

**VHA COMPLIANCE AND BUSINESS INTEGRITY SCREENING PROCEDURES OF  
GOVERNMENT SANCTIONS LISTS (GSL) FOR INDIVIDUAL AND ENTITY  
EXCLUSIONS**

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook provides procedures for Compliance and Business Integrity (CBI) personnel, at all levels of the organization, in an effort to ensure VHA does not remunerate or accept products and services from certain individuals and entities appearing on Government Sanctions Lists (GSL). Parties identified on GSL are excluded from participation in certain Federally-funded programs, including VHA.
- 2. SUMMARY OF CHANGES.** This is a new VHA Handbook outlining the processes for the CBI program.
- 3. RELATED DIRECTIVE.** VHA Directive 1030.
- 4. RESPONSIBLE OFFICE.** The VHA CBI Office is responsible for the contents of this Handbook. Questions may be referred to (201) 643-1109 or (202) 501-1831.
- 5. RECISSIONS.** None.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last day of July 2016.

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## VHA COMPLIANCE AND BUSINESS INTEGRITY SCREENING PROCEDURES OF GOVERNMENT SANCTIONS LISTS (GSL) FOR INDIVIDUAL AND ENTITY EXCLUSIONS

### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook's purpose is to provide procedures for Compliance and Business Integrity (CBI) personnel, at all levels of the organization, in an effort to ensure VHA does not remunerate or accept products and services from individuals and entities appearing on Government Sanctions Lists (GSL). Parties identified on GSL are excluded from participation in certain Federally-funded programs, including VHA. Specific GSL for the CBI Program include the Department of Health and Human Services (HHS) Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) for exclusions effective on or after August 5, 1997 and the General Services Administration's (GSA), Excluded Parties List System (EPLS) for exclusions on or after August 25, 1995.

### 2. BACKGROUND

a. **The Balanced Budget Act of 1997 (BBA)**. BBA refers to Section 4331(c) of Public Law 105-33 (August 5, 1997) which amended the Social Security Act, Section 1128 (Title 42 United States Code (U.S.C.) Section 1320a-7), to expand the scope of HHS-OIG health care program exclusion beyond Medicare and State health care programs to include all Federal health care programs. As a result, effective with exclusions imposed on or after August 5, 1997 (the effective date of the BBA), all Federal health care programs, including those operated by VHA, are required to ensure that no program payments are made for items or services provided, ordered, or prescribed by an excluded individual or entity during the individual's or entity's exclusionary period.

b. **HHS-OIG Supplemental Compliance Program Guidance for Hospitals**. The HHS-OIG Supplemental Compliance Program Guidance for Hospitals, dated January 31, 2005, states by enforcing disciplinary standards, hospitals help create an organizational culture that emphasizes ethical behavior. One factor to consider when assessing the effectiveness of internal disciplinary efforts includes whether employees, contractors and medical and clinical staff are checked routinely (at least annually) against government sanctions lists, to include HHS-OIG's LEIE and the GSA's EPLS.

c. **HHS-OIG LEIE**

(1) HHS-OIG LEIE is governed by 42 U.S.C. Section 1320a-7 titled, "Exclusion of certain individuals and entities from participation in Medicare and State healthcare programs." Under this authority, HHS-OIG may exclude providers from participation in the Federal health care programs. There are two categories of exclusions.

(a) Mandatory exclusions are imposed on the basis of certain criminal convictions; never on the basis of civil violations.

(b) Permissive exclusions are based on sanctions by other agencies, such as a State medical board suspending or revoking a medical license, or other misconduct including: defaulting on health education loans, providing unnecessary or substandard care, or obstructing an investigation.

(2) Pursuant to regulations located at 42 CFR part 1001, HHS OIG may also exclude certain individuals or entities for other reasons, including, but not limited to: revocation or suspension of professional licensure, conviction of other fraud offenses, and obstructing an investigation. When considering exclusion of an individual, HHS-OIG considers the basis for the criminal conviction and/or exclusion of the entity, as well as any other conduct that formed the basis for criminal, civil, or administrative investigations, cases, charges, or resolutions. A database of health care program exclusions is maintained on the LEIE on HHS-OIG Web site at: <http://oig.hhs.gov/fraud/exclusions.asp>.

d. **GSA EPLS**

(1) GSA EPLS is governed by 31 U.S.C. Section 6101, originally dated December 28, 1977, which states that no agency shall allow a party to participate in any procurement or non procurement activity if any agency has debarred, suspended, or otherwise excluded (to the extent specified in the exclusion agreement) that party from participation in a procurement or non procurement activity. An amendment effective August 25, 1995, transferred the EPLS Program responsibility to GSA and definitively excluded individuals and entities on or after that date.

