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SCOPE

This policy applies to all Alameda County Health Care Services Agency (HCSA) workforce members and vendors who do business with or on behalf of HCSA.

PURPOSE

Federal law prohibits entities such as the Alameda County Health Care Services Agency (HCSA), that participate in federal or state healthcare programs (i.e., Medicare, Medicaid, and other governmental programs), from entering into or maintaining certain relationships with individuals or entities that have been excluded from participation in federal or state healthcare programs. The federal and state statutes also exclude from coverage any item or service that has been ordered, prescribed, supervised, or furnished by an individual or entity during a time when the individual or entity has been excluded from participation in a federal or state healthcare program.

This policy establishes the standards by which HCSA screens all workforce members and vendors for restrictions on their ability to participate in federal or state healthcare programs and contracts.

DEFINITIONS

Excluded Individuals or Entities: An excluded or ineligible person is an individual or entity who has been identified by the Federal and/or State government as committing an act that excludes the individual/entity from participating in Federal or State Health Care Programs, Federal/State procurement, or non-Federal procurement whenever Federal funds are used. This exclusion applies regardless of who submits the claims; it applies to all administrative and management services furnished by the excluded person. A detailed description of what constitutes excluded persons can be accessed at the following address: http://www.ssa.gov/OP_Home/ssact/title11/1128.htm

Federal Healthcare Programs: Includes programs such as Medicare, Medi-Cal, Tricare, Children Health Insurance Program, and any other plan or program that provides health benefits, whether directly, through insurance or otherwise, which is funded directly, in whole or in part by the Federal Government.

Vendor: Any entity or organization (e.g., community-based organization, contractors, consultants, etc.) with which HCSA conducts business or provides goods or services to HCSA.



Workforce Members: Directors, officers, employees, healthcare professionals (includes medical residents, fellows) interns, trainees, students, visiting scholars, researchers, volunteers, and others who perform assigned duties for HCSA, including those who are temporary staff, whether or not they are paid by HCSA.

POLICY

HCSA will not knowingly hire, retain, grant privileges to, contract with or bill for services rendered by excluded and/or ineligible individuals or entities

For purposes of this policy, an “excluded and/or ineligible individual/entity” is anyone who:

- a. Is currently excluded, debarred, suspended or otherwise declared ineligible to participate in state/federal health care programs or contracts; or
- b. Has been convicted of a criminal offense as defined by [42 U.S.C. § 1320a-7\(a\)](#) related to provision of health care items or services but has not yet been excluded, debarred, or otherwise declared ineligible.

PROCEDURE

The following screening procedures will be implemented and followed to ensure compliance with federal and state law and regulation:

I. Screening Prior to Hire or Contracting

- a) **County Employees:** Prior to the hiring of any HCSA workforce member, the HCSA Human Resources Department will screen all potential employees against the applicable federal and state exclusion list(s) including:
 - Department of Health Care Services (DHCS), California Medi-Cal Suspended and Ineligible Provider List (<https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx>)
 - U.S. Department of Health and Human Services Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) (<https://exclusions.oig.hhs.gov/>)
 - U.S. General Services Administration (GSA) System for Award Management (SAM) (<https://sam.gov/SAM/pages/public/searchRecords/search.jsf>)
 - U.S. Social Security Administration Death Master File (SSDMF) (<https://classic.ntis.gov/products/ssa-dmf/#>)
 - California Department of Consumer Affairs License Search (DCA License Verification) (<https://search.dca.ca.gov/>)
 - National Plan and Provider Enumeration System, National Provider Identifier Verification (NPPES NPI Lookup) (<https://npiregistry.cms.hhs.gov/>)
- b) **Community Based Organization (CBO).** CBO’s are responsible for screening all potential new hires against the aforementioned state and federal exclusion list(s) prior to hire and



before submitting a request to HCSA for staff ID or credentialing.

- c) **Contracts:** Each HCSA Department Contract Office is responsible for screening all potential principal contractors, entities, and their Board against the aforementioned state and federal exclusion list(s) prior to contracting for items, goods or services.

II. Ongoing Screening

Subsequent to initial hiring, privileging/credentialing or contracting, exclusion screening is completed against the aforementioned exclusion and licensing board sanction lists at the following intervals:

- Workforce members are screened monthly
- CBO staff who are credentialed by HCSA Behavioral Health Department are screened monthly
- Entities are screened annually or as needed

III. Notification Responsibilities

- A. HCSA includes language in its contracts that require vendors to comply with the law to disclose information regarding exclusions from federal or state healthcare programs, federal/state procurement, or non-federal procurement whenever federal funds are used.
- B. It is the responsibility of each workforce member and vendor to provide immediate notice to HCSA Office of Compliance Services upon being:
1. Excluded, debarred, suspended or otherwise declared ineligible to participate in federal or state healthcare programs or contracts;
 2. Convicted of a criminal offense as defined by 42 U.S.C. § 1320a-7(a).

