

Screening Against Government Exclusions Lists

Overview Guidance for Contracted Health Care Providers and Business Partners

Screening Sources

- Office of the Inspector General Exclusion Database (OIG)
- System for Award Management (SAM) (f/k/a GSA)

Both the General Services Administration's SAM site*, <https://sam.gov> and the Office of Inspector General's site, https://oig.hhs.gov/exclusions/exclusions_list.asp, are: a) government sites; and b) subject to changes without corresponding changes in this document.

* The SAM site advises using one of the following browsers if there are issues accessing the page listed above via Internet Explorer: Chrome, Firefox or Safari

What Screening Determines, Who to Screen and Frequency

This information is summarized from Humana's *Compliance Policy for Contracted Health Care Providers and Business Partners*; the policy can be accessed on Humana's website at <http://www.humana.com/fraud>

What Screening Determines: Whether anyone supporting your organization's contract with Humana has been excluded from participation in Medicare, Medicaid, and all other Federal health care programs

Who to Screen: Your organization's employees and subcontractors, including related entities

When to Conduct:

- Upon hire of an employee
- Upon signing of a contract with a subcontractor and/or related entity
- On a monthly basis thereafter for the above segments

Who Conducts the Screening

Of Your Organization's Employees, Board of Directors, Subcontractors and Related Entities

Either someone within your organization or an entity or individual contracted by your organization.

Sponsors shall not use federal funds to pay for services, equipment or drugs prescribed or provided by a provider, supplier, employee or FDR excluded by the DHHS OIG or GSA within your organization or an entity or individual contracted by your organization.

- **Related Entity** means any entity that is related by common ownership or control and
 - (1) Performs any of the functions which are the obligation of the entity contracted with Humana;
 - (2) Furnishes services to Medicare and/or Medicaid enrollees under an oral or written agreement; or
 - (3) Leases real property or sells materials to Humana (or the entity contracted with Humana) at a cost of more than \$2,500 during a contract period. (See, 42 C.F.R. §423.501)

Of Those Tasked by Entities Your Organization's Contracts, including Their Supporting Entities

It is your organization's responsibility to assure that its contracted entities supporting Humana business are routinely and properly conducting screening of their employees, temporary and contract workers, as well the entities that assist them in supporting Humana business; the screening requirement persists at every downstream level of the ultimate provider of both health and administrative services.

- **Downstream Entity** is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §, 423.501).

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Record Retention

Health care providers and business partners must maintain documentation and records for requirements and activities outlined in Humana's *Compliance Policy for Contracted Health Care Providers and Business Partners* for a minimum of 10 years.

This document is for guidance only. Your organization may not distribute or publish it outside of your organization or allow any third party to distribute or publish it. Humana is not liable for any issues arising out of interpretation or use of this guidance; your organization is responsible for consulting with its designated compliance resource and/or legal counsel regarding how to comply with the requirements of *Humana's Compliance Policy For Health Care Providers and Business Partners*.

Your organization is responsible for complying with any applicable changes, including changes to the exclusion screening requirement issued by the Centers for Medicare & Medicaid Services.