

# SHIAWASSEE HEALTH AND WELLNESS POLICY MANUAL

| Title:         | List of Excluded Individuals/Entities      |  |
|----------------|--|--|
| Section:       | Corporate Compliance                       |  |
| Policy Number: | 5  |  |
| Issued By:     | Corporate Compliance Officer               |  |
| Approved by:   | Effective Date: 07/27/09                   |  |
| Corporate      | Last Revision: 1/17/2023                   |  |
| Compliance     | Last Review: 04/01/2024                    |  |
| Committee      | Annual Policy Statement Review: 05/07/2024 |  |
| Approved on:   |  |  |
| 06/19/2020     |  |  |

## **POLICY STATEMENT:**

It is the policy of Shiawassee Health and Wellness (SHW) to exclude from doing business or providing service any employee, agency officer, board member, sub-contractor or sub-contracting business who is on the List of Excluded Individuals/Entities (LEIE).

#### PURPOSE:

To define the process for determining and excluding any employee, agency officer, board member, sub-contractor or sub-contracting business of SHW who is on the List of Excluded Individuals/Entities located in the databases provided by the Office of Inspector General (OIG), the GSA/SAM and the MDHHS Sanctioned Provider Lists.

### SCOPE:

This policy applies to all employees, contractors, and subcontractors of SHW.

### PROCEDURE:

The following procedure is to be performed by the Corporate Compliance Officer or designate.

- 1. Shiawassee Health and Wellness will use Verify/Comply to perform LEIE checks on a monthly basis for employees as well as contracted entities.
- 2. As new employees are hired or vendors finalize the contracting process they will be added to the Verify/Comply application to perform LEIE checks.
- 3. Using two separate reports that are created on the first Sunday of the month, the Human Resources Director and Contracts Manager will verify that the employee(s), name(s) or business(s) are not positive matches on the LEIE reports. They will then submit via email to the Corporate Compliance office within 3 business days verifying review and integrity of the report.

Section: Corporate Compliance Page 2

Policy Number: 5

Policy Name: List of Excluded Individuals/Entities

4. In the event that an employee, agency officer, board member, sub-contractor or sub-contracting business is verified to be on the LEIE database, action will be taken to ensure that individual or entity is excluded from doing business or providing service on behalf of SHW.

- 5. The verified reports will be retained in accordance with General Schedule 20 and/or any applicable record retention statute. Records were historically filed in paper form in the Corporate Compliance binder. Currently all historical proof of compliance to monthly LEIE review and verification are stored in a secured electronic folder.
- 6. At this time, evidence of the results of reviews and searches will be retained for no less than 7 years from the date of creation.
- 7. Other reports or bulletins that are used to identify excluded or sanctioned providers may include but are not limited to the EPLS, Criminal Background checks, and the Medicaid Sanctioned Providers Bulletin.

# **DEFINITIONS/ACRONYMS:**

SHW - Shiawassee Health and Wellness

OIG - Office of Inspector General - US Department of Health & Human Services

EPLS - Excluded Parties List System

General Service Administration's (GSA) and System for Award Management (SAM)

MDHHS - Michigan Department of Health and Human Services

# FORMS:

1. Verify and Comply Portal Users Manual.

#### **RECORDS:**

The Corporate Compliance Officer or designee is responsible for maintaining the records for corporate compliance issues and formal reports.

# **REFERENCES/LEGAL AUTHORITY:**

42 CFR § 438.610

Federal Acquisition Regulations, Executive Order No. 12549

Section: Corporate Compliance Page 3

Policy Number: 5

Policy Name: List of Excluded Individuals/Entities

Social Security Act, Section 1128 and 1156

State of Michigan Records Retention and Disposal Schedule, Department of History, Arts and Libraries - Records Management, General Schedule 20, Community Mental Health Services Programs, Item 20.00

# **Change Log:**

| Date of Change | Description of Change    | Responsible Party      |
|----------------|--------------------------|------------------------|
| 10/22/13       | N/A                      | Dirk Love, Corporate   |
|                |                          | Compliance Officer     |
| 06/01/17       | N/A                      | Dirk Love, Corporate   |
|                |                          | Compliance Officer     |
| 12/26/18       | Format Change            | Jamie Burke, Executive |
|                |                          | Assistant              |
| 6/9/2020       | Policy review, procedure | Dirk Love, Corporate   |
|                | revision                 | Compliance Officer     |
| 4/19/2022      | Policy review, procedure | Dirk Love, Corporate   |
|                | revision                 | Compliance Officer     |
| 1/17/2023      | Policy review, procedure | Dirk Love, CCO; Vickey |
|                | revision                 | Hoffman, Compliance    |
|                |                          | Specialist,            |