(2) GSA administers the EPLS program by providing a single comprehensive list of individuals and entities excluded by Federal government agencies from receiving Federal contracts or Federally-approved subcontracts and from certain types of Federal financial and nonfinancial assistance and benefits. A listing of Federal party exclusions is maintained in the EPLS on GSA's Web site at: <https://www.epls.gov/>

e. **Compliance and Business Integrity (CBI) Program.** VHA has an expectation that its business operations are known in government and in industry as consistently complying with standards applicable to its business practices and achieving the highest levels of business integrity. The Under Secretary for Health established a formal compliance program for VHA in September 1999. This program has been instituted at all levels of the organization as a CBI Program.

### 3. DEFINITIONS

a. **Conditional Stay.** HHS-OIG may issue conditional stays of exclusion to individuals in very limited situations. For VHA, an example of this would be allowing an individual who lost their nursing license a conditional stay to serve as an administrative hospital assistant. The individual must only perform the job outlined in the conditional stay agreement. Individuals are responsible to independently obtain conditional stays and VHA is prohibited from assisting their efforts.

b. **Cause and Treatment Code (CT) Code.** The purpose of the CT Code is to provide information regarding the reason for the exclusion in the GSA EPLS. The CT Code provides the authority by which the action was taken and the Treatment provides information on the procedure(s) to apply to the action. Reviewing the CT Code is crucial because some CT Codes only apply to a limited number of agencies or provide a specific narrow impact of the exclusion listing. For VHA, CT Code actions range from terminating all association with reimbursed or non-compensated individuals and entities to no VHA action needed since exclusion does not pertain to VHA or the exclusion may be at the Agency's discretion.

c. **Compliance Committee.** Compliance committees are established at each VISN and facility and are charged with advising the Director and CBI Officer in all matters related to the CBI program and to provide oversight to that program. Members include senior representatives from revenue, finance, and health information programs, as well as key leadership from clinical operations. Compliance committees are required by VHA Handbook 1030.02.

d. **Entity.** According to the Department of Treasury, Office of Foreign Assets Control, an entity is defined as a person, organization, or thing capable of bearing legal rights and responsibilities. This is the definition adapted by GSA in their EPLS program administration. For purposes of this Handbook, an entity is primarily defined as a business company or corporation either contracting directly with VHA or external VHA entities, i.e., purchased care provider business organizations and State homes. In addition, for purposes of this Handbook "entities" include organizational grant recipients.

e. **Individual.** According to 5 U.S.C. Section 2105 and for purposes of this Handbook, an individual is primarily defined as an employee appointed in the civil service and engaged in performance of Federal functions under authority of law or Executive Order. Individuals may be employed directly by VHA or external to VHA, i.e., purchased care provider individuals, State home workers, or contractor employees. In addition, for purposes of this Handbook, an individual is also defined as a non-compensated volunteer, grant recipient, or a Without Compensation (WOC) worker.

f. **Potential Match**

(1) **LEIE.** A potential match occurs when an individual's name and date of birth match a record on the LEIE, but the Social Security Number (SSN) has not been verified as a match. For a business entity, a potential match occurs when a business name matches a record in the LEIE, but the Employment Identification Number (EIN) has not been verified as a match.

(2) **EPLS.** A potential match occurs when an individual's name matches a record on the EPLS, but the SSN or Tax Identification Number (TIN) has not been verified as a match. For a business entity, a potential match occurs when a business name matches a record in the EPLS, but the TIN and the Data Universal Numbering System (DUNS) number have not been verified as a match.

g. **Verified Match**

(1) **LEIE.** A verified match occurs when an individual's name and SSN match a record in the LEIE. For a business entity, a verified match occurs when a company name and EIN match a record in the LEIE. When a verified match occurs for an exclusion that was effective on or after August 5, 1997, the employment must be terminated, the contract rescinded, or other appropriate action taken, unless a conditional stay or waiver has been granted.

(2) **EPLS.** A verified match occurs when an individual's name and SSN match a record in the EPLS. For a business entity, a verified match occurs when a business name and TIN or DUNS match a record in the EPLS. When a verified match occurs for an exclusion that was effective on or after August 25, 1995, the CT Code must be examined to determine appropriate action.

h. **Waiver.** HHS-OIG may issue waivers to entities wishing to hire individuals on the mandatory exclusions list under very limited circumstances. As an example, a remote VHA medical facility may initiate a HHS-OIG waiver to hire a sole community provider physician with specific expertise they cannot find elsewhere within the community. Although a waiver may be issued for this purpose, VHA is still required to actively recruit, and upon successful recruitment, sever the relationship with the excluded party in favor of a non-excluded party.

