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Owner: URMCM Compliance Office
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COMPLIANCE POLICY 50 Exclusion and Debarment

PURPOSE: To ensure only eligible individuals participate in Medicare, Medicaid, federally funded research and other state and federally funded programs.

SCOPE: Applies to all trustees, directors, officers, employees, medical staff members, residents, fellows, independent contractors and vendors (“Affected Individuals”).

POLICY: The University of Rochester Medical Center will comply with all Federal and State requirements that prohibit or otherwise limit the participation of Excluded Individuals in Medicare, Medicaid and other state and federal contracts, grants and programs.

DEFINITIONS: An Excluded Individual is an individual (person or entity) listed on one or more of the following lists (collectively, the Exclusion Lists):

- a) The List of Excluded Individuals and Entities maintained by the Office of the Inspector General of the United States Department of Health and Human Services (LEIE List);
- b) The New York State Medicaid Exclusion List maintained by the New York State Office of the Medicaid Inspector General (OMIG List);
- c) The System for Award Management debarment list maintained by the United States General Services Administration (GSA List);
- d) The Specially Designated Nationals List maintained by the United States Department of the Treasury (SDN List).

An individual is Excluded when listed on one of the Exclusion Lists.

An individual is a Confirmed Match when, through the use of Social Security Numbers, Employer Identification Numbers or other means, it is confirmed that the Individual is an Excluded Individual.

An individual is a Potential Match when he or she has the same name as an Excluded Individual.

DESCRIPTION:

1. The University of Rochester Medical Center is committed to complying with State and Federal laws, regulations and requirements that prohibit Excluded Individuals from ordering, providing, overseeing or participating in any in Medicare, Medicaid, federally funded research, or other state and federal contracts, grants and programs.
2. No Excluded Individual shall be granted medical staff privileges, hired, accepted into any medical residency or fellowship program, or serve as an officer or board member of UPMC, a trustee of the University of Rochester, or a contracted supplier of goods or services to UPMC, unless the individual's involvement is wholly unrelated to Medicare, Medicaid, federally funded research or other state or federal contracts, grants or programs that are covered by the Excluded Individual's exclusion.
3. All Affected Individuals are required to notify the UPMC Compliance Office immediately if they become aware that they or any other Affected Individual has been Excluded or proposed for Exclusion by a state or federal agency. The Compliance Office will promptly notify all UR Medicine Health Care Affiliate Compliance Officers.
4. Except as provided in Section 5, any Affected Individual who is Excluded shall be immediately removed from participation in any activity related to Medicare, Medicaid, federally funded research or other state or federal contracts, grants or programs. This individual may not provide care, order services or participate in any clinical, administrative, operational, managerial or research activity unless it is wholly unrelated to the state or federal contracts, grants or programs that are covered by the individual's exclusion.
5. Any decision not to immediately remove an Excluded Individual from performing all of his or her responsibilities shall require prior consultation with, and approval of, the Office of Counsel and the Compliance Office.
6. UPMC will not submit any claim for payment to Medicare, Medicaid (including Medicare Advantage and Medicaid Managed Care) or to any other state or federal contract, grant or program covered by the exclusion for any service performed, in whole or in part, by or with the involvement of any Excluded Individual. Individual exceptions must be reviewed in advance and approved by the Compliance Office.
7. UPMC will promptly make appropriate adjustments to remove unallowable costs related to the salary, benefits and expenses of the Excluded Individual from any state and federal cost reports, contracts and research grant accounts.
8. The University of Rochester Medical Center shall maintain an Initial Screening and Monthly Screening program covering Affected Individuals that shall utilize the Exclusion Lists and other appropriate means to promptly identify Excluded Individuals. The Social Security Death Master File shall also be queried as part of the Initial Screening of University Trustees,

URMC Officers, URMC Board Members and Strong Memorial Hospital Medical Staff and Allied Professional Staff Members.

