| Weill Cornell Medicine | Policy Title | Screening of Individuals/Entities for Exclusion from Participation in Federal Health Care Programs |
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| | Policy Number | 2.03 |
| | Department | Compliance & Privacy Office |
| | Effective Date | December 28, 2023 |
| | Last Reviewed | April 11, 2023 |
| | Approved By | Clinical Compliance Committee |
| | Approval Date | April 13, 2023 |

Policy

Based on federal and state law, WCM will not knowingly appoint, employ, retain, contract, or provide privileges to any ineligible person or entity.

WCM will perform, initial exclusion screening and ongoing monthly monitoring to ensure that its current workforce, vendors, and referring healthcare providers have not been excluded, debarred, or disqualified, or deemed ineligible to participate in Federally funded healthcare programs.

WCM will not receive or make payments to or on behalf of any person or entity for services or supplies, provided or requested by an excluded, disqualified or ineligible person or entity.

Purpose

The purpose of this policy and procedure is to describe the standards and processes used by Weill Cornell Medicine (WCM) to conduct screening of all its representatives to verify that they have not been excluded, debarred, or disqualified from participation in state or federal funded healthcare programs including Medicare and Medicaid. Both state and federal regulations detail that no payments should be made to or on behalf of any person or entity for services or supplies by an excluded or disqualified individual or entity.

Scope

The scope and applicability of this policy and procedure includes all WCM representatives. The policy and procedure outlined in this document is a guide for all WCM representatives, including executive officers, trustees, faculty, staff, students, volunteers, collaborators, applicants, referring professionals, and vendors/contractors or consultants doing business with or seeking to do business with WCM. The Compliance and Privacy Office (CPO) oversees all aspects of this Policy and Procedure.

Definitions

Exclusion Lists: Include the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE), the General Services Administration Excluded Parties List System (EPLS), the System for Award Management (SAM), and the New York State Department of Health/OMIG Exclusion List (OMIG).

Federal Health Care Programs: 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. Federal health care programs include, but are not limited to, Medicare, Medicaid, managed Medicare/Medicaid, Federal Employees Health Benefit Plan and TRICARE/CHAMPUS.

Ineligible Person/Entity: An individual or entity: (a) currently excluded, suspended, or debarred, or otherwise ineligible to participate in the Federal health care programs or in federal procurement or non-procurement programs; (b) that has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a),

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WCM Workforce: All WCM representatives, including executive officers, trustees, faculty, staff, students, volunteers, collaborators, applicants, and vendors/contractors or consultants doing business with or seeking to do business with WCM.

Procedure

WCM has two processes for exclusion screening. The first process is the pre-engagement exclusion screening process. The second process is the ongoing monthly exclusion screening process.

Pre-engagement Screening Procedures:

The pre-engagement screening process delegates that the following operational units conduct exclusion screenings in the manner described below:

Human Resources (HR) All faculty and staff job and volunteer offer made shall be contingent upon the individual not being an Ineligible Person. Prior to employment or volunteer acceptance, HR is responsible for screening the individual using the WCM Verisys/FACIS software subscription. The following identifiers are entered into the Verisys/FACIS search tool to screen for potential excluded individuals:

- First Name
- Last Name
- Date of Birth
- Address including City and State
- Social Security Number

If a potential new hire or volunteer is identified as an excluded person in the exclusion check, the report is sent to Compliance for review. Compliance will review new hire role and discuss with relevant departments (i.e., HR, Faculty Affairs, designated appointment/employment area, Office of General Counsel, etc.) and make the necessary recommendations to mitigate exclusion risk.

Privacy Office – All potential business associates will be screened prior to the finalization of a Business Associates Agreement. This includes reviewing agreements for inclusion of the appropriate conditions prohibiting the business associate from being an excluded individual or entity, and also screening the business associate using the WCM Verisys/FACIS software subscription. If the Business Associate is an individual, see HR section above for identifiers searched. If the Business Associate is an entity, the entity name is screened along with the business address and tax identification number.

If a potential business associate is identified as an excluded individual/entity, the report is sent to the Chief Compliance and Privacy Officer (CCPO). The CCPO will review prospective business associate role and discuss the reported exclusion with the sponsoring department and make the necessary recommendations to mitigate exclusion risk.