IV. Exclusions (Hits and Matches)

- A. If a workforce member or vendor has been excluded, debarred, suspended or otherwise declared ineligible to participate in federal/state healthcare programs or contracts or found to be convicted of a criminal offense as defined by 42 U.S.C. § 1320a-7(a), the appropriate HCSA Manager and Department Human Resources Officer are notified for further review and action, as needed. Actions may include the following:
1. Immediate removal of the workforce member or vendor from direct or indirect responsibility for, or involvement in, any federal or state-funded healthcare program until (a) the issue is resolved and (b) it is determined the individual or vendor is not excluded, debarred, suspended or otherwise ineligible to participate in federal or state healthcare programs;
 2. Repayment of claims for services in which the excluded individual, to include workforce members, or vendor, participated¹;

¹ For the purpose of this policy, “participated” means ordered, referred, provided or supported the service.



3. Suspension of privileges or termination of the workforce member consistent with the terms and conditions of employment and/or the privileging relationship; *and/or*
4. Termination of the contract with the workforce member or vendor.

V. Remediation for Hits/Matches

- a. **Workforce member:** Once the workforce member has been notified of a positive hit/match by HCSA, they will have 60-calendar days from the date of notification to clear their names from the said exclusion lists. During this time, the workforce member cannot have any direct or indirect responsibility for, or involvement in, any federal or state-funded healthcare program until the issue is fully resolved. The HCSA Office of Compliance Services will coordinate efforts with appropriate HCSA Department managers and billing/finance team to identify, report and repay any identified improper payments to appropriate payers. If after the 60-day period the workforce member remains on the excluded list, HCSA HR will pursue employee separation from County employment.
- b. **Community Based Organization (CBO):** Once the CBO manager has been notified of a positive hit/match, they will have 30-calendar days from the date of notification to fully investigate and report the identified improper payments received during the time the person was excluded and take appropriate measures to repay the funds to HCSA. During this time, the excluded person cannot have any direct or indirect responsibility for, or involvement in, any federal or state-funded healthcare program until the issue is fully resolved. The CBO is responsible for developing a transfer of care plan for all affected clients and to ensure minimal disruption to client services. The County will temporarily suspend the excluded person's billing privileges while the matter is being investigated. If after 60-days the excluded person remains on the exclusion list, the appropriate HCSA Department will terminate the excluded person's privileges.
- c. **Vendors:** Once the vendor has been notified of a positive hit/match, they will have 30-calendar days from the date of notification to fully investigate and return any overpayment or improper payments received for items, goods or services during the time the vendor was excluded or ineligible for participation in federal or state health care program, federal/state procurement, or non-federal procurement whenever federal funds are used. If after 30-days the vendor remains on the exclusion list, HCSA may sever its business or contractual relationship with the vendor until such time the vendor is once again eligible for participation in federal or state health care programs, federal/state procurement, or non-federal procurement.

VI. Document Retention

HCSA Departments and operational units (e.g., HR, Contracts) that perform exclusion screening on new hires or vendors must maintain a record (paper or electronic) of screening results in the individual or entities files for the period of 10 years. Similarly, CBOs who are



required to conduct exclusion screening on new hires must maintain a record (paper or electronic) of screening results in their personnel files for the period of 10 years.

HCSA has contracted with a third-party vendor to conduct ongoing screening and monitoring. The third-party vendor will maintain appropriate documentation for the screening process and findings for the period of 10 years.

