.
<b>User’s Leadership/Director/ Manager/Supervisor</b>	Responsible to ensure that users follow and adhere to Policy.
<b>Reviewer</b>	Review and revise Policy on at least an annual basis, when there are material changes in business or authority, or more often if required by applicable authority.

**4) POLICY(IES):**

1. Federal law prohibits entities that participate in federal health care programs (including Medicare, Medicaid, and other governmental programs), such as CCHCA, from entering or maintaining certain relationships with individuals or entities that have been excluded from participation in federal health care programs. The Medicare statute also excludes from coverage any item or service that has been ordered, supervised, or furnished by an individual or entity during time when the individual or entity has been excluded from the federal program. Any employed/contracted physician, staff, or individual identified as excluded will be reported to the Health Plan no later than (20) days after the date of identification. **42 CFR § 455.106(b)**
2. The Compliance Officer shall ensure that the Medical Group (MG) maintains processes for screening all potential employees, vendors, appointees, contractors and performing recurring monitoring of all existing employees, vendors, appointees, contractors, and other related persons as deemed appropriate by the Compliance Committee. The processes will include at least two types of monitoring: initial and recurring:
  - a. The initial OIG/GSA Screening process at the MG will prevent hiring, appointing, or entering a relationship with an Ineligible Person.
  - b. The recurring OIG/GSA Screening process at the MG will identify any person or entity that becomes an Ineligible Person after they are employed or have a relationship with the MG so that CCHCA may take immediate and appropriate action.

**5) PROCEDURE(S):**

**1) Employee**

- a) Initial OIG/GSA Screening of CCHCA new-hire employees: When a prospective new employee is going through the MG's pre-employment process, the Human Resources personnel responsible to obtain the applicant's permission to conduct a background check that includes the Exclusion Lists. The applicant's name is submitted to the vendor who searches the Exclusion Lists for the prospective employee. The vendor generates a report documenting the results and forwards the report to the Human Resources and Compliance Department.
  - i) The prospective Employee is not on the Exclusion Lists: The pre-employment process may continue.
  - ii) The prospective Employee is on the Exclusion Lists: The prospective employee cannot be employed by the MG.
  - iii) The prospective Employee's name is on the Exclusion Lists, but it may be another person:
    - (1) Compare the prospective Employee's Social Security Number (SSN) to the SSN of the person on the Exclusion Lists. If the SSNs are different, the pre-employment process may continue.
    - (2) If the SSNs are the same, the prospective Employee cannot be employed by the MG.
- b) Recurring OIG/GSA Screening of existing CCHCA Employees: On a monthly basis, the Human Resources Department accesses the MG's payroll database and sends these employee names to a vendor who searches the Exclusion Lists for any matches. After conducting the search, the vendor reports to the Human Resources and Compliance Department if any the MG's Employee names match the names on any of the Exclusion Lists.

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- i) The Employee is not on the Exclusion Lists: No further action is necessary, and the Employee remains employed.
- ii) The Employee is on the Exclusion Lists: The Human Resources Department in concert with the Compliance Department will investigate the matter and contact the Employee’s supervisor to terminate the employment of the Employee. Subsequently, the Compliance Department will notify the Health Plan within (20) working days of identification.
- iii) In certain cases, the Compliance Department may authorize other action after investigation and in consultation with Human Resources and the Employee’s supervisor.
- iv) The Employee’s name is on the Exclusion Lists, but it may be another person: Compare the Employee’s Social Security Number (SSN) to the SSN of the person on the Exclusion Lists. If the SSNs are different, no further action is necessary, and the Employee remains employed. If the SSNs are the same, the Employee can no longer be employed by the MG and the Compliance Department will notify the Health Plan within (20) working days of confirmed exclusion.

