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C/O HealthSmart Management Services Organization, Inc.

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## Participation in Federal Programs Verification Requirement

### **Provider Requirements for New and Existing Provider Staff for Monthly Verifications and Attestation Submissions:**

Provider office(s) are required to conduct and review the Medi-Cal Suspended & Ineligible, Office of the Inspector General (OIG), and System for Award Management (SAM) list of Excluded Individuals and Entities (LEIE list) prior to the hiring, employing, or contracting of any new, temporary, volunteer employee(s), and/or consultants, and **monthly thereafter**, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs.

- ✓ Provider office(s) must provide evidence of new provider office staff are pre-screened prior to hire and monthly thereafter
- ✓ Providers are required to conduct monthly database searches for all provider office staff
- ✓ A signed monthly attestation (attached) is required to confirm that the search has been conducted and reviewed

The monthly attestation must be submitted to your contracted Independent Physician Associations (IPA) via fax (714) 947-8708 by the end of each month. Below are the required links for each of the verification websites and “How to Guide: Participation in Federal Program Verification” to assist in accessing, verifying, and obtaining the information.

#### **Medi-Cal Suspended & Ineligible List**

<https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>

**HHS OIG (Inspector General's Office in the Federal Government)** dedicated to combating fraud, waste and abuse and to improving the efficiency of HHS programs.

<https://exclusions.oig.hhs.gov/>

**SAM (System for Award Management)** registration helps to streamline the acquisition of grant, loans, contracts and intergovernmental transactions. According to the General Services Administration (GSA), the federal government plans on integrating ten (10) different federal procurement systems and the Catalog of Federal Domestic Assistance into a single, streamlined system that uses the Integrated Award Environment (IAE).

<https://sam.gov/SAM/pages/public/searchRecords/advancedPIRSearch.jsf>

# Participation in Federal Programs Verification Requirement

## How to Guide: Participation in Federal Programs Verification

### Medi-Cal Suspended & Ineligible List

1. Access the Medi-Cal Suspended & Ineligible list via the link below:

<https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>

The screenshot shows the Medi-Cal website interface. At the top, there is a navigation menu with links for Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. Below the menu, there is a search bar and a list of references. The main content area is titled 'Suspended and Ineligible Provider List' and contains the following text:

Medi-Cal law, *Welfare and Institutions Code (W&I Code)*, sections 14043.6 and 14123, mandate that the Department of Health Care Services (DHCS) suspend a Medi-Cal provider of health care services (provider) from participation in the Medi-Cal program when the individual or entity has:

- Been convicted of a felony;
- Been convicted of a misdemeanor involving fraud, abuse of the Medi-Cal program or any patient, or otherwise substantially related to the qualifications, functions, or duties of a provider of service;
- Been suspended from the federal Medicare or Medicaid programs for any reason;
- Lost or surrendered a license, certificate, or approval to provide health care; or
- Breached a contractual agreement with the Department that explicitly specifies inclusion on this list as a consequence of the breach.

Suspension of Entities Submitting Claims for Suspended Providers  
Suspension is automatic when any of the above events occurs, and suspended Medi-Cal providers will not be entitled to a hearing under the *California Administrative Procedures Act*.

Services rendered, prescribed or ordered by a suspended Medi-Cal provider shall not be covered by the Medi-Cal program while the suspension is in effect. *California Code of Regulations*, title 22, section 51303, subdivision (j), provides that at least fifteen (15) days written notice be given to all affected providers. This list constitutes such written notice. Although the period of suspension may have expired, reinstatement rights are not automatic. The provider must petition for reinstatement and re-enroll with DHCS before being reimbursed for services rendered. Providers suspended as a result of a Medicare action must appeal through the Medicare office before applying for re-enrollment with Medi-Cal.

