

Compliance Program Exclusion/Sanction Review Process

MH Policy and Procedure

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Revision #: v3

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Author: Corporate Compliance Manager

Status: Approved and Released

General Description

Purpose: To describe the standards and processes used by Meridian Health (MH) and its subsidiaries to comply with all state and federal regulations when considering applicants for employment, selecting vendors and contractors from which it will purchase goods and services, and in allowing privileges to clinical staff to provide care to Meridian patients.

Scope: All Meridian-affiliated facilities, including but not limited to, hospitals, ambulatory surgery centers, outpatient imaging centers, home health agencies, subacute and long term care facilities, physician practices, service centers, imaging services and all Corporate and affiliated Departments.

Policy: It is MH policy that any individual considered for employment with MH have a background investigation performed by the Human Resources department or Human Resources' designee which will include whether or not the applicant is listed on the Health and Human Services/Office of Inspector General ("HHS/OIG") Cumulative Sanction Report, New Jersey State Treasurer's Exclusion related screening lists, and the General Services Administration's (GSA) List of Parties Excluded from Federal Programs. All vendors and contracted agents are screened by the Materials Management department for sanction or exclusion on the HHS/OIG, New Jersey State Treasurer's Exclusion and GSA listings during the requisite pre-approval review process. Physicians and advanced practice professionals (such as physician assistants, nurse practitioners, etc.) are screened against the HHS/OIG listing as part of the determination of privileges and credentialing process.

All job applicants, team members, and volunteers/students working in Behavioral Health services departments will be checked against the New Jersey Department of Human Services (NJ DHS) Central Registry of Offenders Against Individuals with Developmental Disabilities (Central Registry). When an alert is sent by NJ DHS to MH that the Central Registry has been updated, a re-screening of team members, volunteers/students will be performed.

Sanction verification for current team members, vendors/contractors, and medical staffs will be checked against the OIG Cumulative Sanction Report, the New Jersey State Treasurer's Exclusion and related state screening lists, the GSA, and the Department of Treasury Office of Foreign Assets Control (OFAC) exclusion listing of terrorism-sponsored organizations at least quarterly.

Procedure:

For New Hires, New Vendors and Medical Staff

1. Sanction verification will be reviewed during the routine hiring/investigation process according to the process described in Human Resources policy MHS-HR-01-2210 prior to extending a job offer for those positions/job categories listed on Appendix A of that policy.
2. Sanction verification for new vendors or contracted agents will be performed by Materials Management staff pursuant to policy MHS-Admin-01-1050, by accessing the internet at www.oig prior to approval and listing on the Meridian approved vendor list.
3. Sanction verification will be performed by the staff of the Meridian Hospitals Corporation Offices of Physician Services by accessing the Internet at www.oig during the credentialing process for addition to the medical staff of a division of Meridian Hospitals Corporation.

4. Checking the NJDHS Central Registry for offenders will be performed by the Senior Director for Behavioral Services or his/her designee in Human Resources for new job applicants.

For Ongoing Cumulative Reviews

1. On a monthly basis, payroll managers and /or designated contacts at each of the Meridian family of companies will provide an electronic payroll listing of all current employees at a specified date in the month to the Corporate Compliance Manager.
2. On a monthly basis, the Materials Management department, Partner Company Finance contact, Office of Physicians Services, Meridian at Home IT department or other designated person(s) will send electronic copies of their respective vendor, medical staff and referring physician listings at a specified date in the month to the Corporate Compliance Manager.
3. The Corporate Compliance Manager will work with the payroll managers and other designated contacts to adjust the format for the electronic submissions as needed by the system and will perform the required screening of all individuals and entities received in steps 1 and 2 above.
4. Results of the monthly screenings will be conveyed to the senior management staff of the companies or departments and will provide the basis for the screening assurances by the Compliance Officer required in the annual Medicare / Medicaid cost report filing.
5. Any potential matches identified in the cumulative screening process will be reviewed and resolved by the Corporate Compliance Office in accordance with the Meridian Code of Conduct (MHS-Admin 01-1006) and Human Resources Policy on Guidelines for Cooperation and Discipline (MHS-HR-01-2602.)

Responsibility: Human Resources
I.T. Operations
Corporate Compliance Officer
Corporate Compliance
Senior VP, Human Resources
Senior VP, Legal Affairs and General Counsel
Executive Vice President - Finance and Partner Company Operations
Executive Vice President - Hospital Operations
Senior Director of Behavioral Health Services

Requirements

Approvals: Approved by Meridian Compliance Operations Group, November 2006

Relevant Knowledge: Central Registry - N.J.A.C. 10:44D & N.J.S.A. 30:6D

Revision History

- v1:** 01/18/2007
Document Created

 - v2:** 09/12/2013
Revised for updated procedure

 - v3:** 09/19/2013
Converted to MH template
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Contributing Authors

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