



	<u>Effective Date</u>		
	August 2008		
	<u>Number</u>	<u>Replaces Policy</u>	
	CP007	HR 66	
<u>Title</u>	<u>Date Revised</u>	<u>Date Reviewed</u>	<u>Next Scheduled Review Date</u>
Federal Sanction Screening	June 2008	June 2008	August 2010
<u>Signature</u>	<u>Scope of Responsibility</u>		
_____	Compliance/Human Resources/Materials Management/Pharmacy/Legal Counsel		
Chief Compliance Officer			

Purpose: To facilitate compliance with requirements under the Federal Sentencing Guidelines regarding policies and procedures to address non-employment or non-retention of sanctioned individuals.

Policy: Ivinson Memorial Hospital (IMH) is committed to maintaining high quality care and service as well as integrity in its financial and business operations. IMH must have a process and procedure to document compliance with Federal Sentencing Guidelines on the seven elements of an effective compliance program. The procedures in this policy ensure IMH addresses the non-employment or non-retention of sanctioned individuals and entities.

Procedure: In addition to verifying the credentials and backgrounds of anyone employed or engaged by IMH to deliver healthcare services, IMH will screen employees, physicians, vendors, contractors, and business associates against the U.S. Department of Health and Human Services Office of Inspector General's List of Excluded Individuals/Entities (LEIE) and the General Services Administration Excluded Parties List System (EPLS). By performing these checks, IMH will ensure no individuals or entities it does business with are under any exclusions by the Federal Government.

1. **Employee Sanction Screening** – The IMH application process includes questions pertaining to any pending charges or convictions. The application also requires disclosure of any sanction or disciplinary actions by any federal or state law enforcement, regulatory, or licensing agency. It is the responsibility of the Human Resources Department to verify the accuracy and honesty of the responses provided by applicants. ALL employees must receive the LEIE and EPLS screening at the time of hire and annually on their hire date. Documentation of the findings shall remain in the employee's personnel file.

2. **Medical Staff Sanction Screening**

A. IMH's Medical Staff Application shall include an attestation by the candidate relating to whether he or she has any pending charges or

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convictions. The candidate must also disclose any sanctions or disciplinary actions by any federal or state law enforcement, regulatory or licensing agencies.

- B. IMH shall verify the credentials of all medical professionals with the appropriate licensing and disciplinary authorities, to include inquiring about whether any adverse actions might impair the candidate's ability to perform their professional duties or fiduciary responsibilities. The verification process shall include screening with the LEIE, EPLS, and National Practitioner Data Bank. Documentation of the findings shall remain in the individual's credentials file.
- C. The Medical Staff Coordinator shall conduct the verification process for all applications for active medical staff, locum tenens, consulting staff, allied health, and non-physician licensed independent practitioners. Verification shall take place at the time of application and annually thereafter on their credentialing date..

3. **Vendor Sanction Screening** – The Materials Management Department is responsible for the verification process for all vendors. The term vendors includes, but is not limited to, durable medical equipment supply entities, group purchasing organizations, and other ancillary service or supply entities. Screening of vendors on the LEIE and EPLS shall occur prior to conducting business with them and annually thereafter. Documentation of the findings shall remain in the vendor's file in Materials Management.

4. **Pharmaceutical Company Sanction Screening** – The Pharmacy Department is responsible for the verification process of all pharmaceutical companies IMH uses to supply our pharmacy needs. Screening of pharmaceutical companies on the LEIE and EPLS shall occur prior to conducting business with them and annually thereafter. Documentation of the findings shall remain in the company's file in the Pharmacy Department.

5. **Contracts Sanction Screening**

- A. All individuals and entities contracted to provide medically related services shall also receive screening on the LEIE and EPLS. The individuals and entities subject to checks shall include, but are not limited to, all contracted pharmacists, pharmacist assistants, nurses, nurse aides, physical therapists, social workers, and radiology and laboratory technologists. Entities subject to these screenings include all entities contracted to provide services, supplies or any other contracted provisions.
- B. Legal Counsel shall review all current contracts to ensure no contractors are under any sanctions or disciplinary actions by any federal or state law enforcement, regulatory or licensing agencies. Documentation of findings shall remain in the individual or entity's contract folder.
- C. IMH Legal Counsel shall review all new and renegotiated medically related agreements with individuals and entities to ensure they are

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not under any sanctions or disciplinary actions by any federal or state law enforcement, regulatory or licensing agencies.

Documentation of findings shall remain in the individual or entity's contract folder.

6. **Compliance Auditing** – The Chief Compliance Officer shall be responsible for annually auditing a random sample of personnel files, medical staff credential files, vendor files, pharmaceutical files, and contractor files to evaluate the effectiveness of this policy. A copy of the Chief Compliance Officer's audit shall go to the CEO and IMH Board Compliance Committee for their review along with any recommendations for remedial actions or improvement to the screening process.