In accordance with W&I Code, section 14043.61, subdivision (a), a provider of health care services shall be subject to suspension if claims for payment are submitted under any provider number used by the provider to obtain reimbursement from the Medi-Cal program for the services, goods, supplies or merchandise provided, directly or indirectly to a Medi-Cal beneficiary, by an individual or entity that is suspended, excluded or otherwise ineligible because of a sanction to receive, directly or indirectly, reimbursement from the Medi-Cal program and the individual or entity is listed on either the *Medi-Cal Suspended and Ineligible Provider List (S&I List)* published by DHCS to identify suspended and otherwise ineligible providers, or any list published by the federal Office of Inspector General regarding the suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs, to identify suspended, excluded or otherwise ineligible providers.

Examples of providers who need to be aware of the provisions of this law, and could be suspended if violating the law are:

1. Billing services that submit claims for Medi-Cal providers who are suspended;
2. Pharmacies that fill prescriptions and bill for services prescribed by a suspended provider;
3. Providers who bill for services under referral or prescription of a provider who is suspended;
4. Providers who employ and submit claims for the services of an individual who is a suspended provider;
5. Physician groups, clinics and institutions that employ and submit claims for the services of an individual who is a suspended provider;
6. Any individuals or entities that enter into a business arrangement and submit claims for or in conjunction with an individual or entity that is suspended.

Always refer to the S&I List when verifying eligibility. Eligibility or ineligibility must also be verified through the Health and Human Services (HHS) Federal Office of Inspector General (OIG) *List of Excluded Individuals/Entities*. Cross-referencing both lists is recommended to help identify providers who have already been suspended or sanctioned. The S&I List is not all inclusive. Temporary sanctions against providers are not included on the web sites. Temporary sanctions that may be imposed include temporary suspensions, withhold of payments and deactivation.

**Download the S&I List**  
The S&I List is updated monthly and can be downloaded by clicking on the link below. Providers who do not have access to Excel may download an Excel viewer from the [Web Tool Box](#) page.

- [Medi-Cal Suspended and Ineligible Provider List \(Excel format\) Published 10/12/2018](#)

2. [Click] on the MEDI-CAL SUSPENDED AND INELIGIBLE PROVIDER LIST.
4. An Excel Spreadsheet will populate. PLEASE DO NOT print this file as it is very large and will slow down your computer system.
5. [Search] the list by FULL LEGAL NAMES OF YOUR EMPLOYEES/CONTRACTORS and any other name employee may use.
6. The attached attestation form will need to be completed accordingly and provided back to your contracted IPA(s).
7. A copy of your attestations should be kept for your records and be readily available, if requested by the IPA or Health Plan.
8. Please fax the attestation to (714) 947-8708.

# Participation in Federal Programs Verification Requirement

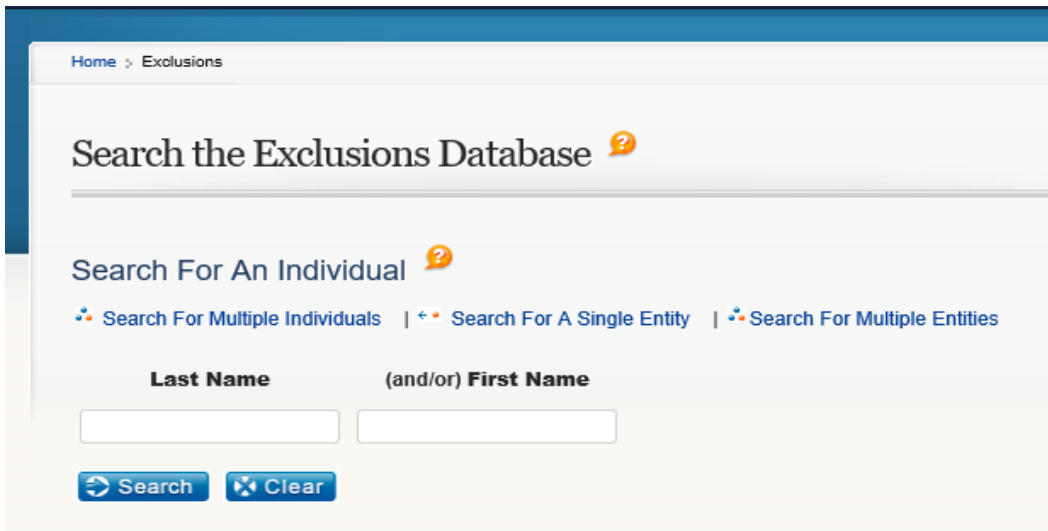
## HHS OIG (Inspector General's Office in the Federal Government)

