

MADISON COUNTY POLICIES AND PROCEDURES

Subject: Compliance Policy: Exclusion Screening
Approved: April 11, 2023 (Resolution No. 23-101)
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Assigned to: Government Operations Committee
Responsible Dept. Compliance
Next Review: February 2026

Purpose: Madison County is committed to maintaining high quality care and service, as well as integrity in its financial and business operations. Therefore, the County will ensure appropriate screening is conducted for all Affected Individuals (as defined in the Corporate Compliance Plan and further described in Attachment 1 thereto), key service providers, employees, independent contractors and business vendors, to ensure that they have not been sanctioned by a federal or state law enforcement, regulatory, or licensing agency. The County also requires its Class A Contractors to comply with these exclusion screening requirements.

Definitions: **Exclusion Screening/Check** is defined as: 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, professional license revocation/suspension/surrender, or that have been excluded from federal healthcare programs.

Class A Contractors shall mean any contractor, subcontractor, independent contractor or agent, which or who, (1) on behalf of the County, furnishes or otherwise authorizes the furnishing of Medicare and/or Medicaid health care items or services, performs billing or coding functions; or (2) provides administrative or consultative services, goods or services that are significant and material, are directly related to health care provision, and/or are included in or are a necessary component of providing items or services of Medicaid-funded programs; or (3) is involved in the monitoring of health care provided by the County; or (4) is determined by the County to be affected by its Compliance Risk Areas as identified in NYCRR § 521-1.3(d).

Reference: Title 18 NYCRR § 521-1.4(g)(3)

- Policy:**
- A. Madison County does not employ, contract with, or conduct business or otherwise affiliate with an individual or entity that has been convicted of a criminal offense related to health care or is debarred, excluded or otherwise ineligible for participation in state or federally sponsored health care programs, such as Medicare and Medicaid (“Ineligible Person or Entity”).
 - B. All contracts entered into or bids accepted by the County will contain language that by signing the contract or bid, the contractor attests that neither they, nor their employees or subcontractors, have not been sanctioned or excluded by federal or state government healthcare programs.

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- C. The County will conduct exclusion (sanction) screening of all Affected Individuals, including current and proposed employees, Board members, and Contractors.
- D. The County will verify that any Affected Individuals that provide and/or perform services for the County have not been the subject of adverse governmental actions and/or excluded from the Federal or State healthcare programs.
- E. The County will verify that any physician or other healthcare practitioner ordering or prescribing goods or services under a federally sponsored healthcare program with the County's Public Health and Mental Health Departments, such as Medicaid, has not been excluded from participation from Federal or State healthcare programs.
- F. In the event any individual, including any County employee, and/or Board member, or entity is discovered to be an Ineligible Person or Entity, the individual or entity must immediately be removed from direct responsibility for or involvement in any federally funded healthcare program or services while the matter is pending. If the matter results in conviction or exclusion, the County will immediately address the situation in accordance with the Madison County Corporate Compliance Plan.

Procedures: A. **Exclusion Screening Frequency and Databases:**

Madison County will conduct exclusion checks searches every thirty (30) days using multiple databases, including but not limited to, the following sources:

- The General Services Administration's System for Award Management (GSA-SAM);
- Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE) maintained by the United States Department of Health and Human Services;
- Office of Medicaid Inspector General (OMIG) List of Restricted and Excluded Providers;
- U.S. Treasury's Office of Foreign Assets Control Specially Designated Nationals (SDN); and
- Various state exclusion files that are made available to the public, such as the NYS Medicaid Fraud Database currently available from the NYS Department of Health.

