

MAIMONIDES MEDICAL CENTER

CODE: COMPL-001 (Revised)

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SCREENING OF FEDERAL AND STATE EXCLUSION LISTS

1. POLICY

The U.S. Department of Health and Human Services, Office of Inspector General (the “OIG”), has the authority to exclude individuals and entities who have engaged in fraud, abuse, and other types of misconduct from participation in Medicare, Medicaid, and other Federal health care programs. Exclusions are either mandatory or permissive. The effect of any exclusion is that no government-issued 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 provider. Anyone who hires or contracts with an individual or entity excluded by the OIG may also be subject to civil monetary penalties (“CMPs”). To avoid CMP liability, the OIG recommends that health care entities screen new hires or contractors and current employees and contractors for such exclusion on a monthly basis.

The New York State, Office of Medicaid Inspector General (the “OMIG”), also has the authority to exclude individuals and entities who have also engaged in similar misconduct noted above within the Medicaid Program. Once excluded, these individuals and/or entities cannot offer services to Medicaid enrollees or be paid with Medicaid dollars.

Maimonides Medical Center (the “Medical Center” or “MMC”) is committed to ensuring that all employees, medical staff, contractors, vendors and others providing administrative or health care services relating to Federal and State health care programs with whom the Medical Center does business with are properly screened for exclusions and sanctions and are authorized to participate in Federal and State health care programs. Such screening will include monthly routine monitoring of the OIG’s List of Excluded Individuals and Entities (LEIE), System for Award Management (SAM), US Treasury Non-SDN OFAC Consolidated Sanctions, US Treasury SDN & Blocked Persons (OFAC) and New York Medicaid Exclusions List. The Medical Center will not engage with nor employ any Ineligible Person.

2. SCOPE

For purposes of this policy, the term “Medical Center” shall also include Maimonides Research and Development Foundation (“MRDF”), MMC Holding of Brooklyn, Inc. (“MMCH), Maimonides Health Resources, Inc., and its subsidiaries and any other affiliated companies in which the Medical Center or they have a controlling interest.

3. DEFINITIONS

Federal Health Care Programs: Means any plan or program that provides health benefits, whether directly through insurance or otherwise, which is funded directly, in

whole or in part, by the United States Government. Federal health care programs include, but are not limited to, Medicare, Medicaid, managed Medicare/Medicaid, Federal Employees Health Benefit Plan and TRICARE/CHAMPUS.

Ineligible Person: Shall be any individual or entity who: (i) is currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care programs; or (ii) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the Federal health care programs after a period of exclusion, suspension, debarment, or ineligibility, or (iii) is listed on the SDN list. This includes any new or current Workforce Members, Board members, contractors, medical staff, and vendors.

Screened Person: Means all trustees, officers, employees, contractors and agents of the Medical Center, including, but not limited to, medical staff, nurses, allied healthcare professionals, vendors, and applicable volunteers.

State Health Care Programs: Means any plan or program that provides health benefits, whether directly, through insurance or otherwise, which is funded directly, in whole or in part, by the State of New York. New York State health care programs include, but are not limited to, New York Medicaid.

4. **RESPONSIBILITY**

Each of the following business units will use SanctionCheck, MMC's online database system to screen individuals and/or entities for exclusions and sanctions:

- A. The Purchasing Department will screen vendors prior to entering into a contract, a purchase order, or consulting agreement and issuing a vendor number. The Medical Center will not contract with or conduct any business with any vendor found to be an Ineligible Person. Any vendor found to be an Ineligible Person is immediately closed for ordering and inactivated within PeopleSoft.
- B. The Accounts Payable Department will forward to the Purchasing Department the identification information of any new vendors that they intend to add into their system. Purchasing Department will, in turn, screen the list. In addition, Accounts Payable will mark the file as requiring or not requiring SanctionCheck verification. The only vendors who do not need to be screened are patients receiving refunds and employees of MMC receiving expense reimbursement. MMC employees undergo screening upon hire and monthly thereafter.
- C. The Human Resources Department will screen all potential new hires prior to extending any offer of employment. Any job offer made prior to the completion of the screening shall be contingent upon the individual not being an Ineligible Person. Any applicant found to be an Ineligible Person shall not be hired.