#### 4. SCOPE

a. VHA does not employ, contract with, remunerate, or accept products and services from individuals and entities excluded from participating in Federally-funded programs. The CBI Office is responsible for internal oversight of VHA business compliance. The scope of the CBI Office, for the purposes of this Handbook, includes:

- (1) Screening individuals and entities against the LEIE and EPLS on a monthly basis.
- (2) Reporting potential matches to the Deputy Under Secretary for Health for Operations and Management (10N).
- (3) Tracking the status of verified matches until appropriate action has been taken.
- (4) Coordinating with other offices for GSL action items not related to monthly screening.
- (5) Reassessing annually the GSL exemptions.
- (6) Documenting and reporting GSL program operations.

b. CBI screenings are separate and distinct from other VHA program office screenings and those offices responsible retain the responsibility to screen all potential new employees, contractors, purchased care providers, grant recipients, volunteers, and WOC workers against applicable GSL prior to initiation of employment, contract, remuneration, grant issuance, or acceptance of goods and services. For example, potential contractors are required to be screened

against EPLS and not necessarily the LEIE. The CBI Office does not have the authority to require the responsible VHA program office to screen potential contractors against LEIE if not specifically required by their regulatory requirements.

c. VHA program offices retain the responsibility to ensure continued screening of individuals and entities as prescribed by their requirements. For example, a contractor continuation requirement is to be screened against EPLS and not necessarily the LEIE. The CBI Office does not have the authority to require contractors be screened against the LEIE if not specifically required by VA regulation and policy.

*NOTE: The scope of CBI responsibility does not include screening individuals and entities prior to securing VHA engagements, e.g., employment or contract award.*

## **5. GSL SCREENING PROCEDURES FOR CURRENTLY UTILIZED INDIVIDUALS AND ENTITIES**

a. By the 20<sup>th</sup> of each month, designated VHA Central Office CBI personnel must match updated LEIE and EPLS lists with a Designated Official (DO) at the Austin Information Technology Center (AITC). Individuals will be screened against GSL with the Financial Services Center (FSC) Personnel and Accounting Integrated Data System (PAID) File. Entities must be screened against GSL and the FSC Vendor File. Individuals and entities may also be screened against GSL with other VHA files and data sources, as needed.

b. By the 25<sup>th</sup> of each month, designated VHA Central Office CBI personnel forward to 10N potential LEIE and EPLS matches requiring verification, or in the event there are no matches, notify 10N that screening occurred and no matches were identified.

c. 10N personnel forward potential matches to applicable Veterans Integrated Service Network (VISN) Director(s) for verification. The VISN CBI Officer must also be notified of this verification request. In turn, the VISN CBI Officer informs the facility CBI Officer of matches requiring verification if an excluded party is at a facility rather than a VISN. 10N notification must be provided to VHA Central Office CBI personnel for tracking purposes.

d. Within the timeframe established by 10N, the VISN Director, or designated representative, must report back to 10N whether a potential match was verified. If verified, actions taken must be reported to 10N. In turn, 10N notifies VHA Central Office CBI designated personnel of VISN and facility actions taken for the verified match. In the event 10N or the CBI Office does not concur or requires further clarification with VISN or facility actions regarding a verified match, the Office of General Counsel (OGC) is consulted.

e. Once a potential match has been identified, the applicable VISN or facility CBI Officer must enter it into the Compliance Inquiry Reporting and Tracking System (CIRTS). The CIRTS subject category is “*Regulatory Issues – List of Excluded Individuals and Entities (LEIE)*” for LEIE matches and “*Regulatory Issues – Excluded Parties List System (EPLS)*” for EPLS matches.

(1) CIRTS entries are not closed until a potential match is determined to be incorrect, or if verified as excluded, the appointee is terminated, the contract rescinded, or other appropriate action is taken under the contract. CIRTS entry for a verified match without an exception needs to include an attached Causation and Corrective Action Plan (CCAP). The CIRTS entry is not closed until the excluded party is terminated, the contract rescinded, or another appropriate action is taken under the prevailing circumstance. If a conditional stay or waiver was issued for a LEIE match, a copy is to be attached to the CIRTS entry. If the CT Code does not bar VHA from terminating an EPLS excluded party, a print screen of the EPLS Web site with the CT Code and the CT Code explanation needs to be attached to the CIRTS entry.