9. The Compliance Office will maintain a written procedure that will identify the administrative departments responsible for screening different classes of Affected Individuals and will describe the Initial and Monthly Screening processes used for each class of Affected Individuals.
10. Potential Matches will be resolved using the individual's Social Security Number, Employer Identification Number or other demographic information, if known. When that information is not available, the Affected Individual shall be required to complete a certification in the form of Exhibit A.
11. Confirmed Matches will be reported immediately to the Compliance Office by the administrative department responsible for performing the screening.
12. On a monthly basis, the individuals responsible for performing the screenings will provide an attestation in the form of Exhibit B to the Compliance Office confirming completion of the screening process and identifying any Confirmed Matches and resolved Potential Matches.
13. Documentation supporting the Initial and Monthly Exclusion processes shall be retained for a period of ten years as follows:
 - a. The results of the Initial Screenings shall be retained by the department responsible for the Initial Screening;
 - b. Monthly Attestations shall be retained by the Compliance Office;
 - c. When there is a Potential Match, the documentation retained by the department responsible for the Initial or Monthly Screening shall include proof of successful efforts to confirm the Individual is not an Excluded Individual and, if applicable, any Exhibit A certification completed by the Affected Individual.

REFERENCES:

Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs, Office of the Inspector General, United States Department of Health and Human Services, May 8, 2013.

Social Security Act §§ 1128, 1128A and 1156 (42 USC §§1320a-7, 1320a-7a and 1320c-5).

42 CFR 424.516 and 42 CFR 455.436.

18 NYCRR 515.5

New York State Department of Health, Standard Clauses for Managed Care Provider/IPA/MCO Contracts, Section B.9.i.

2 CFR Part 180.

EXHIBIT A
INDIVIDUAL CERTIFICATION
GOVERNMENT DEBARMENT, SUSPENSION AND EXCLUSION

Print Name of Certifying Individual: _____

URMC Department Requesting Certification: _____

I hereby certify and agree as follows:

1. I have been advised that a person with a name like mine appears on one or both of the following government databases:
 - (a) The List of Excluded Individuals and Entities maintained by the Office of the Inspector General of the United States Department of Health and Human Services (LEIE List);
 - (b) The New York State Medicaid Exclusion List maintained by the New York State Office of the Medicaid Inspector General (OMIG List);
 - (c) The System for Award Management exclusion list maintained by the United States General Services Administration (GSA List);
 - (d) The Specially Designated Nationals List maintained by the United States Department of the Treasury (SDN List).
2. I have been given the information printed from the relevant list(s). A copy of the information is attached.
3. I have reviewed the attached information carefully. To the best of my knowledge:
 - (a) I (am ____, am not ____) the person whose name appears on the list(s);
 - (b) I (am ____, am not ____) excluded from participation in Medicare, Medicaid or from any other federal health care programs;
 - (c) I (have ____, have not ____) been debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in any federal grant, benefit, contract or program by any Federal department or agency;
 - (d) I (have ____, have not ____) defaulted on any federal student loans;
 - (e) The federal government (has ____, has not ____) sued me or obtained a judgment against me;
 - (f) I have not had a professional license suspended or revoked;
 - (g) I am aware of no reason why I would be excluded, debarred, suspended, proposed for debarment or exclusion, declared ineligible to participate in Medicare, Medicaid or any federal grant, benefit, contractor or program..
4. I will notify the URMCC Compliance Office immediately if I learn that any of the statements I made in this certification were incorrect.
5. I will notify the URMCC Compliance Office immediately if I am later excluded, debarred, suspended, proposed for debarment or exclusion, declared ineligible or excluded from participation in Medicare, Medicare, or any federal grant, benefit, contract or program.

I have read this statement carefully and have had the opportunity to ask questions. I hereby certify the information I provided is correct and I understand that any misrepresentation, if discovered, will result in further action by the URMC up to and including termination of employment and/or contract or loss of privileges as appropriate.

Date

Signature

Print Name: _____

Title: _____

EXHIBIT B
MONTHLY EXCLUSION CHECK ATTESTATION

I, _____, attest that:

(Print Clearly)

I have completed the **month / year** monthly exclusion screening for the areas identified below against the Office of Inspector General (OIG) List of Excluded Individuals/Entities, Government Services Agency (GSA) Excluded Parties List System and the New York State Office of the Medicaid Inspector General.

Matches were brought to the attention of the University of Rochester Medical Center Compliance Office and resolved with detailed match information.

_____ **# Potential Matches Resolved**

_____ **# Confirmed Matches Found**

AREA SCREENED: (circle all that apply)

- ❖ URMC Board
- ❖ UR Board of Trustees (Voting, Life)
- ❖ SMH Medical Staff
- ❖ Graduate Medical Education (Residents and Fellows)
- ❖ UR Employees
- ❖ Purchasing (Vendors)

Signature

Name

Title