

B. Exclusion List Screenings

Federal law prohibits Medicare, Medicaid and other federal health care programs from paying for items or services provided by a person or entity excluded from participation in these federal programs. Therefore, prior to contracting with IHCS and monthly thereafter, each first tier entity must check the Office of Inspector General (OIG) and General Services Administration (GSA) “exclusion lists” to confirm that all employees (temporary, permanent, and volunteer) and performing administrative or health care services for IHCS’s Members are not excluded from participating in federally-funded health care programs. You can use these websites to perform the required exclusion list screening:

- [Office of Inspector General \(OIG\) List of Excluded Individuals and Entities; and](#)
- [General Services Administration \(GSA\) System for Award Management \(SAM\).](#)

In addition, FDRs must maintain for 10 years evidence that they checked these exclusion lists. You can use logs or other records to document that you’ve screened each employee and downstream entity in accordance with current laws, regulations and CMS requirements.

You must take action if an employee is on the list.

If any of your employees are on one of these exclusion lists, you must immediately remove them from work directly or indirectly related to IHCS’s Members and notify us right away.

These exclusion list requirements are noted in § 1862(e)(1)(B) of the Social Security Act, 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 422.752(a)(8), 423.504(b)(4)(vi)(F), 423.752(a)(6), 1001.1901, and further described in the [Medicare Managed Care Manual](#), Chapter 9, § 50.6.8.

C. Specific Federal and State Compliance Obligations

Based upon the services that your organization performs for IHCS’s Members, you may be subject to other federal and state laws, rules and regulations that we didn’t describe in this Guide. If you have questions about the compliance requirements for the services that your organization performs, consult your IHCS Compliance Department.

D. Monitoring and Auditing of FDRs

CMS requires that we develop a strategy to monitor and audit our FDRs. This helps ensure compliance with all applicable laws and regulations and that our first-tier entities monitor the compliance of their downstream entities. Therefore, IHCS chooses to subcontract with other parties to provide health care services for IHCS’s Members, it is also our responsibility to make sure that our downstream entities abide by all laws and regulations that apply to you as a d/s entity and to us as a first-tier entity. This includes the Compliance Program requirements described in this Guide.

In addition, IHCS and your organization must conduct sufficient oversight to test and ensure that your employees are compliant with applicable laws, retain evidence of completion, conduct root cause analysis and implement corrective action plans or take disciplinary actions, as necessary, to prevent re-occurrence of non-compliance with applicable laws.

Expect routine monitoring and audits.

Integrated Home Care Services will monitor its FDRs' activities and performance to ensure that they fulfill their contractual requirements for Medicare Parts C and Part D and that they meet established performance standards. IHCS will use multiple methods to monitor and audit FDRs, including risk assessments, on-site audits, desk reviews and monitoring of self-audit reports. IHCS conducts risk assessments to identify the highest risk FDRs in order to choose which FDRs to audit.

IHCS may conduct these audits using its employees, or it may contract with independent third parties to conduct these audits. IHCS staff is dedicated to FDR monitoring and auditing will employ audits to validate compliance, develop corrective action plans in response to detected offenses and report oversight activities to IHCS's Compliance/PI Committee.

If IHCS determines that an FDR does not comply with any of the requirements in this Guide, we will require the FDR to develop and submit a Corrective Action Plan (CAP). We can help the FDR address the identified compliance issues, if necessary.

These Monitoring and Auditing requirements are noted in 42 C.F.R. § 422.503(b)(4)(vi)(F) for Medicare Advantage (Part C) and 42 C.F.R. § 423.504(b)(4)(vi)(F) for Part D, and further described in the Medicare Managed Care Manual, Chapter 9 § 50.6.6.

Questions/Concerns

For compliance questions or concerns, please contact the IHCS Compliance Department at compliance@ihccorp.com or 954-381-7951.