RELATED POLICIES

HCSA Code of Conduct

ACBH Policy No: 1302-1-1 Contract Compliance and Sanctions for BHCS-Contracted Providers

REFERENCES

- 42 U.S.C. §1320a-7
- 42 CFR, Section 455.436
- 42 CFR, Section 438.214
- Center for Medicare and Medicaid Services *Compliance Program Guidance for Medicare Fee-For-Service Contractors* (March 2005). U.S. Department of Health and Human Services
- DMH LETTER NO.: 10-05, September 10, 2010
- Office of Inspector General *Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs* (May 8, 2013). U.S. Department of Health and Human Services
- United States Sentencing Commission, Guidelines Manual, §8B2.1
- Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987 (February 23, 1998).
- Supplemental Compliance Program Guidance for Hospitals, 70 Fed. Reg. 4858 (January 31, 2005).
- Centers for Medicare and Medicaid Services (CMS), Medicare Managed Care Manual, CMS Pub. 100-16, Chap. 21, Sec. 50.6.8 (Rev. 110, Jan. 11, 2013); available at <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c21.pdf>
- CMS, Medicare Prescription Benefit Manual, CMS Pub. 100-18, Chap. 9, Sec. 50.6.8 (Rev. 16, Jan. 11, 2013); available at <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c21.pdf>

ATTACHMENT

ACBH Exclusion Screening Procedure



Exclusion Screening Procedure

An Addendum to the
Alameda County Health Care Services Agency
Exclusion Screening Policy

May 2021



Alameda County Behavioral Health Care Services
A Department of Alameda County
Health Care Service Agency

I. Purpose:

The purpose of this policy addendum is to outline the Alameda County Behavioral Health Care Services (ACBH) procedures for monitoring the Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE), as well as other applicable exclusion lists and databases, to determine whether workforce members and vendors are excluded from participation in a federal or state healthcare program in accordance with the HCSA Exclusion Screening Policy.

II. Specific Procedures:

The following procedures shall be followed to ensure compliance with the HCSA Exclusion Screening Policy and applicable State and Federal Law and Regulation:

- A. In order to conduct monthly monitoring, all of the following are required to have an ACBH INSYST Staff Number²:
- i. **ACBH:** All clinical and non-clinical employees, volunteers, interns, and agents who provide items or services in government funded programs.
 - 1. The appropriate ACBH departmental supervisor shall submit a *Staff Number Request E-Form* for all ACBH employees and any interns, volunteer(s) or others providing items or services to ACBH under their direct supervision.
 - 2. The ACBH Finance Office shall submit a *Staff Number Request E-Form* for all ACBH contracted consultants.
 - ii. **ACBH-Contracted Organizational Providers and Contracted Level-3 Organizational Providers:** All clinical and non-clinical employees, interns, volunteers, agents, Board members, and owners (with five percent or more ownership interest) that provide items or services in government-funded programs under an ACBH contract.
 - 1. These organizational providers shall submit requests for INSYST Staff Numbers to the ACBH IS Office using the *Staff Number Request E-Form*.
 - 2. The ACBH Contracts Unit will obtain the INSYST Staff Number during the credentialing process for all individual and group Mental Health Plan Fee-For-Service Providers of Contracted Level-3 Organizational Providers
- B. All ACBH contracted organizational providers who bill through INSYST or eCURA shall do the following:
- i. Update their ACBH Staff Roster with staff additions, departures, and staff information changes at least monthly using the *Staff Number Request E-Form* in accordance with II.A.ii. (ACBH-Contracted Organizational Providers and Contracted Level-3 Organizational Providers) above.
 - ii. Attest monthly that they have updated their Staff Roster using the Monthly Staff Change Attestation E-Form.
 - 1. Out-of-county Services As Needed (SAN) contractors are required to attest only in the months when receiving Medi-Cal, Medicare or other government funding

² INSYST Staff Numbers may be requested and updated using the *Staff Number Request E-Form*

through ACBH for a client of ACBH.

- iii. Perform background checks including, but not limited to, checks of all exclusion lists and databases listed in the HCSA Exclusion Screening Policy for all potential employees, interns, volunteers, agents, Board members, and owners (who will have five percent or more ownership interest) **prior** to employment, contracting, or appointment.
- iv. Financial penalties may be applied to a contractor's monthly claim for any month that the contractor does not comply with the requirements listed above.