Accounts Payable (AP) –All new vendors are screened by Accounts Payable prior to creating the vendor record in the Accounts Payable system, therefore the vendor is screened prior to issuing any payment for services or products. Two exclusion verification systems are used by AP. All foreign vendors are screened through Visual Compliance by entering the vendor's name and country. All domestic vendors are screened through TINCheck and Visual Compliance. TINCheck verifies the vendor/ individual tax identification number or social security number. Visual Compliance screenings are based on vendor name and location. The subscription to the Visual Compliance screening software performs

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dynamic screening and Accounts Payable will receive notification if an existing vendor's exclusion status changes.

If a potential or existing vendor is identified as an excluded individual/entity, the report is sent to the Manager in General Research Compliance for review. Compliance will review the vendor role and discuss with affected departments and make the necessary recommendations to mitigate exclusion risk.

General Research Compliance/Office of Sponsored Research (OSRA)/Joint Clinical Trials Office (JCTO) – All contracts with sponsors of research shall be contingent upon the sponsor not being an Ineligible Person or Entity.

Information Technology Services (ITS) Support Services Group – Weill Research Gateway Support (WRG) – WRG-Support is responsible for confirming that there are no global export/trade compliance alerts related to a new research sponsor entity or the entity's state/country as reported by the U.S. government. Requests submitted to add a sponsor record in the WRG system are screened by WRG staff prior to the creation of the sponsor record. Sponsors are screened using Visual Compliance by entering the entity name and address information. If a potential research sponsor is identified as an excluded individual/entity, the report is sent to the Manager in General Research Compliance for review. Compliance will review the sponsor and make the necessary recommendations to mitigate exclusion risk.

Faculty Affairs – All faculty appointment offers made shall be contingent upon the individual not being an Ineligible Person. WCM HR screens employed faculty prior to hire. Voluntary faculty are screened in the monthly monitoring procedures.

External Affairs (EA) – The prospect management and research (PSR) team of the External Affairs Department is responsible for screening Foreign/International principal gift prospects, and all donor prospects pledging \$10 million (with or without naming). The PMR team will use subscription-based tool such as Wealth-X and iWave to qualify the prospect financially and will use publicly available and reliable resources to conduct due diligence research to identify reputational risks, pending lawsuits or negative publicity about the prospect and/or their business. The PMR team will also use the Visual Compliance restricted party screening database to screen for ineligible parties, by entering the prospect name and address. If a potential donor is identified as an excluded individual/entity, the EA Gift Officer and EA leadership is notified.

Additional screening is conducted by the PMR team on all foreign donors who are not solicited by External Affairs at the time revenue is recorded. This screening is achieved through Visual Compliance. These donors are rescreened every two years.

The CPO will review the exclusion screening duties conducted by these operational units on an annual basis by requesting a report from each unit that outlines both the processes employed to conduct exclusion screening and verifiable statistics on the screenings performed and outcomes. This report will be due on July 1 of each year, for the exclusion screening activities of preceding year.

Ongoing Monthly Monitoring Procedures:

Due to the regular updating of Exclusion Lists by the government agencies, and in accordance with recommendations by the New York Medicaid Inspector General and the U.S. Department of Health and Human Services, the CPO will perform an ongoing monthly screening during the last week of each month.

Using an automated processes involving ACL Analytics software, all individuals and entities are reviewed against these government issued exclusion lists:

- Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE)
- New York State Office of Medicaid Inspector General's (OMIG) List of Excluded/Restricted
- System of Awards Management (SAM) List of Excluded Individuals/Entities

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System (NPPES) List

The following table shows who is screened and the origin of the internal source file used to conduct the exclusion screening on a monthly basis:

| Group Screened | Source File Name | Point of Origin |
|----------------------------------|----------------------|--|
| Employees | Employee Master | Internal Audit |
| Employees | Practice Employee | Physician Organization Business Office |
| Vendors | Vendor Master | Internal Audit |
| vendors | Pcard Merchants | Internal Audit |
| Referring Physicians | Referring Physician | Physician Organization Business Office |
| Workforce with WCM CWID/Email | Workforce Membership | Information Technology Services |

Common screening fields are name, national provider identification number (NPI) for providers, date of birth, address, city and state and country.