B. Responsibilities for Exclusion Checks:

1. Human Resources Director (or designee)

- a. Ensure exclusion checks are performed on (i) all candidates for employment prior to the official offer of employment; (ii) potential governing board members that have authority to grant appropriations or that contribute to the development or execution of policy as these actions relate to the use of Medicaid or Medicare Funds prior to or immediately upon their appointment; and (iii) all existing employees and members of the Board of Supervisors monthly through to the end of employment or board affiliation.
- b. If the exclusion check indicates that any individual has been excluded from federal or state healthcare programs, the applicant will not be offered employment or the member's board affiliation will be terminated.
- c. If the exclusion check indicates that any employee or board member has been excluded from federal or state healthcare programs, the Human Resources Director or designee will notify the Corporate Compliance Officer and the County Administrator.
- d. The results of all exclusion checks will be promptly report to the Corporate Compliance Officer.

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2. Public Health Department

- a. Ensure exclusion checks on all new and existing governing members of the Board of Health is conducted immediately upon appointment and monthly thereafter through the end of board affiliation.
- b. If any board member is found to have been excluded from federal or state healthcare programs, the Department Head or their designee will notify the Corporate Compliance Officer and the County Administrator.
- c. The results of all exclusion checks will be promptly report to the Corporate Compliance Officer.

3. Departments Working with Physicians and Healthcare Practitioners:

- a. 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.
 - i. 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.
 - ii. The results of all exclusion checks for physicians and healthcare practitioners will be promptly reported to the Corporate Compliance Officer.

4. Independent Contractors and Vendors:

a. Bids and Requests for Proposals (RFPs):

- i. Before entering into any agreement initiated through the bidding process, the Purchasing Officer or designee, must ensure that exclusion checks are completed for all contractor and vendors.
 - a. If the exclusion check indicates that a bidder or contractor is excluded from federal or state healthcare programs, the bid will not be accepted, and the contract not executed.
 - b. Evidence of the exclusion screening will be saved in a file with the Purchasing office.

b. Class A Contractor Agreement Process:

- i. Prior to entering into an agreement with Class A Contractors, the Department responsible for negotiating the contract shall ensure exclusion checks are written in the contract as an obligation of the Class A Contractor to perform; all Class A Contractors will be expected to conduct their own exclusion screenings prior to entering into a contract and every thirty (30) days thereafter.
- ii. Evidence of the initial exclusion screening is to be provided by the Class A Contractor directly to the Department representative responsible for negotiating the prior to entering into an agreement.
- iii. If the exclusion check indicates that a Class A Contractor has been excluded from Federal or State healthcare programs, the contract will not be executed. Otherwise the results shall be retained with the executed contract.
- iv. All contracts and exclusion screening documentation shall be submitted to the Compliance Officer for recordkeeping.

c. Finance Director (or designee) Responsibilities:

- i. Ensure that exclusion checks are conducted on all contractors or vendors, including Class A Contractors, monthly through the duration of the contract.
- ii. The results of all exclusion checks will be promptly reported to the Corporate Compliance Officer.

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5. **Reporting:** All results of exclusion checks and related activities must be promptly shared with the Corporate Compliance Officer and other appropriate compliance personnel.

C. Credential Verification:

1. Verification of credentials of medical/healthcare and other professionals employed by the County with appropriate licensing and disciplining authorities, including any adverse actions taken against the individuals that might impair his or her performance of duties or fiduciary responsibilities on behalf of the County will be conducted.
2. The process is applicable to all employees for which the license/certification is required for the performance of their duties.
3. The screening and verification will be conducted as part of the hiring process and at least annually thereafter. The Department Head or their designee will report the results of credential verifications to the Corporate Compliance Officer on an annual basis.

D. Corporate Compliance Officer Responsibilities:

1. The Corporate Compliance Officer will assess and implement the most efficient methods to ensure monthly screenings are conducted for any Class A Contractor required to maintain an effective compliance program.

E. Annual Audit: The Corporate Compliance Officer will conduct an annual audit to verify that this policy is enforced. The findings from this audit, along with any recommendations for corrective actions or process improvements, will be presented to the Corporate Compliance Committee and the Board of Supervisors as part of the annual compliance report.

F. Record Retention: The Corporate Compliance Officer will maintain the results of all exclusion checks for six (6) years.