C. ACBH shall do the following:

- i. Monitor to ensure ongoing exclusion screening is conducted against all exclusion and licensing board sanction lists in accordance with the HCSA Exclusion Screening Policy,
- ii. Monitor all applicable exclusion and licensing board sanction lists for ACBH staff, volunteers, contractors and agents at the following frequency:
 - 1. Prior to Hire or Onboarding
 - a. Exclusion list checks for potential ACBH staff, interns, volunteers and others will take place during the pre-hire process by Alameda County Health Care Services Agency (HCSA) Human Resources (HR). Any candidate who has a confirmed match on an applicable exclusion list will not proceed further in the hiring process.
 - b. Background checks for potential ACBH staff, interns, volunteers and others shall include, but not be limited to, checks of all exclusion lists and databases listed in Section I.a. (Screening Prior to Hire or Contracting – County Employees) of the HCSA Exclusion Screening Policy.
 - 2. Prior to Contracting
 - a. Exclusion list checks will be performed at the entity level for all potential contractors during the procurement process and added as a minimum requirement in the Request for Proposal (RFP). Any bidder who has a confirmed match on an applicable exclusion list will not proceed further in the procurement process.
 - b. Upon bid award or Sole Source award, exclusion list checks will take place for the entity's employees, volunteers, agents, Board members, and owners (who will have five percent or more ownership interest). Any individual who has a confirmed match on an applicable exclusion list will be excluded from contracting.
 - 3. At least monthly for all providers as outlined above until termination of employment/contract.
- iii. Monitor all applicable exclusion and licensing board sanction lists for contracted organizations and entities at the following frequency:
 - 1. At least annually until termination of contract.

D. Hits and Matches

- i. Once the ACBH Quality Assurance (QA) Office and Health Care Services Agency, Chief Compliance Officer (HCSA CCO) are notified that an ACBH employee, contractor, agent, volunteer, Board member, or owner (with five percent or more ownership interest) is found and matched on any of the applicable exclusion and/or licensing board sanction lists, or there is disciplinary action imposed on a licensed provider by a licensing board, including sanctions, suspension or revocation of license to practice, the following actions will be taken:
 - a. The QA Office or HCSA CCO will initiate a hold to be placed on any claiming by the identified individual or entity.
 - b. The ACBH Information Systems Unit (IS) shall temporarily suspend INSYST access (if appropriate) and initiate and distribute an Exclusion Notification as directed by QA Office or HCSA CCO;
 - c. ACBH Contracts Unit shall contact the individual, contractor, or entity in writing and inquire/investigate the hit/match and enter investigation notes in the Provider Trust system.
 - d. If the individual is an ACBH employee, ACBH IS shall initiate and distribute an Exclusion Notification as directed by QA Office or HCSA CCO. to the Alameda County Health Care Services Agency Human Resources Department (HCSA HR) and HCSA Chief Compliance Officer, and the ACBH QA Office., Tthe QA Office shall notify his/herthe individual's primary supervisor and their respective Division Program Directors.
 - e. The Exclusion Notification is sent via e-mail by ACBH IS to the following departments:
 - HSCA Chief Compliance Officer
 - HSCA Human Resource
 - Deputy Director Plan Administrator
 - Contracts Unit
 - Quality Assurance
 - Information Systems
 - Billing and Benefits Support
 - Finance
 - f. If the individual is an ACBH employee, ACBH IS shall initiate and distribute an Exclusion Notification as directed by QA Office or HCSA CCO to the following departments:
 - HSCA Chief Compliance Officer
 - HSCA Human Resource
 - Quality Assurance
 - i. The QA Office shall notify the individual's primary supervisor and their respective Division Program Directors.
 - ii. The QA Office shall notify other ACBH Departments as appropriate as to what other actions may be required.
- ii. Upon notification of the match, the QA and Contracts Unit or HCSA HR (for County employees) shall conduct a complete investigation. During the investigative process, the

individual, contractor, agent, volunteer, board member, or owner (with five percent or more ownership interest) shall not be allowed to bill any services to Medi-Cal, Medicare or any other government Healthcare Program (includes state/federal grants) until the matter is fully remedied and a final decision has been rendered.

- iii. QA shall coordinate with the ACBH Budget Office as part of the investigation process to determine potential recoupment of funds or Medi-Cal services to be voided.
- iv. Upon completion of the investigative process, a report shall be prepared within thirty (30) days from the date of the completion of the investigation. The QA Office shall submit the report and recommendations to the ACBH Executive Team and the HCSA HR, as applicable, for further action when necessary.
- v. ACBH IS shall document a system “hold” or deactivation action taken against the hit/match in the Provider Trust system. ACBH IS, Contracts Unit and HCSA CCO may update or resolve the match in Provider Trust as appropriate.
- vi. QA shall notify HCSA CCO of findings of excluded individuals/entities for reporting requirements to DHCS. Notification may include investigation report, documentation in Provider Trust, evidence of recoupment of funds. (42.CFR 438.608(a)(2), (4))