(2) VHA Central Office CBI personnel compare actions taken as reported to 10N with actions reported in CIRTS to ensure consistency. In the event actions do not agree, 10N is notified of the discrepancy. In the event 10N cannot resolve a discrepancy, OGC is to be consulted.

f. VHA Central Office CBI designated personnel report verified matches as being at risk of failing a central measure of the CBI program effectiveness. Facility and VISN must be continuously monitored until the appropriate action is completed on the verified match.

g. On an ongoing basis, VHA Central Office CBI designated personnel may be required to coordinate with CBI Office Liaisons for Consolidated Patient Account Center (CPAC) and Purchased Care (PC), in addition to consulting with 10N, OGC, and other VHA program offices for GSL action items not related to monthly screenings. All GSL action items deemed necessary by CBI, 10N, OGC, and other VHA program offices are permitted for purposes of this Handbook.

h. On an annual basis each October, VHA Central Office CBI personnel coordinate with 10N for all carryover GSL matches from the prior fiscal year (FY). The primary purpose of the coordination is to ensure individuals and entities operating under LEIE conditional stays or waivers are still utilized in a manner consistent with the conditional stay or waiver as issued by HHS-OIG. Other verification purposes as defined by CBI and 10N are also allowable. To accomplish this, in addition to the type of verification required, CBI personnel forward to 10N all individuals and entities requiring verification. In turn, 10N works with the VISNs to verify current status of individuals and entities operating under conditional stays, waivers, or other purpose as defined, and notifies CBI of results. In the event an individual or entity is operating under a status not allowed by GSL exception, or previously allowable purpose, OGC must be consulted. The annual reassessment of each LEIE exception granted by HHS-OIG must be documented in CIRTS using subject category "*Regulatory Issues – List of Excluded Individuals and Entities (LEIE)*."

i. VHA Central Office CBI designated personnel are responsible for maintaining centralized documentation regarding GSL actions as they pertain to the VHA CBI Office. In addition, VHA CBI Office reports GSL actions taken regarding the LEIE and EPLS to the Business Compliance Committee (BCC), the National Leadership Board (NLB), and the Under Secretary for Health. Other VHA program offices retain the responsibility to document and report the screening of individuals and entities against applicable GSL, as prescribed by their requirements.

j. Reports and information generated by the implementation of actions in this Handbook may contain information which is protected by the Privacy Act of 1974 or other Federal laws. The information must be handled in accordance with applicable policies and regulations. This includes the use of encrypted email or other measures to ensure that the data is protected from inappropriate disclosure. The facility Privacy Officer is to be contacted to determine the level of protection required.

## **6. GSL SCREENING PROCEDURES FOR POTENTIALLY UTILIZED INDIVIDUALS AND ENTITIES**

a. CBI, at all levels of the organization, is not responsible for screening individuals and entities prior to securing VHA engagements, e.g., employment or contract award. Each Department of Veterans Affairs (VA) medical facility, VISN, and the VA Central Office program must screen all potential new employees, purchased care providers, WOC employees, volunteers, contractors, and trainees against applicable GSL prior to employment, training, contracting, or accepting volunteer services in accordance with the procedures defined by the appropriate program office. As stated in paragraph 4, the VHA Central Office CBI Program is not responsible, nor does it have any actions, for screening potentially utilized individuals and entities against GSL.

b. For trainees, it is acceptable for an affiliated training program or institution (the affiliate medical center or the medical school) to certify to the facility that the trainees have been screened against applicable GSL prior to being sent to the facility. This certification, however, must detail the names of the individuals screened. Any trainee not included in certification must be screened by the facility prior to beginning training at the facility.

## **7. RESPONSIBILITIES OF THE CHIEF CBI OFFICER**

The Chief CBI Officer is responsible for:

a. Establishing and monitoring a national oversight mechanism pertaining to the screening of all individuals and entities with whom the VHA does business, including employees, contractors, volunteers, trainees, grant recipients or other business relationships, against the LEIE and the EPLS.

b. Conducting monthly LEIE and EPLS screenings as prescribed in paragraph 5.

c. Receiving from the AAC DO the list of potential LEIE and EPLS matches each month and providing that list to 10N.

d. Receiving from 10N a report concerning the proper adjudication of each potential match.

e. Reporting verified LEIE and EPLS matches for 'red stoplight' designation in regards to CBI Metric Government Sanctions Lists (GSL) Exceptions.

f. Coordinating with CBI Office Liaisons for CPAC and PC, in addition to consulting with 10N, OGC, and other VHA program offices for GSL matters as necessary.

g. On an annual basis, each October, coordinating with 10N to ensure individuals and entities with GSL exclusion exceptions, i.e., conditional stays and waivers, are still operating under the terms of their exception.

h. Centralized documentation of GSL actions at VHA CBI Office.

i. Ensuring GSL items are documented in CIRTS by CBI Officers at the VISN and facility.

j. Reporting any and all actions taken regarding the LEIE and EPLS to the BCC, the NLB, the Chief of Staff, and the Under Secretary for Health, as required.

