



HURON BEHAVIORAL HEALTH
PROCEDURE

Procedure #: **ORI.2.07**
Issue Date: 07/20/10
Rev. Date: 02/13/18
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Title: List of Excluded Individuals/Entities (LEIE) Procedure
Prepared By: Compliance Officer

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Purpose:

To define the process for determining and excluding any individual or entity who is listed on the federal Health and Human Services (HHS) Office of the Inspector General (OIG) List of Excluded Individuals/Entities (LEIE).

Scope:

This procedure applies to all individuals and entities that Huron Behavioral Health (HBH) employs, contracts with, and/or purchases and services or goods from.

Information:

- Initially and monthly thereafter HBH verifies that no individuals or entities are employed or contracted have been have been excluded from participation in federal health care programs.
- In order to comply with 42 CFR 438.610, HBH may not have any of the following relationships with an individual or entity who is excluded from participating in federal health care programs:
 - Excluded individuals cannot be a director, officer, or partner of HBH;
 - Excluded individuals cannot have a beneficial ownership of five percent or more of HBH's equity; and
 - Excluded individuals cannot have an employment, consulting, or other arrangement with HBH for provision of items or services that are significant and material to HBH's obligations under its contract with the Pre-paid Inpatient Health Plan (PIHP)
- HBH will comply with applicable federal regulations requiring disclosure of information about individuals with ownership or control interests in the board, if any (see also [ORI.1.34 "Disclosure of Ownership, Control, and Criminal Convictions Policy"](#) and [BD.1.12 "Governance Process – Conflict of Interest Policy"](#)). These regulations also require HBH to identify and report any additional ownership or control interests for those individuals and other entities, as well as identifying when any of the individuals with ownership or control interests have spousal, parent-child, or sibling relationships with each other.
- HBH will comply with applicable federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 CFR sections 455.104-106 (see also "[Disclosure of Ownership, Control, and Criminal Convictions Policy](#)" [ORI.1.34](#) and [BD.1.12 "Governance Process – Conflict of Interest Policy"](#)). Additionally, HBH will ensure that any and all contracts, agreements, purchase orders, and/or leases to obtain space, supplies, equipment, or services provided under the Medicaid agreement require compliance with 42 CFR sections 455.104-106.
- HBH will not accept claims from providers for any items or services furnished, ordered, or prescribed by excluded individuals or entities. HBH must not accept claims from providers that have not provided required ownership and control disclosures.

Procedure:

A. Populating the LEIE Database:

1. HBH has contracted with VerifyComply for services to verify employees and contract providers have not been excluded/debarred from Medicaid/Medicare.
2. The Compliance Officer (or designee) will populate the Verify/Comply database with all HBH employees and contract providers. The database will be maintained and kept current. Whenever any new employees are hired or providers are contracted, the database will immediately be updated to reflect current information.

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B. New Employees:

1. At the time of hire or enrollment as an HBH's provider, HBH's Human Resources (HR) Manager will search the OIG exclusions database to ensure that potential employees, board members, officers, consultants, or contracted individuals/entities, and any individual with ownership or control interests in the provider entity (direct or indirect ownership of 5% or more or a managing employee) have not been excluded from participating in federal healthcare programs. Because our search activities must include determining whether any individuals with ownership or control interests in the provider entity appear on the OIG's exclusions database, HBH must mandate provider/entity disclosure of ownership and control information at the time of the provider enrollment, re-enrollment, or whenever a change in provider/entity ownership or control occurs.
2. This check is documented in the employees personnel file and retained for the duration of the individual's employment plus one (1) year.