1. Access the HHS OIG (Inspector General's Office in the Federal Government) database via the link below:

<https://exclusions.oig.hhs.gov/>

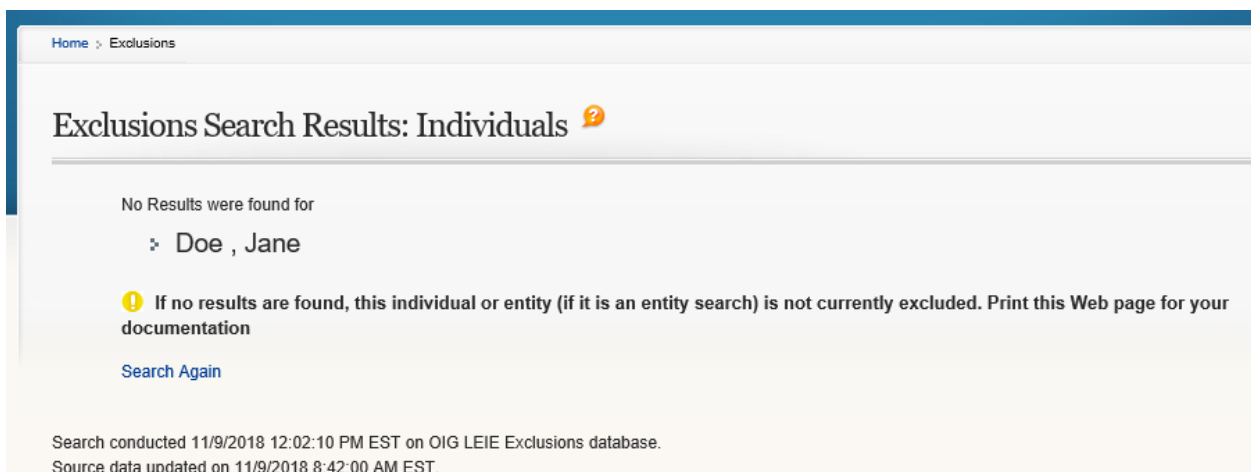
2. [Search] **FULL LEGAL NAMES OF YOUR EMPLOYEES/CONTRACTORS**

*\*Note, if employee and/or new hire go by another name, a search will need to be conducted using their alias or “aka”.*



The screenshot shows the 'Search the Exclusions Database' page. At the top, there is a breadcrumb 'Home > Exclusions'. The main heading is 'Search the Exclusions Database' with a help icon. Below this is a section for 'Search For An Individual' with another help icon. There are three search options: 'Search For Multiple Individuals', 'Search For A Single Entity', and 'Search For Multiple Entities'. The search form has two input fields: 'Last Name' and '(and/or) First Name'. Below the fields are 'Search' and 'Clear' buttons.

3. The attestation will need to be completed accordingly and provided back to your contracted IPA(s).  
EXMAPLE:



The screenshot shows the 'Exclusions Search Results: Individuals' page. At the top, there is a breadcrumb 'Home > Exclusions'. The main heading is 'Exclusions Search Results: Individuals' with a help icon. Below this, it says 'No Results were found for' followed by a list item 'Doe , Jane'. A yellow warning icon is followed by the text: 'If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation'. Below this is a 'Search Again' link. At the bottom, there is a footer: 'Search conducted 11/9/2018 12:02:10 PM EST on OIG LEIE Exclusions database. Source data updated on 11/9/2018 8:42:00 AM EST.'