Identification of Excluded Individual/Entity Procedures

Departments and/or entities for which an ineligible person/entity has provided any services shall cooperate with the Chief Compliance and Privacy Officer or his/her designee to investigate and remediate any potential compliance issues associated with the ineligible person/entity. The CCPO or his/her designee shall develop and implement a corrective action plan.

If an excluded individual or entity is identified, the responsible department is required to:

- 1. Cease to conduct business with the excluded individual or entity
- 2. Notify CPO and the affected requestor/department.
- 3. Cooperate with the CPO to investigate the root cause of this individual or entity being included on the exclusion list.
- 4. Remediate any potential compliance issues associated with the ineligible person/entity.

The CPO will collect relevant documentation related to identified excluded parties, memorialize the findings, and report the findings in a monthly report to the Clinical Compliance and Oversight Committee. The reported information is also included in quarterly and annual reports to executive officers and/or trustees.

Compliance with this Policy

WCM's commitment to the highest standard of ethical conduct is an integral part of its mission and therefore requires compliance with applicable laws and regulations. WCM's compliance program is designed and implemented to prevent, detect, and correct potential non-compliance with Federal and State mandated compliance program requirements, including fraud, waste and abuse guidelines/regulations related to the rendering of healthcare services.

This policy and procedure will ensure exclusion checks are performed for all individuals or entities that conduct business with WCM and to further ensure that WCM does not hire, retain, or contract with or bill for services rendered by persons, entities or vendors who are declared ineligible to participate in federal healthcare programs or contracts. This policy and procedure also set forth the processes to ensure WCM providers, employees, vendors, and partners receive exclusion checks prior to conducting business with or on behalf of WCM, and monthly thereafter.

Contact Information

Direct any questions about this policy to the Clinical Compliance and Privacy Office:

- Telephone: (646) 962-6930
- Email: <u>Compliance@med.cornell.edu</u>

Anyone with knowledge of an actual or suspected ineligible person is required to report the issue to the Clinical Compliance and Privacy Office, or **anonymously** through the reporting **hotline at (866) 293-3077 or www.hotline.cornell.edu**.

References

United States Sentencing Commission, Guidelines Manual, §8B2.1 (2021). https://guidelines.ussc.gov/gl/%C2%A78B2.1

• Compliance Program Guidance for Individual and Small Group Physician Practices, 65 Fed. Reg. 59434 (October 5, 2000). https://oig.hhs.gov/documents/compliance-guidance/801/physician.pdf

• Supplemental Compliance Program Guidance for Hospitals, 70 Fed. Reg. 4858 (January 31, 2005) <u>https://oig.hhs.gov/documents/compliance-guidance/797/012705HospSupplementalGuidance.pdf</u>

• Exclusion of certain individuals and entities from participation in Medicare and State health care programs, 42 U.S.C. §1320a-7 https://www.customsmobile.com/uscode/42/1320a-7

• Office of Inspector General. (May 8, 2013). Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs. Department of Health & Human Services. <u>https://oig.hhs.gov/exclusions/files/sab-05092013.pdf</u>

• Office of Inspector General. (September 1999). Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs. <u>https://oig.hhs.gov/exclusions/effects_of_exclusion.asp</u>

• Explanation and Disclaimers Regarding the NYS Medicaid Exclusion List (18 NYCRR § 515.3 and/or 18 NYCRR § 515.7) § 515.7) https://omig.ny.gov/explanation-and-disclaimers-regarding-nys-medicaid-exclusion-list

Policy Approval

The Compliance Department will review and update this Policy in the normal course of its review of the Organization's Compliance Program, at least annually.

Version History

March 4, 2021

May 4, 2023

[Screening of Individuals/Entities for Exclusion from Participation in Federal Health Care Programs (April 13, 2023)] [Policy 2.03]

| Date | Author | Revisions | |
|------|--------|--|--|
| | | Initial draft completed. Original date of issue. | |
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