Documentation of all pre-employment screening shall be kept by the Human Resources Department.

- D. The Credentialing Department will screen, including use of the National Practitioner Data Bank, all individuals who apply for privileges, apply for renewal of privileges, seek an extension or modification of privileges and/or seek to change their supervising or collaborating physician status. In the event that an individual is found to be an Ineligible Person the application for privileges or other action related to privileges shall be denied. The Credentialing Department shall immediately notify the Corporate Compliance Department and the Office of Legal Affairs regarding such individual who is found to be an Ineligible Person.
- E. The Laboratory and Radiology Departments will screen all new referring physicians if the referring physician is not a member of the Medical Center's Medical Staff. These departments must provide the information to the MIS Department to make sure the physician is properly registered in MMC's MIS systems.
- F. The Volunteer Department will screen each new volunteer prior to finalizing their volunteer status.
- G. Academic Affairs will screen all new medical students prior to or soon thereafter, starting their MMC rotation.
- H. The Executive Office and/or its designee will notify the Corporate Compliance Department regarding all individuals who are proposed for membership on either the Maimonides Medical Center Board of Trustees or the Board of Trustees of its applicable affiliated entities. The Corporate Compliance Department will conduct screening of such individuals prior to their appointment to the Board.
- I. After the initial screening by the various departments above, each of these departments shall provide the Corporate Compliance Department with a list so that it may conduct monthly screening for existing Medical Center employees, medical staff, vendors, volunteers, agency nurses, Board Members and referring physicians. 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 NYS funded health care programs. Documentation of monthly screening shall be kept by the Corporate Compliance Department. The Corporate Compliance Department will immediately notify the applicable business unit, Human Resources, Office of Legal Affairs and medical leadership regarding any such individual who is found to be an Ineligible Person. Documentation of such screenings shall be kept by the Corporate Compliance Department for at least ten years.

4. **PROCEDURE**

- A. At the beginning of each month, the Corporate Compliance Department will send out an email to all known data owners, requesting that they forward their respective exclusion data files for screening. The files are generally received during the first week of the month. A follow-up email is sent out to all known data owners as a reminder that the exclusion data files are due.
- B. Upon receipt, the exclusion data files are reviewed for completeness and data owners are notified to provide any needed information not included. Once the format and data are verified, the files are sent to the Information Technology Department for data scrubbing to remove duplicates and invalid information. The 'clean file' generated is then uploaded onto SanctionCheck and screened against the respective databases to be searched.
- C. Potential excluded individuals or entities that the vendor cannot clear are referred back to Compliance, which in turn informs the data owner to research and work with Compliance to 'clear' or 'fail' the individual/entity.
- D. Compliance will provide a monthly summary report to the applicable data owners.
- E. All failed items are referred to Office of Legal Affairs, Credentialing, and/or Human Resources, and the applicable department/entity as applicable for final disposition.
- F. If the Medical Center is currently in contract with any individual or company who/which is subsequently convicted, debarred or excluded, the Medical Center will immediately cease contracting with that Ineligible Person. Any vendor found to be an Ineligible Person is immediately removed from all activities that may, directly or indirectly, be billed to Federal and/or State funded health care programs and will be terminated pursuant to its contractual provisions unless immediate removal would result in patient harm.
- G. The Medical Center may not contract with or hire or appoint to its Medical Staff an Ineligible Person until the charges are resolved and it is clear the individual or company is not excluded or debarred.

5. RESPONSIBILITIES OF SCREENED PERSON

- A. All Screened Persons are required to disclose immediately to their manager, Chief Compliance Officer and Office of Legal Affairs any debarment, exclusion, suspension or other event that makes that person or entity an Ineligible Person.
- B. Anyone who receives actual notice through a screening process or other means that a Screened Person has become an Ineligible Person shall immediately notify the Corporate Compliance Department. The Corporate Compliance Department

shall coordinate with the affected Medical Center unit or related entity to: (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 any Federal and/or State-funded health care programs; 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 Federal and/or State-funded health care programs.

