

Catholic Charities of Long Island	
Compliance Program Policies and Procedures	
SUBJECT: Compliance Reviews For Excluded Or Ineligible Individuals/Entities	
APPROVED BY: Julia Bruno, Acting Compliance Officer	EFFECTIVE: 3/28/23
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I. POLICY

The Catholic Charities of Long Island (the “Agency”) is committed to using good faith, reasonable efforts to not knowingly employ, contract with, or otherwise do business with, individuals or entities that are excluded, debarred or suspended from, or otherwise ineligible to participate in, Federal Health Care Programs or in Federal procurement or non-procurement programs.

This Policy and Procedure applies to our relationships and prospective relationships with: (1) all professional and non-professional members, and candidates to become members, of Agency’s staff, whether employed by, contracted with, or volunteers to, Agency (collectively referred to as “Staff”); (2) all physicians, practitioners and other providers who refer patients to, or order, prescribe or medically direct the provision of, items or services from, Agency (collectively referred to as “Referring Providers”); and (3) all vendors and contractors who do business with, or seek to do business with, Agency (collectively referred to as “Vendors”).

II. DEFINITIONS

The following definitions apply for purposes of this Policy and Procedure:

A. FEDERAL HEALTH CARE PROGRAM

A “Federal Health Care Program” is defined as 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 (other than the Federal Employees Health Benefits Program), or any State health care program. For example, some of the better known Federal Health Care Programs include, but are not limited to, Medicare, Medicaid, TRICARE and veterans’ programs.

B. INELIGIBLE PERSON

An “Ineligible Person” means an individual or entity who/which has been excluded, debarred, suspended, terminated from, or is otherwise ineligible to participate in, any Federal Health Care Program or any Federal procurement or non-procurement program, and has not been reinstated after the period of exclusion, debarment, suspension, termination or ineligibility.

C. EXCLUSION LISTS

The “Exclusion Lists” include the following three internet sources that must be checked in accordance with the requirements of this Policy and Procedure:

- <https://exclusions.oig.hhs.gov/> (the United States Department of Health and Human Services, Office of Inspector General’s [“OIG”] List of Excluded Individuals/Entities);
- <https://www.sam.gov/SAM/pages/public/searchRecords/advancedPIRSearch.jsf> (the General Service Administration’s System for Award Management); and
- <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions> (the New York State Medicaid Exclusions List, available on the New York State Office of the Medicaid Inspector General’s [“OMIG”] website).

Other sources and lists may also be checked as Agency deems necessary and appropriate. For example, if a potential Staff member’s resume or application indicates that he or she worked in a state(s) other than New York, the equivalent state-specific lists, if available, should also be checked. Should any questions arise about the need or advisability of consulting any sources of information in addition to the Exclusion Lists, they should be promptly directed to Agency’s Compliance Officer and appropriate compliance personnel.

III. PROCEDURES

In order to ensure compliance with this Policy, Agency will, at minimum, follow the procedures set out below.

A. RESPONSIBILITY FOR SCREENING PROCESS

Screening of Staff, Referring Providers and Vendors will be conducted by Agency’s **Compliance Officer or his/her designee(s)**. If a designee is used, the person/entity performing the required screenings on behalf of Agency will report the results of all such screenings to, and will be supervised by, Agency’s Compliance Officer and appropriate compliance personnel.

B. PROCEDURES FOR SCREENING

1. Screening of Potential Staff Members, New Referring Providers and Potential Vendors.
 - a) Potential Staff Members. Every candidate to work as a Staff member at or on behalf of Agency is required to disclose on his or her Conflict of Interest and Confidentiality Statement form whether

he or she is an Ineligible Person. In addition, at minimum, Agency will also check the names of each potential Staff member against the Exclusion Lists *prior to* contracting with or employing the candidate, or allowing them to volunteer at Agency. If the candidate discloses that he or she is an Ineligible Person, fails to answer the question, appears on any of the Exclusion Lists, or if there is any question as to whether he or she is an Ineligible Person, the procedures set out in section C, below, will be followed.

- b) New Referring Providers. *Prior to* accepting referrals, filling orders or prescriptions from, or furnishing items or services at the medical direction of, a Referring Provider who is new to Agency, Agency will, at minimum, check the name of each such individual or entity against each of the Exclusion Lists. If the new Referring Provider appears on any of the Exclusion Lists, or if there is any question as to whether the individual or entity is an Ineligible Person, the procedures set out in section C, below, will be followed.
- c) Potential Vendors. *Prior to* doing business with, or entering into a contract with, any potential Vendor to Agency (including a Vendor that has previously been a Vendor to Agency), Agency will: (i) check the Vendor's name against each of the Exclusion Lists, and (ii) require the Vendor to check its employees and contractors against each of the Exclusion Lists, and confirm to Agency that none of them appear on any of the Exclusion Lists. If either of these checks results in an Ineligible Person finding, or a question as to whether the Vendor or an individual or entity associated with the Vendor is an Ineligible Person, the procedures set out in section C, below, will be followed.