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4. A copy of your attestations should be kept for your records and be readily available, if requested by the IPA or Health Plan.
5. Please fax the attestation to (714) 947-8708.

## System for Award Management (SAM)

1. Access the HHS OIG (Inspector General's Office in the Federal Government) database via the link below to the Advances Search-Exclusion:

<https://sam.gov/SAM/pages/public/searchRecords/advancedPIRSearch.jsf>

View assistance for SAM.gov

**SAM**  
SYSTEM FOR AWARD MANAGEMENT

A NEW WAY TO SIGN IN - If you already have a SAM account, use your SAM email for login.gov. **Log In**  
Login.gov FAQs

HOME SEARCH RECORDS DATA ACCESS CHECK STATUS ABOUT HELP

**ALERT** - There may be a delay in data updates between the Small Business Administration (SBA) and SAM. If you notice any issues with your entity's SBA status or trouble on the SBA Supplemental page, please contact the Federal Service Desk.

**ALERT** - June 11, 2018: Entities registering in SAM must submit a [notarized letter](#) appointing their authorized Entity Administrator. Read our [updated FAQs](#) to learn more about changes to the notarized letter review process and other system improvements.

### Advanced Search - Exclusion

Structure your search for exclusion records in SAM using one of three approaches. Select a radio button corresponding to the category header that best describes how you want to search. The accordion will expand to show you the search criteria. You can only use one approach at a time.

**Search Tips:**

- If you want to search using a date range, use the Single Search approach.
- If you are trying to search for more than one excluded party at a time, you can search for up to six names using the Multiple Names approach.
- If you choose the SSN/TIN approach, you must enter search criteria in both the Name and SSN/TIN fields.
- If you choose the SSN/TIN approach, the name and SSN or TIN you enter must match exactly what is contained on an exclusion record for the result to be returned.
- Search terms are defined in the SAM User Guide Glossary.

Single Search

Multiple Names

All Name

All Name

All Name

All Name

All Name

All Name

Exclusion Status  Selecting "All" displays both Active and Inactive Exclusions.

**SEARCH** **CLEAR** You may only perform a search with the criteria contained in one accordion.

SSN/TIN Search

2. [Type] **FULL LEGAL NAMES OF YOUR EMPLOYEES/CONTRACTORS** 'Name' field.
3. [Click] the 'Search' button.

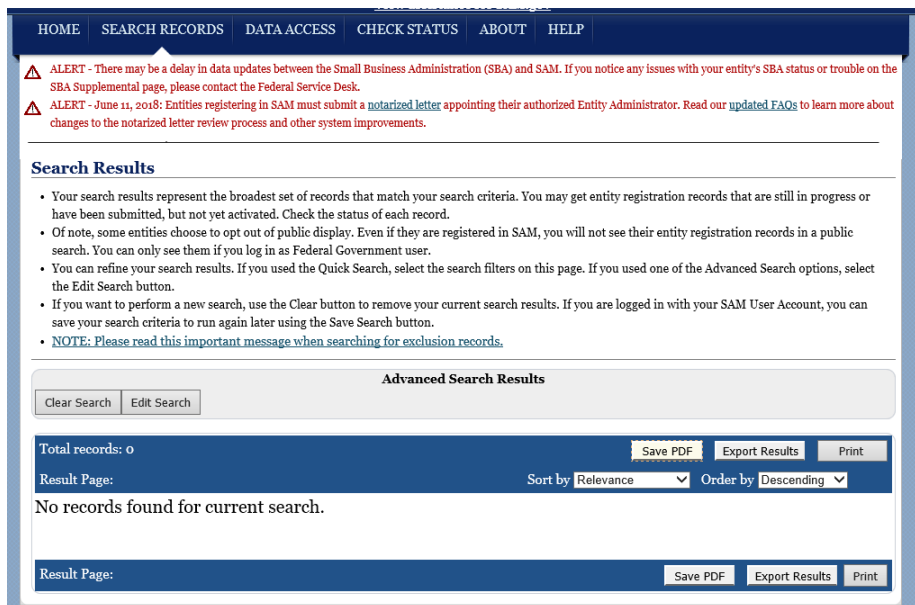
## Exclusion Search Tips

- There may be instances when a Firm or Individual has the same name, or a similar name, as your search criteria but is actually a different party. Read the entire record to understand why the entity was excluded and what effect this exclusion has on your decision.