## 2) Contractors

- a) Initial OIG/GSA Screening of new Contractors: Initial OIG/GSA Screening occurs in a number of ways:
  - i) CCHCA requires that every contract initiator submitting a proposed contract to CCHCA’s Human Resources Department must first perform a background check including the Initial OIG/GSA Screening and include documentation that the Contractor is not on the Exclusion Lists.
    - (1) The prospective Contractor is not on the Exclusion Lists: The contract initiator may proceed to forward the proposed contract’s Document Review Form to the Human Resources Department
    - (2) The prospective Contractor is on the Exclusion Lists: The contract initiator may not proceed to initiate a relationship with the prospective Contractor. The contract initiator may contact the Human Resources Department or the Compliance Department for review and discussion, if necessary.
    - (3) The prospective Contractor’s name is on the Exclusion Lists, but it may be another Contractor: Compare the prospective Contractor’s EIN Identification Number or SSN of the contractor on the Exclusion Lists.
    - (4) If the EINs or SSNs are different, no further action is necessary, and the contract initiator may proceed. If the EINs or SSNs are the same, the contract initiator may not proceed with the prospective contract.
  - ii) Other Contractors/Vendors: For those contracts that are not required to be reviewed by the Human Resources Department, the MG requires that the contract initiator perform the Initial OIG/GSA Screening before submitting the proposed contract Human Resources Department
- b) Recurring OIG/GSA Screening of existing Contractors: On a monthly basis, CCHCA’s Human Resources Department sends the Compliance Department a list of all those Contractors that have sent invoices to CCHCA requesting payment. In addition, every quarter the Legal Department sends the Compliance Department a list of all those Contractors in the Department’s contract database. The Human Resources Department then takes these two lists and sends them to a vendor who searches the Exclusion Lists for any matches. After conducting the search, the vendor reports to the Compliance Department if any Contractors match the names listed on any of the Exclusion Lists.
  - i) The Contractor is not on the Exclusion Lists: No further action is

- necessary, and the contract remains in effect.
  - ii) The Contractor is on the Exclusion Lists: The Compliance Department will investigate the matter in consultation with the Human Resources Department. As a general rule, CCHCA's contract with the Contractor must be terminated. The Compliance Department will also notify the Health Plan within (20) working days of identification.
  - iii) The Contractor's name is on the Exclusion Lists, but it may be another Contractor: Compare the Contractor's Employer Identification Number (EIN) or SSN to the EIN or SSN of the contractor on the Exclusion Lists. If the EINs or SSNs are different, no further action is necessary, and the contract may continue. If the EINs or SSNs are the same, then the contractor can no longer be contracted with the MG and the Compliance Department will notify the Health Plan within (20) working days of confirmed exclusion.
- c) Physician Contractors: For contracts with physician groups, the Initial OIG/GSA Screening and Recurring OIG/GSA Screenings must include the name of the physician group and the names of any physicians who are specifically identified in the contract to provide services for CCHCA. See Practitioners below.