## **8. RESPONSIBILITIES OF THE DEPUTY UNDER SECRETARY FOR HEALTH FOR OPERATIONS AND MANAGEMENT (10N)**

The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for:

a. Reviewing the list of potential matches from the monthly screening from the Chief CBI Officer.

b. Notifying the appropriate VISN Director and VISN CBI Officer of potential matches within their organization.

c. Ensuring the VISN Director properly verifies all potential matches each month and adjudicates verified matches as required.

d. Providing verification results to Chief CBI Officer.

e. Coordinating with VHA CBI Office as needed for GSL matters not related to monthly screening.

f. Coordinating with VHA CBI Office on an annual basis, each October, to ensure GSL exceptions for prior FYs are still being utilized in the manner authorized by the exception.

## **9. RESPONSIBILITIES OF THE VISN DIRECTOR**

The VISN Director is responsible for:

a. Ensuring that all potential employees, contractors, vendors, WOCs, volunteers, health care practitioners, trainees, or other individuals whom the VISN employs or entities with which the VISN does business are screened against applicable GSL by the responsible program office prior to beginning work, remuneration, grant issuance, training, or acceptance of goods and services.

b. Receiving from 10N, and forwarding to facilities where appropriate, all potential matches identified in the monthly screening process requiring verification.

- c. Directing VISN personnel to properly verify all potential GSL matches.
- d. Directing the VISN CBI Officer to enter into CIRTS all potential VISN-level matches identified by VHA CBI and 10N. The CIRTS subject category is “*Regulatory Issues – List of Excluded Individuals and Entities (LEIE)*” for LEIE matches and is “*Regulatory Issues – Excluded Parties List System (EPLS)*” for EPLS matches. CIRTS entries are not closed until a potential match is determined to be incorrect, or if verified as excluded, the appointee is terminated, the contract rescinded, or other appropriate action is taken under the contract or prevailing circumstances. All verified entries, without exception, must include an attached CCAP.
- e. Ensuring that all individuals or entities verified to be listed on the GSL are terminated, or contracts are rescinded or other appropriate action taken under the prevailing circumstances. Excluded parties with exceptions, such as a conditional stay or waiver, needs to provide those to the VISN to substantiate their exclusion exception.
- f. Providing to 10N reports pertaining to the adjudication of all potential matches and all corrective actions taken or exception reasons for verified matches.
- g. Coordinating with VHA CBI and 10N for GSL matters as necessary, to include action items not related to monthly screening and annual reassessment of GSL exceptions. Directing the VISN CBI Officer to enter into CIRTS VISN-level annual reassessment of each LEIE exception granted by HHS-OIG using the subject category “*Regulatory Issues – List of Excluded Individuals and Entities (LEIE)*.”
- h. Ensuring that all currently utilized employees, contractors, vendors, WOC workers, volunteers, health care practitioners, trainees, or other individuals, and entities not specifically screened nationally by CBI, are routinely screened against applicable GSL as required.
- i. Reporting verified matches from GSL screenings performed by other VISN program offices to 10N.
- j. Ensuring that all facilities within the VISN screen currently-utilized employees, contractors, vendors, WOC workers, volunteers, health care practitioners, trainees, or other individuals, and entities not specifically cited in this Handbook, against applicable GSL, as required. For example, an employee at a medical center with an expired State professional license may not be able to continue employment until the license is renewed.
- k. Reporting verified matches performed by facilities to 10N.

## 10. RESPONSIBILITIES OF VISN CBI OFFICER

The VISN CBI Officer is responsible for ensuring:

- a. Entries into CIRTS for all potential VISN-level matches are identified by VHA CBI and 10N. The CIRTS subject category is “*Regulatory Issues – List of Excluded Individuals and Entities (LEIE)*” for LEIE matches and “*Regulatory Issues – Excluded Parties List System*

(EPLS)” for EPLS matches. CIRTS entries are not closed until a potential match is determined to be incorrect, or if verified as excluded, the appointee is terminated, the contract rescinded, or other appropriate action is taken under the contract or prevailing circumstances. All verified matches, without an exception, must include an attached CCAP to the CIRTS entry.

b. The VISN-level annual reassessment of each LEIE exception granted by HHS-OIG is entered into CIRTS using the subject category “*Regulatory Issues – List of Excluded Individuals and Entities (LEIE)*.”

c. Potential matches requiring verification are forwarded to CBI Officers.

d. Facility CBI Officers are assisted with the GSL verification processes and procedures as needed.

e. The results of GSL verifications are reported, with appropriate detail, to VISN leadership and to the Compliance Committee.

f. GSL verifications and action items not specifically directed by this Handbook, are performed as directed by the VISN Director or other VISN requirement.

g. Personally Identifiable Information (PII) is not reported to the Compliance Committee.

