

Lower Merion School District

Policy No.: 822
Section: PUPILS
Title: SCREENING OF EMPLOYEES/CONTRACTORS
Date Adopted: 4/16/12
Date Last Revised:

P822 SCREENING OF EMPLOYEES AND CONTRACTORS FOR EXCLUSION FROM PARTICIPATING IN FEDERAL HEALTH CARE PROGRAMS

PURPOSE

As a health care provider that participates in the Medical Assistance (MA) Program, the District is required to screen its employees and contractors, both individuals and entities, to determine if they have been excluded from participation in Medicare, Medicaid, or any other federal health care program.

This regulation is designed to create the procedures for screening all employees and contractors at the time of hiring or contracting and, thereafter, ongoing on a monthly basis, as required by federal and state law.¹

Note: As an alternative to the procedures outlined below, the District can also modify its contracts with contractors to reflect the exclusion prohibition, such as adding language that the contractor/vendor will have an ongoing responsibility to check its own prospective and current employees for exclusion from participating in a federal health program. However, the District should still maintain its own auditable documentation of the contractor's screening efforts.

PROCEDURES FOR SCREENING EMPLOYEES/CONTRACTORS

- A. All employees, vendors, contractors, service providers, and referral sources that are associated directly or indirectly with a Medicaid/federally funded health care service should be screened at time of hire/contracting and monthly thereafter.
 - a. Examples of individuals or entities that the District should screen for exclusion include, but are not limited to:
 - i. Individual or entity who provides a service for which a claim is submitted to Medicaid;
 - ii. Individual or entity who causes a claim to be generated to Medicaid;
 - iii. Individual or entity whose income derives all, or in part, directly or indirectly, from Medicaid funds;
 - iv. Independent contractors if they are billing for Medicaid services;

¹ See Medical Assistance Bulletin 99-11-05. When the Department of Health and Human Services' Office of Inspector General (HHS-OIG) excludes a provider, Federal health care programs (including Medicaid and SCHIP programs) are generally prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities. See Section 1903(i)(2)(A),(B) of the Act (42 U.S.C.A. § 1396b(i)(2)(A),(B)); and 42 Code of Federal Regulation (CFR) Section 1001.1901(b). This payment ban applies to any items or services payable under a Medicaid program that are furnished by an excluded individual or entity.

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- v. Referral sources, such as providers who send a Medicaid recipient to another provider for additional services or second opinion related to medical condition.

B. Screening Procedures: The District will check all three of the following databases to determine exclusion status:

- a. ***Pennsylvania Medichcek List***: a database maintained by the Department of Public Welfare that identifies providers, individuals, and other entities that are precluded from participation in Pennsylvania's MA Program:

<http://www.dpw.state.pa.us/publications/medichceksearch/index.htm>

If an individual's resume indicates that he/she has worked in another state, the District should also check that state's individual list (if available).

- b. ***List of Excluded Individuals/Entities (LEIE)***: a database maintained by Department of Health and Human Services' Office of Inspector General that identifies individuals or entities that have been excluded nationwide from participation in any federal health care program. An individual or entity included on the list is ineligible to participate, either directly or indirectly, in the MA Program. Although the Department makes best efforts to include on the Medichcek List all federally excluded individuals/entities that practice in Pennsylvania, providers must also use the LEIE to ensure that the individual/entity is eligible to participate in the MA Program:

<http://oig.hhs.gov/fraud/report-fraud/index.asp>

- c. ***Excluded Parties List System (EPLS)***: World wide database maintained by the General Services Administration that provides information about parties that are excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and nonfinancial assistance and benefits:

<https://www.epls.gov/>

C. The District will immediately self report any discovered exclusion of an employee or contractor (for either an individual or entity) to the Bureau of Program Integrity using one of the following methods:

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- a. By e-mail through the MA Provider Compliance form at the following link:

[http://www.dpw.state.pa.us/learnaboutdpw/fraudandabuse/maprovidercomplianceh
otlinerresponseform/index.htm](http://www.dpw.state.pa.us/learnaboutdpw/fraudandabuse/maprovidercomplianceh
otlinerresponseform/index.htm)

- b. By U.S. mail at the following address:

Bureau of Program Integrity
Commonwealth of Pennsylvania
P.O. Box 2675
Harrisburg, PA 17105-2675

- c. By fax at: (717) 772-4655 or (717) 772-4638

- D. The District will develop and maintain in a permanent file auditable documentation of screening efforts, including dates the screenings were performed and the source data checked and the date of most recent update.
- E. The District will periodically conduct self-audits to determine compliance with this screening requirement.
- F. If the District fails to prevent payments for items or services furnished or ordered by excluded individuals or entities, it may be subject to exclusion from participating in the MA Program and all Federal health care programs, recoupments of overpayments, and imposition of civil monetary penalties.