E. Remediation/Corrective Actions for Hits/Matches

- i. Individuals and legal entities notified of a positive hit/match will have 60-calendar days from the date of notification to clear their names from the said exclusion lists.
- ii. Community Based Organization (CBO) managers, upon notification of a positive hit/match on the excluded list will have thirty (30) calendar-days from the date of notification to fully investigate and report the identified improper payments received during the time the person was excluded and take appropriate measures to repay the funds to ACBH.
- iii. If after the 60-day period the matched contractor/legal entity remains on the excluded list, ACBH shall notify County Counsel regarding the procedures for initiating contract termination of the said contractor/legal entity. The ACBH Executive Team shall make any determination as to recoupment of funds from contractor/legal entity for claims paid during the period of time that they were on the exclusion list.
- iv. The individuals/legal entities that have a positive hit/match related to a license to practice, disciplinary action imposed by a licensing board or related to credentialing, the contractor/legal entity shall be given seven (7) calendar days to respond in writing to the designated ACBH office.
 - a. Remediation may include (not an all-inclusive list):
 1. CBO’s written confirmation or attestation that provider is following terms of the probation per the licensing board.
 2. CBO’s written confirmation or attestation that provider is no longer employed (or does not treat ACBH clients) and Insyst termination has been submitted to IS.

3. CBO's written confirmation that provider has complied with all requirements and provides proof of active licensure or resolution.
- b. If the individual is an ACBH employee or volunteer, next steps shall be in accordance with Section V of the HCSA Exclusion Screening Policy.

DEFINITIONS

Term	Definition
Background Check	<p>The act of reviewing both confidential and public information to investigate a person or entity's history. Commonly performed by employers to ensure that: (1) an employee or entity is who they say they are, (2) to determine that the individual or entity does not have a damaging history (such as criminal history), and (3) to confirm information that an applicant or entity included on their application for employment or contracting.</p> <p>What comprises a background check varies depending on the position being applied for or job to be performed and the hiring entity. For ACBH and its contractors, background checks may include, but is not limited to, finger printing, Federal and State exclusion list checks, and licensing checks.</p>
Contractor's Staff Roster	<p>A list of current clinical and non-clinical employees, volunteers, agents, Board members, and owners (with five percent or more ownership interest) of an ACBH-contracted organization that is providing services and/or goods in Federally-funded programs under an ACBH contract(s).</p>
Excluded Persons	<p>An excluded person can be an individual, contractor, or entity who has been identified by the Federal and/or State government as committing an act that excludes the individual/entity from participating in Federal health care programs, State Health Care Programs, Federal/State procurement, or non-Federal procurement whenever Federal funds are used. This exclusion applies regardless of who submits the claims; it applies to all administrative and management services furnished by the excluded person. A detailed description of what constitutes excluded persons can be accessed at the following address: http://www.ssa.gov/OP_Home/ssact/title11/1128.htm</p>
Expired Staff	<p>Staff/volunteers/agents who are no longer providing goods and/or services under the contract with ACBH and/or no longer employed or contracted with ACBH or an ACBH contractor as well as ex-Board members and ex-owners (with five percent or more ownership interest).</p>
Federal Health Care Program	<p>A Federal Health Care Program is defined as any plan or program that provides health benefits, whether directly, through insurance, or otherwise, and that is funded directly, in whole or in part, by the U.S. Government or a State Health Care Program. Among the most significant programs are Medicare, Medicaid (Medi-Cal in CA), TRICARE, and The Veterans Administration.</p>
INSYST Staff Roster	<p>A roster of Contractor's staff/agents who are providing goods and/or services under the contract with ACBH per information that Contractor submitted to the ACBH IS Office.</p>
Monthly Staff Change	

Term	Definition
Attestation E-Form	An electronic form used by contracted providers to attest monthly that they have updated their staff roster with ACBH. The link to the page where the form can be accessed: http://achcsa.org/behavioral-health/eforms.aspx
Providers	The term “provider” is used broadly to include direct service providers and their administrative, fiscal, and support staff, contractors, volunteers, suppliers, manufacturers, and other individual, including a drug plan sponsor or managed care entity that directly or indirectly furnishes, arranges, or pays for items/services.
Provider Trust	A third-party contractor of HCSA. The company provides exclusion monitoring services and platform for tracking and retention of data.
Staff Number Request (e-) Form	An electronic form used by both ACBH and contracted providers to update their staff roster with staff additions, departures, and staff information changes. For CBO’s logging into the ACBH Network via the web portal, the Staff Number Request e-Form can be found on the Provider e-Forms page: http://achcsa.org/behavioral-health/eforms.aspx For ACBH employees, the Staff Number Request Form can be found on the ACBH Intranet Forms Page: http://achcsa.org/behavioral-health/forms.aspx