### 3) Practitioners (In-Network and Out of Network)

- a) In-Network Practitioners Initial OIG/GSA Screening: The MG's Credentialing Department conducts the Initial OIG/GSA Screening for Practitioners (regardless of the practitioner's location or the MG's facility) before the practitioner is entered into the MG's Practitioner Database for the first time.
  - i) The prospective Practitioner is not on the Exclusion Lists: The Credentialing Department may continue to process the prospective Practitioner's application.
  - ii) The prospective Practitioner is on the Exclusion Lists: The Credentialing Department may not process the prospective Staff Practitioner's application.
  - iii) The prospective Staff Practitioner's name is on the Exclusion Lists, but it may be another practitioner: Compare the prospective Staff Practitioner's SSN to the SSN of the practitioner on the Exclusion Lists.
  - iv) If the SSNs are different, the Credentialing Department may continue to process the prospective Practitioner's application.
  - v) If the SSNs are the same, the practitioner is ineligible to be contracted with the MG.
- b) Out of Network (OON) Practitioners Initial OIG/GSA Screening: CCHCA's Human Resources Department conducts the Initial OIG/GSA Screening for OON Practitioners (regardless of the practitioner's location or the MG's facility) before contracting a Letter of Agreement (LOA).
  - i) The new OON Practitioner is not on the Exclusion Lists: The Human Resources Department will notify the Credentialing Department and Utilization Management (UM) Department and continue the LOA process.
  - ii) The new OON Practitioner's name is on the Exclusion Lists, but it may be another practitioner:
    - (1) If the Human Resources Department has or can obtain the SSN of the new OON Practitioner, it will compare the new OON Practitioner's SSN to the SSN of the practitioner on the Exclusion Lists.
    - (2) If the SSNs are different, no further action is necessary, and the OON Practitioner may be entered into the OON Database.
    - (3) If the SSNs are the same, then the OON Practitioner cannot be entered into the OON Database and the LOA process will cease.
- c) Recurring OIG/GSA Screening In-Network Practitioners: On a monthly basis, CCHCA's

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Credentialing Department sends a list of active Practitioners to a vendor who searches the Exclusion Lists for any matches. After conducting the search, the vendor reports to the Credentialing Department if any practitioners match the names listed on any of the Exclusion Lists.

- i) The Practitioner is not on the Exclusion Lists: No further action is necessary, and the Practitioner retains his or her credentials.
  - ii) The Practitioner is on the Exclusion Lists: The Credentialing Department will report to the Compliance Department and investigate the matter in consultation with the Credentialing Department, the Human Resources Department, and the Practitioner and appropriate action take in accordance with CCHCA policy. The Compliance Department will also notify the Health Plan within (20) working days of identification.
  - iii) The Practitioner’s name is on the Exclusion Lists, but it may be another practitioner:
    - (1) Compare the Staff Practitioner’s SSN to the SSN of the practitioner on the Exclusion Lists.
    - (2) If the SSNs are different, no further action is necessary and the Practitioner retains his or her credentials.
    - (3) If the SSNs are the same, then the practitioner can no longer be contracted with the MG and the Compliance Department will notify the Health Plan within (20) working days of confirmed exclusion.
- d) Recurring OIG/GSA Screening of OON Practitioners: On a monthly basis, CCHCA’s Human Resources Department conducts an OIG/GSA Screening of active OON Practitioners to search the Exclusion Lists for any matches. After conducting the search, the Human Resources Department reports to the Compliance Department if any OON Practitioners match the names listed on any of the Exclusion Lists.
- i) The existing OON Practitioner is not on the Exclusion Lists: No further action is necessary, and the OON Practitioner remains active in the OON Database.
  - ii) The existing OON Practitioner is on the Exclusion Lists: The Human Resources Department will report to Compliance Department and investigate the matter in consultation with the Credentialing Department, the Human Resources Department, and the OON Practitioner. As a general rule, the OON Practitioner must be inactivated in the OON Database. The Compliance Department will also notify the Health Plan within (20) working days of identification.
  - iii) The existing OON Practitioner’s name is on the Exclusion Lists, but it may be another practitioner:
    - (1) If the Credentialing Department has or can obtain the SSN of the new OON Practitioner, it will compare the existing OON Practitioner’s SSN to the SSN of the practitioner on the Exclusion Lists.
    - (2) If the SSNs are different, no further action is necessary, and the OON Practitioner may remain active in the Database. If the SSNs are the same, then as a general rule, the OON Practitioner cannot remain active in the OON Database and the Compliance Department will notify the Health Plan within (20) working days of confirmed exclusion.

#### 4) **Volunteers**

- a) Initial OIG/GSA Screening of potential Volunteers: When a prospective new Volunteer is going through CCHCA’s application process, the Human Resources Department is responsible

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for the Volunteers to obtain the applicant’s permission to conduct a background check that includes the Exclusion Lists. The Volunteer’s name is submitted to a vendor who searches the Exclusion Lists for the prospective Volunteer. The vendor generates a report documenting the results and forwards the report to the Human Resources Department.