# Participation in Federal Programs Verification Requirement

- To verify a potential match or obtain additional information, contact the federal agency that created the exclusion record. Contact information for the designated Agency Point of Contact (POC) is linked to the Excluding Agency name within the record. You can also navigate to the Agency Exclusion POC page within SAM Help under Exclusions Information.
- SAM does not have DUNA number or CAGE code identifiers for all Firm exclusions records. Therefore, a search by one of these fields alone may not be sufficient. Conduct an additional Name search if no results are found by the entity identifier.
- If you search only on a particular classification type (e.g. Firm), you are potentially excluding exclusion records created under a different classification.

4. Search Results will display on the bottom of the screen:



5. A copy of your attestations should be kept for your records and be readily available, if requested by the IPA or Health Plan.
6. Please fax the attestation to (714) 947-8708.

**Please contact Provider Relations should you have any questions at 714-947-8600.**

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**OIG/SAM/Medi-Cal Exclusions Screening Attestation**

As a first-tier, downstream or related entity that participates in one or more governmental funded health care program, the organization identified in the signature block below attests to the following.

- That we review the Office of the Inspector General (OIG) and General Services Administration System for Award Management (SAM) exclusion lists and Medi-Cal Suspended and Ineligible Provider List upon initial hire/contract and monthly thereafter to ensure that any new employee, manager or downstream entity is not included in any such list.
- If an employee, manager or downstream entity is on such lists, the organization will terminate such person or entity and notify PMD or PMG of the person or entity's identity.
- Your organization will retain and furnish confirmation upon request documentation that your organization reviews the OIG/GSA exclusion lists upon initial hire/contract and monthly thereafter.
- Database (site listed below) verification is a mandatory **monthly requirement** and **must be completed on or before the end of each month**. Please attest below and fax completed attestation to (714) 947-8708.

The How To: Participation in Federal Programs Verification and Attestation can be found on our website at [www.healthsmartmsso.com](http://www.healthsmartmsso.com).

Please be advised that pursuant to the terms of your agreement with Korean American Medical Group, Inc., Korean American Medical Group, Inc. or an affiliated entity, you are required to comply with all applicable federal, state, and municipal rules and regulations and that this request is directly related to such provision. Please also be advised that such screenings are required under the contract between Korean American Medical Group, Inc., or an affiliated entity, on the one hand, and the health plan, on the other hand.

**To assist you with the implementation of your OIG/GSA Exclusion process, we are providing links to the relevant exclusions lists to comply with the regulations:**

- Medi-Cal Suspended & Ineligible List- <https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>
- HHS OIG (Inspector General's Office in the Federal Government)- <https://exclusions.oig.hhs.gov/>
- System for Award Management (SAM)- <https://sam.gov/SAM/pages/public/searchRecords/advancedPIRSearch.jsf>

Please note that these three lists do not necessarily overlap and all three lists must be checked as to each employee, manager or downstream entity. For example, an employee could be listed on the Medi-Cal exclusion list but not listed on the OIG and/or SAM exclusion lists.

Print Name:	Name of Organization:	
Signature:	Date Signed:	National Provider ID (NPI):

*\*As a reminder, a **monthly** attestation for must be conducted and submitted. Please Fax Attestation to (714) 947-8708*

We thank you for your continued support and providing quality care to the members.

**Korean American Medical Group, Inc.**