BASIC QUESTIONS TO ADDRESS FOR EXCLUSION SCREENINGS

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Are you aware that screening all employed and engaged individuals and entities for exclusions is a key component of an effective compliance program? The answer seems like an obvious Yes. But many healthcare organizations still consider sanction and exclusion screening to be a challenge.
Many healthcare organizations struggle with:

1. How frequent should exclusion screenings be conducted; and
2. Which sources need to be screened?

First, how frequent should organizations be conducting exclusion checks? In May, the U.S. Department of Health and Human Services Office of Inspector General (OIG) addressed this question in its update to the 1999 Special Advisory Bulletin pertaining to the effects of exclusion to participation in healthcare programs. The Updated Special Advisory Bulletin states:

"Because there is no statutory or regulatory requirement to check the LEIE, providers may decide how frequent to check the LEIE."

The OIG followed this sentence up with:
"OIG updates the LEIE monthly, so screening employees and contractors each month best minimizes potential overpayment and CMP liability."

Based on the guidance, monthly screening is best; however, the OIG defers to the provider to weigh the risks in regard to frequency. Providers must also be aware if the state, in which they operate, requires exclusion checks and how often. As of now, there are only a handful of states that require monthly screening but over half of the states maintain their own Medicaid exclusion list. This leads to the second question to address which sources should be screened.

Healthcare providers must screen the OIG's List of Excluded Individuals and Entities (LEIE). The Centers for Medicare & Medicaid Services recommend that providers also screen the General Services Administration System for Award Management Exclusion List, formally known as the Excluded Parties List System. What is not as commonly known is that 36 states and Washington, D.C maintain a separate Medicaid exclusion list.

1. AL	8. FL	15. LA	22. MS	30. OH
2. AK	9. HI	16. MA	23. MT	31. PA
3. AR	10. ID	17. ME	24. NC	32. SC
4. AZ	11. IL	18. MD	25. ND	33. TN
5. CA	12. IA	19. MI	26. NE	34. TX
6. CT	13. KS	20. MN	27. NJ	35. WA
7. DC	14. KY	21. MO	28. NV	36. WV
			29. NY	37. WY

If you operate in one or more of these states screening the Medicaid list should be incorporated into your exclusion screening process. Providers operating in New Jersey have an added requirement to screening licensure and credentialing databases on a monthly basis. If you operate in New Jersey you must screen:

- N.J. Division of Consumer Affairs Licensure Database
- N.J. Department of Health and Senior Services Licensure Database
- Certified Nurse Aide and Personal Care Assistant Registry

If you are establishing new exclusion screening procedures or updating current procedures, start with identifying how frequent you must search and which sources to screen. By answering these two questions you will have a better understanding of the level of time and effort to stay compliance with the screening requirements. And, in turn, will work towards a more effective compliance program.