## 11. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The facility Director is responsible for:

a. Ensuring that all potential employees, contractors, vendors, WOC workers, volunteers, health care practitioners, trainees, or other individuals whom the facility employs or entities with which the facility does business are screened against applicable GSL prior to beginning work, remuneration, grant issuance, training, or acceptance of goods and services.

b. Receiving from the VISN Director all potential matches identified in the monthly screening process requiring facility level verification.

c. Directing facility personnel to properly verify all potential GSL matches.

d. Directing the facility CBI Officer to enter into CIRTS all potential facility matches identified by VHA CBI and 10N. The CIRTS subject category is “*Regulatory Issues – List of Excluded Individuals and Entities (LEIE)*” for LEIE matches and “*Regulatory Issues – Excluded Parties List System (EPLS)*” for EPLS matches. CIRTS entries are not closed until a potential match is determined to be incorrect, or if the match is verified; the employee is terminated; the contract is rescinded; or other appropriate action taken under the contract or prevailing circumstances. All verified entries, without exception, must include an attached CCAP.

e. Providing to the VISN Director the reports pertaining to the adjudication of all potential matches, all corrective actions taken, or exception reasons for verified matches.

- f. Coordinating with VISN Director for GSL matters, as necessary, to include action items related and not related to monthly screening and annual reassessment of GSL exceptions.
- g. Directing the facility CBI Officer to enter into CIRTS the facility-level annual reassessment of each LEIE exception granted by HHS-OIG using subject category “*Regulatory Issues – List of Excluded Individuals and Entities (LEIE)*.”
- h. Ensuring that all currently utilized employees, contractors, vendors, WOC workers, volunteers, health care practitioners, trainees, or other individuals and entities not specifically screened nationally by CBI are routinely screened against applicable GSL as required. For example, an employee at a medical center with an expired State professional license may not be able to continue employment until the license is renewed.
- i. Reporting any verified matches from GSL screenings performed to the VISN Director.

## 12. RESPONSIBILITIES OF THE FACILITY CBI OFFICER

The facility CBI Officer is responsible for:

- a. Entering into CIRTS all potential facility matches identified by VHA CBI and 10N. The CIRTS subject category is “*Regulatory Issues – List of Excluded Individuals and Entities (LEIE)*” for LEIE matches and “*Regulatory Issues – Excluded Parties List System (EPLS)*” for EPLS matches. CIRTS entries are not closed until a potential match is determined to be incorrect, or if it is verified as excluded, the appointee is terminated, the contract rescinded, or other appropriate action is taken under the contract or prevailing circumstances. All verified matches, without exception, must include an attached CCAP to the CIRTS entry.
- b. Entering into CIRTS the facility-level annual reassessment of each LEIE exception granted by HHS-OIG using subject category “*Regulatory Issues – List of Excluded Individuals and Entities (LEIE)*.”
- c. Reporting the results of GSL verifications with appropriate detail to facility leadership and to the Compliance Committee.
- d. Performing GSL verifications and action items not specifically directed by this Handbook, but as directed by the facility Director, or as another facility requirement.
- e. Ensuring PII is not reported to the Compliance Committee.

## 13. REFERENCES

- a. Public Law 105-33, Balanced Budget Act of 1997, Section 4331(c).
- b. Public Law 104-101, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 Title II “Preventing Healthcare Fraud and Abuse; Administrative Simplification, Medical Liability Reform.”

- c. Social Security Act, Sections 1128 and 1128A; 42 U.S.C, Section 1320a-7.
- d. Guidance for Implementing Permissive Exclusion Authority Under Section 1128(b)(15) of the Social Security Act.
- e. Department of Health and Human Services Office of Inspector General:
  - (1) Compliance Program Guidance for Hospitals, 63 Federal Register (FR) 8987, dated February 23, 1998.
  - (2) Supplemental Compliance Program Guidance for Hospitals, 70 FR 4858, dated January 31, 2005.
  - (3) List of Excluded Individuals and Entities Web site:  
<http://oig.hhs.gov/fraud/exclusions.asp>.
- f. General Services Administration's Excluded Parties List System Web site at:  
<https://www.epls.gov/>.
- g. Title 5 U.S.C. Section 2105: Employee defined.
- h. Title 42 CFR Part 1001.
- i. VHA Directive 1030.
- j. VHA Handbook 1030.02.
- k. Deputy Under Secretary for Health for Operations and Management Memo re: "Employment Screening Requirements," dated August 14, 2006.
- l. Deputy Under Secretary for Health for Operations and Management Memo re: "Restrictions on Employment and Contracting – Implementation of Balanced Budget Act Compliance in VHA," dated March 15, 1999.