In addition, in order to help ensure that Agency and its Vendors are in compliance with this Policy and Procedure, Agency should, whenever possible, include in its written Vendor contracts/agreements provisions that provide for:

- a representation and warranty by the Vendor that it and its employees, contractors and Affected Individuals are not Ineligible Persons as of the date the contract/agreement is entered into;
- a representation and warranty by the Vendor that it will check each of the Exclusion Lists prior to hiring employees, contractors, and Affected Individuals, and at least every month thereafter;
- the Vendor to maintain documentation for a defined period of time confirming that (i) it has performed the required checks of the Exclusion Lists and that such checks did not result in any Ineligible

Person findings, and (ii) that it will make such documentation available to Agency at its request;

- the Vendor to immediately disclose to Agency's Compliance Officer if it, or any of its employees, contractors or Affected Individuals, becomes an Ineligible Person at any time during the term of the agreement/contract, or at any time thereafter; and
- permitting the immediate termination of the agreement/contract and the Vendor's relationship with Agency, if, at any time, the Vendor or any of its employees, contractors or any Affected Individual is found to be or becomes an Ineligible Person.

Agency and the Compliance Officer may consult with outside counsel, as necessary and appropriate, in connection with these and other compliance-related contractual issues.

2. Regular Checks of Current Staff, Current Referring Providers and Current Vendors.

- a) Checks At Least Every Month. The Compliance Officer or his/her designee will check the names of all current Staff, current Referring Providers and current Vendors against each of the Exclusion Lists at least every month. If an individual's or entity's name appears on any of the Exclusion Lists, the procedures set out in section C, below, will be followed.
- b) Annual Certification by Current Staff. Agency will also require each current Staff member to certify on his or her Conflict of Interest and Confidentiality Statement that he or she is not currently, and has not been at any time since the date of the last such certification, an Ineligible Person. If the Staff member discloses that he or she is an Ineligible Person or fails to answer the question, or if there is any question as to whether he or she is an Ineligible Person, the procedures set out in section C, below, will be followed.

C. RESPONSE TO AN "INELIGIBLE PERSON" FINDING

Should the disclosure or review processes set forth above result in the determination that, or any question as to whether, any individual/entity may be, is, or has been, an Ineligible Person, then the following procedures will be followed:

- 1. Notification of Compliance Officer/Investigation/Preliminary Actions. The Compliance Officer will be immediately notified. An investigation into the matter will be promptly conducted, in conjunction with outside counsel as necessary and appropriate. The investigation will include a review of all

relevant facts and circumstances. At minimum, during the pendency of any such investigation: (a) any Federal Health Care Program claims that are related (whether directly or indirectly) to the items or services provided by, at the medical direction of, or that result from an order, prescription or referral from, the individual/entity who is suspected to be an Ineligible Person, will be immediately suspended, and (b) a suspected Ineligible Person will be immediately removed from any and all responsibility for, and any and all involvement with, Federal Health Care Programs (including administrative and management services). Agency may also take such other preliminary actions consistent with its Compliance Program and its compliance policies and procedures that it deems necessary and appropriate.

2. Finding of Ineligibility: Potential Staff Members, New Referring Providers and Potential Vendors. If, after the investigation is concluded, a potential Staff member, a new Referring Provider or a potential Vendor (or the potential Vendor's employee, contractor or any Affected Individual) is found to be an Ineligible Person, Agency will not hire, contract or do business with, the individual or entity, and will not accept referrals, orders, prescriptions or direction from, any such Referring Provider. Other appropriate corrective action, if necessary, may also be taken in accordance with Agency's Compliance Program and its compliance policies and procedures.
3. Finding of Ineligibility: Current Staff Members, Current Referring Providers and Current Vendors. If, after the investigation is concluded, a current Staff member, current Referring Provider or current Vendor (or the Vendor's employee, contractor or any Affected Individual) is found to be an Ineligible Person, Agency will take all appropriate corrective action.

This may include, but is not limited to, one or more of the following: suspension or termination of an individual's employment or contract with, or work for, Agency; termination of a Vendor's contract; permanent suspension of claims that are related (directly or indirectly) to the Ineligible Person; the timely return of monies improperly received, in accordance with applicable law, regulation, guidance and/or contract; and/or self-disclosure or reporting to the appropriate government Agency(ies), or other payors, in accordance with applicable law, regulation, guidance and/or contract.

At minimum, an Ineligible Person will be removed from any and all responsibility for, and any and all involvement with, Federal Health Care Programs (including administrative and management services), and Agency will cease submitting claims to, or seeking or causing payments to be made from, Federal Health Care Programs that relate in any way, whether directly or indirectly, to items or services provided by, at the medical direction of, or that result from an order, prescription, or referral from the Ineligible Person, in accordance with applicable law, regulation and guidance.

Other appropriate corrective action, if necessary, may also be taken in accordance with Agency's Compliance Program and its compliance policies and procedures.

Agency may consider reinstating an Ineligible Person only following confirmation that the individual/entity has been reinstated into the applicable Federal Health Care Program(s) and that the individual/entity is no longer an Ineligible Person. Any decision regarding reinstatement will be made in Agency's sole discretion.

D. MAINTENANCE OF DOCUMENTATION

The search results page of the checks of the Exclusion Lists or other proof that the required checks of the Exclusion Lists have been performed will be maintained by the Compliance Officer or his/her designee. In addition, records of any investigations, corrective action, disciplinary action or other action taken in accordance with this Policy and Procedure will also be maintained by the Compliance Officer or his/her designee. All such documentation will be maintained for no less than ten (10) years from the later of: (a) the last date on which the Exclusion Lists were searched, (b) the conclusion of the investigation, (c) the imposition or ending date (as the case may be) of any corrective, disciplinary or other action, or (d) for such longer period of time as may be required by applicable law, regulation or contractual requirement.