

Medical Compliance

SUBJECT: Exclusion Database Searches

PURPOSE: To define the process for identifying individuals or entities that have been sanctioned, debarred or otherwise excluded from participation in federally funded health care programs.

POLICY CATEGORY:

STAFF GOVERNED BY THIS POLICY: HMD, CIHA, TCC

EFFECTIVE DATE: November 13, 2003

DATE REVIEWED OR REVISED:

DISTRIBUTION: HMD, CIHA, and TCC employees

POLICY: To ensure that the Health and Medical Division has taken appropriate measures to ensure that HMD is not doing business with any individual or entity that has been sanctioned, debarred or otherwise excluded from participation in federally funded health care programs.

No Federal Health care program payment may be made for any items or services (1) furnished by an excluded individual or entity or (2) directed or prescribed by an excluded physician (42 CFR 1001.1901). This payment ban applies to all methods of Federal program reimbursement, whether payment results from itemized claims, cost reports, fee schedules or a prospective payment system.

PROCEDURE:

The Medical Compliance Officer, Executive Secretary, or the Healthcare Business Director at HMD will perform exclusion searches. The contracting officer, HR staff, Finance staff, or Contract Health Staff at CIHA will perform exclusion searches.

For new vendors, searches will be done within 30 days of acceptance into the accounts payable system and, at a minimum annually.

For new employees, searches will be done before the prospective employee begins work for HMD of CIHA and, at a minimum, annually thereafter.

HMD/CIHA has contracted with Compliance Concepts, Inc. to utilize the SanctionCheck cumulative batch-searchable exclusions database software program.

Any search that reveals a positive match will require further investigation. The Medical Compliance Officer will notify Sanctioncheck of the positive results. Other personal identifiers such as date of birth, social security number, or address may need to be provided to Sanctioncheck to verify person who is disbarred. If added information does not assist in disqualifying the employee/vendor from the sanction list, the employee/vendor will be asked to sign an attestation verifying that they are not the person/vendor named on the list.

SanctionCheck Attestation

I _____ do hereby attest that I have not been sanctioned, debarred or otherwise excluded from participation in federally funded health care programs. I am not the person/vendor who is appearing on the Office of Inspector General's List of Excluded Individuals/Entities, the General Services Administrations List of Parties Excluded and/or the Specially Designated Nationals List.

SIGNATURE

DATE

WITNESS

DATE