## ACRONYMS

10N	Deputy Under Secretary for Health for Operations and Management
AITC	Austin Information Technology Center
BBA	The Balanced Budget Act of 1997
BCC	Business Compliance Committee
CBI	Compliance and Business Integrity
CBI Office	Office of Compliance and Business Integrity
CCAP	Causation and Corrective Action Plan
CIRTS	Compliance Inquiry Reporting and Tracking System
CPAC	Consolidated Patient Account Center
CT Code	Cause and Treatment Code
DO	Designated Official
DUNS	Data Universal Numbering System
EIN	Employment Identification Number
EPLS	Excluded Parties Listing System
FR	Federal Register
FSC	Financial Services Center
FY	Fiscal Year
GSA	General Services Administration
GSL	Government Sanctions Lists
HHS	Department of Health and Human Services
LEIE	List of Excluded Individuals and Entities
NLB	National Leadership Board
NPI	National Provider Identifier
OGC	Office of General Counsel
OIG	Office of Inspector General
PAID	Personnel and Accounting Integrated Data System
PC	Purchased Care
PII	Personally Identifiable Information
SSN	Social Security Number
TIN	Taxpayer Identification Number
U.S.C.	United States Code
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WOC	Without Compensation

**PROCEDURES FOR VERIFYING POTENTIAL MATCHES TO GOVERNMENT  
SANCTIONS LISTS**

**1. Department of Health and Human Services (HHS), Office of Inspector General (OIG), List of Excluded Individuals and Entities (LEIE).** When a potential match between an individual or an entity occurs the match must be verified by Department of Veterans Affairs (VA) Central Office, Veterans Integrated Service Network (VISN), or the VA Medical Facility affected. In order to verify the match, the facility Compliance and Business Integrity (CBI) Officer (or other designated official) needs to access the online searchable database on the HHS-OIG Website at: <http://oig.hhs.gov/fraud/exclusions.asp>. Specific instructions for completing the verification follow:

- a. Go to the HHS-OIG LEIE Search page at <http://exclusions.oig.hhs.gov/> .
- b . Enter the last and first name of an individual, or the business name of an entity.
- c. Click “Search.”
- d. When the record of match appears, click on the last name of the individual, or the business name.
- e. The web site produces the record for the individual or entity.
- f. **Record for Individuals**
  - (1) The record for an individual must include the following details:
    - (a) Name;
    - (b) Business;
    - (c) Unique Personal Identification Number;
    - (d) Date of Birth;
    - (e) General (Usually the occupation or company worked at);
    - (f) Exclusion Type (This is the authority under which the individual or entity has been excluded);
    - (g) Specialty;
    - (h) Address (Last known);

(i) Date (*NOTE: if the date is prior to August 5, 1997, the exclusion does not apply to VHA.*); and

(j) Reinstatement (if the individual or business has been reinstated).

(2) Enter only numbers to verify the match. Enter the individual's Social Security Number (SSN) and click "verify." If the record is a match, the webpage indicates "This record does match SSN/EIN 123456789 in our database." If the SSN does not match the excluded individual, the webpage indicates "This record does NOT match SSN 123456789 in our database."

(3) There is a variety of information to confirm or rule out a positive individual match. The most effective method, however, is to use an individual's SSN information.

g. **Record for Entities**

(1) The record for entities must include the following details:

(a) Name;

(b) Business;

(c) Unique personal identification number;

(d) Date of birth;

(e) General (usually the occupation or company worked at);

(f) Exclusion type (This is the authority under which the individual or entity has been excluded.);

(g) Specialty;

(h) Address (last known);

(i) Date; *NOTE: If the date is prior to August 5, 1997, the exclusion does not apply to VHA.*  
and

(j) Reinstatement (if the individual or business has been reinstated).

(2) Entities may or may not have an Employment Identification Number (EIN) on file. If EIN on file, the following message will appear: "Enter only numbers to verify. Format like: 111553333" In the text box below the message, enter the EIN and click "verify." Enter only numbers to verify the match. If the record is a match, the web page indicates "This record does

match SSN/EIN 111553333 in our database.” If the EIN does not match the excluded individual, the webpage indicates “This record does NOT match EIN 111553333 in our database.”