### i) Initial OIG/GSA Screening:

- (1) The prospective Volunteer is not on the Exclusion Lists: The pre-engagement process may continue.
- (2) The prospective Volunteer is on the Exclusion Lists: The prospective Volunteer cannot be engaged by CCHCA
- (3) The prospective Volunteer’s name is on the Exclusion Lists, but it may be another person: Compare the prospective Volunteer’s SSN to the SSN of the person on the Exclusion Lists. If the SSNs are different, the pre-engagement process may continue. If the SSNs are the same, the prospective Volunteer cannot be engaged by CCHCA.

### ii) Recurring OIG/GSA Screening

- (1) The Volunteer is not on the Exclusion Lists: No further action is necessary, and the Volunteer remains engaged.
- (2) The Volunteer is on the Exclusion Lists: Compliance Department will investigate the matter and contact the appropriate the Volunteer’s supervisor to terminate the engagement of the Volunteer. In certain cases, the Compliance Department may authorize other action after investigation and in consultation with the CEO and the Volunteer’s supervisor. The Compliance Department will also notify the Health Plan within (20) working days of identification.
- (3) The Volunteer’s name is on the Exclusion Lists, but it may be another person: Compare the Volunteer’s SSN to the SSN of the person on the Exclusion Lists. If the SSNs are different, no further action is necessary, and the Volunteer remains engaged. If the SSNs are the same, the Employee can no longer be employed by the MG and the Compliance Department will notify the Health Plan within (20) working days of confirmed exclusion.

## 5) Letter of Agreement

a) Initial OIG/GSA Screening of potential Letter of Agreements (LOAs): When a prospective entity is proposing a LOA to CCHCA or vice versa, the Network Development Department is responsible for obtaining the entity’s permission to conduct a background check and confirming the entity is unrestricted from any Exclusion List. The Network Development Department generates a report documenting the results and forwards the report to the Compliance Department.

- (1) The prospective Entity is not on the Exclusion Lists: The pre-engagement process may continue.
- (2) The prospective Entity is on the Exclusion Lists: CCHCA does not enter an agreement.
- (3) The prospective Entity’s name is on the Exclusion Lists, but it may be another person: Compare the prospective Entity’s SSN to the SSN of the person on the Exclusion Lists. If the SSNs are different, the pre-engagement process may continue. If the SSNs are the same, the prospective Entity cannot be engaged by CCHCA.

b) Recurring OIG/GSA Screening: On a monthly basis, the Network Development Department is responsible for cross-referencing all LOAs with the Exclusion Lists for any matches. After conducting the search, the Network Development Department reports to the Compliance Department if any of the MG’s provider names match the names on any of the Exclusion Lists.

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- (1) The Entity is not on the Exclusion Lists: No further action is necessary, and the Entity remains engaged.
- (2) The Entity is on the Exclusion Lists: Compliance Department will investigate the matter and contact the Entity to terminate the engagement. In certain cases, the Compliance Department may authorize other action after investigation and in consultation with the CEO. The Compliance Department will also notify the Health Plan within (20) working days of identification.
- (3) The Entity’s name is on the Exclusion Lists, but it may be another person: Compare the Entity’s SSN to the SSN of the person on the Exclusion Lists. If the SSNs are different, no further action is necessary, and the Entity remains engaged. If the SSNs are the same, the Entity can no longer be with the MG and the Compliance Department will notify the Health Plan within (20) working days of confirmed exclusion.