C. On-going Monitoring:

1. On a monthly basis, a check will be conducted to identify any exclusions and/or reinstatements that may have occurred since the previous month's check.
2. VerifyComply will e-mail a "List Scan Summary" which denotes all of the names of HBH employees and contract providers that appeared in the OIG LEIE check that they performed. The summary identifies all of the names that require HBH review.
3. The Compliance Officer (or designee) will look up each employee or contract provider whose name appears on the List Scan Summary as an "Exclusion Record Hit" and compare the date of birth (DOB) and physical address for each individual/entity on the list.
4. After all names have been cross-referenced to personnel records, the compliance liaison (or designee) will enter the findings into the Verify/Comply database as follows:
 - If the DOB and physical record do not match, a "false positive" entry is made in the database. The report will be re-run to obtain a clean report.
 - If DOB and physical address match, a "confirm" entry is made in the database. The report is re-run to reflect the comparison findings and a copy of the report is given to the Executive Director and Compliance Officer for follow-up.
5. The VerifyComply system remembers false positives from prior scans that have been reviewed and corrected by HBH staff and discounts them so they do not have to be reviewed and researched repeatedly as false positives in future months.
6. In the event that an employee, officer, board member, subcontractor, or subcontracting entity is verified to be on the LEIE database, that individual or entity will immediately be notified and excluded from doing business, providing services, and receiving payment from HBH. The Finance department will make the necessary adjustments and efforts to recoup any money that may have been wrongfully paid.
7. The Compliance Officer will immediately notify the HBH Executive Director when any excluded individuals or entities are identified during the monthly search. The Executive Director will notify the Pre-paid Inpatient Health Plan (PIHP) of these findings.
8. The reports are retained by the Compliance Officer (or designee) for the current year plus seven (7) years.

Definitions/Acronyms:Acronyms:

HBH – Huron Behavioral Health

HHS – Health & Human Services

HR – Human Resources

LEIE – List of Excluded Individuals/Entities

OIG – Office of the Inspector General

PIHP – Pre-paid Inpatient Health Plan

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"Entity" – refers to Entity includes corporation and foreign corporation; not-for-profit corporation; profit and not for-profit unincorporated association; business trust, estate, partnership, trust, and two or more persons having a joint or common economic interest; and state, U.S., and foreign governments. A lawful or legally standing association, corporation, partnership, proprietorship, trust, or individual. Has legal capacity to (1) enter into agreements or contracts, (2) assume obligations, (3) incur and pay debts, (4) sue and be sued in its own right, and (5) to be accountable for illegal activities.

"Excluded" individuals or entities - are individuals or entities that have been excluded from participating, but not reinstated, in Medicare, Medicaid, or any other federal health care programs. Bases for exclusion include convictions for program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance loans.

An individual is considered to have "ownership" or "control interest" in an entity if - it has direct or indirect ownership of 5% or more, or is a managing employee (e.g. a general manager, business manager, administrator, or director) who exercises operational or managerial control over the entity, or who directly or indirectly conducts the day-t-day operations of the entity as defined in section 1126(b) of the Act and under 42 CFR section 10001.1001(a)(1).

Forms:

N/A

Records:

Records of the LEIE checks are permanently retained in a retrievable format by the Compliance Officer (or designee).

Reference(s) and/or Legal Authority

42 CFR 438.610 @ http://www.access.gpo.gov/nara/cfr/waisidx_02/42cfr438_02.html

42 CFR @ http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr2_main_02.tpl

CMS Letter dated June 12, 2008 @ <https://www.medicaid.gov/Federal-Policy-Guidance/dynamic-list/FPG-508.xml>

[BD.1.12 Governance Process – Conflict of Interest Policy](#)

[ORI.1.34 Disclosure of Ownership, Control, and Criminal Convictions Policy](#)

Change History:

Change Letter	Date of Change(s)	Changes
None		New procedure to comply with LSSA and Medicaid requirements
A	03/07/12	Updated procedure in Ongoing Monitoring section to reflect the change that data is being pulled from ADP payroll instead of Solomon payroll system. No other changes made to this procedure.
B	04/08/15	Removed "Access Alliance of Michigan" and "AAM" throughout document (5 places) and replaced with "Pre-paid Inpatient Health Plan" and "PIHP", in "Information" section removed first part of sentence in first bullet that referenced "LSSA", in "Acronym" section removed "LSSA" & "AAM" and added "PIHP".
C	04/14/16	Total rewrite of procedure to match current process – see Controlled Documentation Manager for copies of previous versions and/or changes.
D	02/13/18	Added reference to "BD.1.12 Governance Process – Conflict of Interest Policy" (3 places), changed "Compliance Liaison" to "Compliance Officer" (4 places), made several minor wording/grammatical changes/corrections throughout document without changing sentence content.