- C. Anyone who has actual notice that a Screened Person is charged with a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a) (referencing mandatory exclusions) or 42 U.S. §§ 1320a-7(b)(1)-(3) (referencing permissive exclusions), or is proposed for exclusion during their employment or contract term, or, in the case of a credentialed individual, during the term of that individual's medical staff privileges, shall immediately notify the Corporate Compliance Department. The Corporate Compliance Department shall coordinate with the affected department or related entity to ensure that the responsibilities of that Screened Person have not and shall not adversely affect: (a) the quality of care rendered to any beneficiary, patient, or resident; or (b) the accuracy of any claims submitted retrospective or prospectively to any Federal and/or State-funded health care programs. This may include suspension, termination, termination of the contract, or other actions as authorized by other Medical Center or the related entity's policies, Medical Staff By-laws or Corporate By-laws.
- D. Failure of Screened Persons to comply with provisions under this section 5 may result in disciplinary action up to and including suspension or termination, termination of the contract, or other actions as authorized by other Medical Center policies, Medical Staff By-laws or Corporate By-Laws.
- E. If the Screened Person denies any material findings contained in the background screening results, the Corporate Compliance Department shall be notified and shall initiate further investigation. The Screened Person may provide documentation indicating that he or she is not excluded or that reinstatement has been granted. The subject may also submit a sworn affidavit that he or she is not the Ineligible Person who appears on the Exclusion Lists. Human Resources, Medical Staff Services or other responsible department shall forward the documentation to the Corporate Compliance Department for evaluation and input. After the additional investigation is completed, the Corporate Compliance Department or related entity will provide a response to the Screened Person within a reasonable period of time.

6. **CORRECTIVE ACTION AND REPAYMENT OF INELIGIBLE PERSON'S ITEMS AND SERVICES**

- A. Departments and/or Entities for which the Ineligible Person has provided any services shall inform the Chief Compliance Officer or his/her designee of the details of any potential compliance issues associated with the Ineligible Person.
- B. The Chief Compliance Officer or his/her designee shall develop a corrective action plan and notify the Office of Legal Affairs. Where applicable, the Corporate Compliance Department will notify the Finance Department (Finance) or the related entity regarding the Ineligible Person. Finance or the related entity shall determine whether any services provided by the Ineligible Person had been billed to any Federal or State-funded health care programs since the date of the exclusion of the Ineligible Person and/or whether the Ineligible Person impacted the Medical Center's cost reporting obligations. If Finance determines that any payments for items or services rendered by the Ineligible Person have been received from any Federal and/or State-funded health care programs since the date of exclusion, the payment(s) shall be refunded to the payer. Bills that have not yet been submitted for such items or services shall not be submitted for payment. Cost reports shall be adjusted as necessary by Finance.

7. **RECORD RETENTION**

All documents pertaining to Screened Persons shall be maintained for ten (10).

8. **CONTROLS**

The Vice President, Chief Compliance Officer and the Executive Vice President for Legal Affairs will ensure adherence to this policy.



Kenneth D. Gibbs
President & CEO

REFERENCE: OIG Model Compliance Program Guidance for Hospitals (February 23, 1998); OIG Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs (September 30, 1999 and May 9, 2013); OIG Supplemental Compliance Guidance for Hospitals (January 31, 2005); 42 U.S.C. §§1320a-7(a) and 7(b)(1)-(3); OMIG Compliance Program Required Provider Duties, 18 NYCRR §521.3(a); 18 NYCRR §§504.7(b)-(h), 515.3 and 515.7; 42 CFR §1001.1901; Executive Order 13224 – Blocking Property and Prohibiting Transactions With Persons Who Commit, Threaten to Commit, or Support

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Terrorism, Title 31, Part 596 of CFR; and MMC Human Resources Policy-004 Employee Recruitment and Selection.

INDEX: Sanctions, Background checks

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