(3) There is a variety of information to confirm or rule out a positive entity match. The most effective method, however, is to use an entity’s EIN information. In lieu of an EIN, using the entity’s last known address and specialty provides an acceptable alternative to determine if the entity in question is excluded.

**2. General Service Administration (GSA) Excluded Parties List System (EPLS).** When a potential match between an individual or entity occurs, the match must be verified by VA Central Office, VISN, or the facility affected. In order to verify the match, the facility CBI Officer (or other designated official) needs to access the online searchable database on the GSA EPLS Web site at: <https://www.epls.gov/>. Specific instructions for completing the verification follow:

- a. Go to the GSA EPLS Search page at <https://www.epls.gov/> .
- b. In the left hand column titled, ‘Search – Current Exclusions’ select which search type will be used, e.g., Advanced Search, Multiple Names, Exact Name, and SSN or Taxpayer Identification Number (TIN) by clicking on the appropriate search title.
- c. Enter search criteria as directed by the type of search selected. For example, if searching by Exact Name and SSN or TIN for an individual, type in the individual’s exact name (last, first, middle) then SSN in format 123456789.
- d. Click “Search.”

(1) If result is a match ‘An exact match’ type message is displayed. If no match, a ‘Your search returned no results’ message appears.

(2) Personnel may use a variety of information to confirm or rule out a potential match. The most effective method, however, is to use the “Exact Name and SSN/TIN” option. In order to obtain a match on SSN or TIN, the individual name or business name must match exactly with the EPLS record. For entities, if EPLS cannot match the name exactly, or if EPLS finds a name match, but the TIN is unknown, use the “Advanced Search” option and enter the Data Universal Numbering System (DUNS) number. Other than using the TIN, this is the most effective method.

## REVIEWING CONDITIONAL STAYS AND WAIVERS

As part of ongoing verification to ensure individuals and entities with conditional stays and waivers are being utilized as intended, Compliance and Business Integrity (CBI) personnel, at all levels of the organization, may need to review them. At a minimum, a conditional stay or waiver is issued by the Department of Health and Human Services (HHS), Office of Inspector General (OIG) on official letterhead and needs to include the following information:

### **1. For Individuals:**

- a. Full Name of Individual.
- b. Date of Birth.
- c. Social Security Number.
- d. Exclusion Authority.
- e. Effective Date of Exclusion.
- f. Description of Reason(s) for Exclusion Exception.
- g. Indication whether HHS-OIG issued a Waiver or Conditional Stay.
- h. Point of Contact at HHS-OIG for Questions Regarding the Exception.

### **2. For Entities:**

- a. Full Name of Business Entity.
- b. Data Universal Numbering System Number, or Taxpayer Identification Number, or Employment Identification Number.
- c. Exclusion Authority.
- d. Effective Date of Exclusion.
- e. Description of Reason(s) for Exclusion.
- f. Indication whether HHS-OIG issued a Waiver or Conditional Stay.
- g. Point of Contact at HHS-OIG for Questions Regarding the Exception.

## GUIDANCE TO ASSESS ORGANIZATIONAL SCREENING PROCESSES PRIOR TO ENGAGEMENT

To assess the organization's process for review of List of Excluded Individuals and Entities (LEIE) and Excluded Parties Listing System (EPLS) prior to engagement of individuals and entities, the following needs to be answered:

### **1. QUESTIONS**

- a. Are you member of the Compliance Committee, if so, how do you share information from the compliance committee with your employees?
- b. Describe the monitoring process for LEIE (new employees, volunteers, contractors, without compensation (WOC) workers, etc).
- c. Describe the process when a positive match is identified on LEIE (employees, volunteers, contractors, WOC workers, etc).
- d. Who in the organization is responsible to complete LEIE checks on Fee Basis providers?
- e. Do you utilize exit interviews when employees leave the organization? Is there a compliance related question included, if so, how is the information shared with the Compliance and Business Integrity (CBI) Officer?
- f. Are you aware of CBI Metrics and the monitoring of Government Sanctions Lists?
- g. What information do you receive regarding CBI Metrics?
- h. What communication takes place between your office and billing for any expired license providers? Direct these questions to entity within the organization who completes activity.
- i. Describe the process to ensure all billable providers have National Provider Identifier (NPI) numbers in the system.
- j. Does the re-credentialing and re-privileging processes relate to compliance program? Direct these questions to entity within the organization who completes activity.

### **2. Questions for Acquisition and Material Management Only**

- a. Describe the EPLS process you have for new vendors.
- b. Describe the process when a positive match is identified on EPLS.

**3. Question only for Consolidated Patient Account Center (CPAC) Transitioned Sites.**

What communication processes have been established to communicate expired licensed providers or NPI numbers with CPAC?