

ORGANIZATION POLICY

POLICY TITLE: EXCLUDED PERSONS

POLICY NUMBER: 1206

POLICY: Onslow Memorial Hospital will not contract with or employ individuals or entities who have been convicted of a criminal offense related to health care or who are listed as excluded, debarred, suspended or ineligible to participate in Federal or State health benefit programs, including Medicare, Medicaid or TriCare.

PROCEDURE

1. All prospective employees will be required to complete an application for employment prior to hire. The application shall question whether the employee has ever been excluded, debarred or suspended from a state or federal program. Any individual certifying that they have in fact been excluded, debarred or suspended shall be ineligible for hire.
2. Human Resources shall conduct the appropriate background investigation on the prospective employee for the position being filled. The background investigation for all employees shall include verification that the prospective employee has not been excluded, debarred, suspended or ineligible to participate in federal programs. Government published lists, such as the Department of Health and Human Services Office of the Inspector General's "Cumulative Sanctions Report" exclusion list and the General Services Administrations' monthly list of debarred contractors, will be checked. Any individual identified as debarred, excluded or suspended will be ineligible for hire.
3. A. Prior to employment, all new hires will be checked against the excluded provider debarment list. In addition, on a periodic basis, but not less than semi-annually, Human Resources shall verify that no present employee has been excluded, debarred or suspended from a state or federal health care program. Government published lists, such as the Department of Health and Human Services Office of the Inspector General's "Cumulative Sanctions Report" exclusion list and the General Services Administration's monthly list of debarred contractors, will be checked. Any individual identified as debarred, excluded, suspended or otherwise ineligible for participation in a state or federal health care program will be informed of the status by Human Resources and will be

suspended immediately for three (3) business days without pay after confirmation of the individual's excluded status pending further investigation. Human Resources will also notify the individual's department manager or director, as appropriate. If, within the three (3) business day suspension period, such individual is reinstated into the state or federal health care program, that individual may return to his/her position. If such individual is not reinstated into the state or federal health care program within the three (3) business day suspension period, that individual will be terminated from employment immediately following the suspension. The Department Director and/or designated representative is responsible for maintaining documentation indicating compliance with the above noted time line.

B. Once an excluded, debarred or suspended individual has been officially reinstated into the state or federal health care program, that individual may be considered for employment or re-employment upon proof of reinstatement. There is no obligation for the Hospital to employ or re-employ a reinstated individual.

4. Upon application for medical privileges and upon recredentialing, the Office of Medical Staff Services shall verify that no physician who is a member of the OMH Medical Staff or who utilizes OMH Services as a health care provider has been excluded, debarred or suspended from a state or federal health care program. Government published lists, such as the Department of Health and Human Services Office of the Inspector General's "Cumulative Sanctions Report" exclusion list and the General Services Administration's monthly list of debarred contractors, will be checked. The Office of Medical Staff Services will notify the Compliance Officer and the Chief of Staff of the results of the database(s) review. The Compliance Officer shall notify any physician identified as debarred, excluded, suspended or otherwise ineligible for participation in a state or federal health care program that referrals to OMH of all federal/state health benefit program beneficiaries must cease immediately pending further investigation. The Compliance Officer shall also notify the appropriate OMH Departments and Senior Management of the physician's status. If the physician is reinstated into the state or federal health care program, referrals may resume. The Department Director and/or designated representative is responsible for maintaining documentation indicating compliance with the above noted time line.

5. Prior to engagement, all new vendors will be checked against the excluded provider list. In addition, the Office of Materials Management, on an annual basis, shall verify that no vendor currently doing business with Onslow Memorial Hospital has been excluded, debarred or suspended from a state or federal health care program. Government published lists, such as the Department of Health and Human Services Office of the Inspector General's "Cumulative Sanctions Report" exclusion list and the General Services Administration's monthly list of debarred contractors, will be checked. The Office of Materials Management will notify the Compliance Officer results of the database(s) review. The Office of Materials Management and the Compliance Officer shall notify any vendor identified as debarred, excluded, suspended or otherwise ineligible for participation in a state or federal health care program that OMH is prohibited from doing business with the vendor(s) effective immediately. If the vendor is reinstated into the state or federal health care program, the relationship with OMH may be resumed, at the discretion of the Office of Materials Management. The Department Director and/or designated representative is responsible for maintaining documentation indicating compliance with the above noted time line.

Any questions regarding this policy should be directed to the Compliance Officer.

EFFECTIVE DATE: November 1, 2001

REVIEW DATE: January 2012, October 2015, October 2018

REVISION DATE: November 2004, October 2008, October 2012

DEPARTMENTS
PRIMARILY AFFECTED: ALL DEPARTMENTS

Policy 1206

Page 4

AUTHORIZED BY:

Penney Burlingame Deal, DHA, RN, FACHE
President and Chief Executive Officer

Regina Lanier, MSN, MAEd, RN
Senior VP Chief Nursing Officer

Scott Johnston, M.D.
Chief Of Staff

Signed Original in Executive Office