**6) New Provider Authorizations**

- a) Initial OIG/GSA Screening of new provider authorizations: When an uncontracted Out-of-Network (OON) Provider submits an authorization to treat a member of CCHCA, the UM Department personnel are responsible to obtain a background check that includes the Exclusion Lists.
  - i) The prospective Provider is not on the Exclusion Lists: The authorization process may continue.
  - ii) The prospective Provider is on the Exclusion Lists: The authorization is denied by the MG.
  - iii) The prospective Provider’s name is on the Exclusion Lists, but it may be another person:
    - (1) Compare the prospective Provider’s Social Security Number (SSN) to the SSN of the person on the Exclusion Lists. If the SSNs are different, the authorization process may continue.
    - (2) If the SSNs are the same, the authorization process is terminated
  
- b) Recurring OIG/GSA Screening of existing CCHCA Providers: On a monthly basis, the UM Department conducts an OIG/GSA Screening of active uncontracted OON Providers to search the Exclusion Lists for any matches. After conducting the search, the UM Department reports to the Compliance Department and Network Development Department if any OON Providers match the names listed on any of the Exclusion Lists.
  - i) The provider is not on the Exclusion Lists: No further action is necessary.
  - ii) The Provider is on the Exclusion Lists: The UM Department in concert with the Network Development Department and Compliance Department will investigate the matter and cut all ties with the provider. Subsequently, the Compliance Department will notify the Health Plan within (20) working days of identification.
  - iii) In certain cases, the Compliance Department may authorize other action after investigation in consultation with the Network Development Department and the UM Department.
  - iv) The Provider’s name is on the Exclusion Lists, but it may be another person: Compare the Provider’s Social Security Number (SSN) to the SSN of the person on the Exclusion Lists. If the SSNs are different, no further action is necessary. If the SSNs are the same, the Provider can no longer submit authorizations to the MG and the Compliance Department will notify the Health Plan within (20) working days of confirmed exclusion.



7) **New Provider Claims**

- a) Initial OIG/GSA Screening of new provider claims: When an uncontracted Out-of-Network (OON) Provider submits a claim to the MG for a procedure performed for a CCHCA member, the Claims Department personnel are responsible to obtain a background check that includes the Exclusion Lists.
- i) The prospective Provider is not on the Exclusion Lists: The claim process may continue.
  - ii) The prospective Provider is on the Exclusion Lists: The claim process is terminated and the claim remains unfulfilled.
  - iii) The prospective Provider's name is on the Exclusion Lists, but it may be another person:
    - (1) Compare the prospective Provider's Social Security Number (SSN) to the SSN of the person on the Exclusion Lists. If the SSNs are different, the claim process may continue.
    - (2) If the SSNs are the same, the claim process is terminated and the claim remains unfulfilled.

6) **EXCEPTIONS:**

Deviations from this Procedure must follow the applicable exception approval process.

7) **ENFORCEMENT:**

Violation of this Policy may result in disciplinary action, up to and including termination for Workforce Members, termination of contract in the case of Contractors/Vendors or Delegates and dismissal for interns and volunteers. Additionally, individuals are subject to loss of CCHCA information resources, access privileges, civil, and in some cases criminal prosecution.

8) **REFERENCE(S)/RELATED DOCUMENTS/APPENDIX:**

- CMS Medicare Managed Care Manual, Chapter 21
- CMS Prescription Drug Benefit Manual, Chapter 9
- Disclosure by providers: Information on persons convicted of crimes. **42 CFR § 455.106(b)**
- Federal Database Checks. **45 CFR § 455.436**
- Crimes by or affecting persons engaged in the business of insurance whose activities affect interstate commerce. **18 U.S. Code § 1033**
- DHHS OIG Exclusions List Information <https://oig.hhs.gov/exclusions/index.asp>
- GSA: CCR/FedReg, ORCA, and EPLS: <https://sam.gov/SAM/pages/public/searchRecords/search.jsf>
- DHCS: Suspended and Ineligible Provider List <https://files.medi-cal.ca.gov/pubsdoco/sandilanding.asp>

Department Head (Print): \_\_\_\_\_

Department Head (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Board Approval Date: \_\_\_\_\_