



**Hackensack**  
*Meridian Health*

<b>Origination Date:</b>	06/1999
<b>Effective:</b>	03/2022
<b>Last Approved:</b>	03/2022
<b>Last Revised:</b>	01/2019
<b>Next Review:</b>	03/2025
<b>Owner:</b>	<i>Daniel McManus: Compliance Officer North</i>
<b>Policy Area:</b>	<i>Admin 500 Administrative &amp; Operations</i>
<b>Applies To:</b>	<i>Hackensack Meridian Health Network</i>
<b>Applicability:</b>	<i>Hackensack Meridian Health Network</i>

## Sanction and Exclusion Screening

### Purpose

To describe the standards and processes used by Hackensack Meridian *Health* (HMH) 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 Hackensack Meridian patients. Federal and State law prohibit HMH from employing, contracting, providing privileges to any individual or entity that is currently excluded, debarred or disqualified from participation in any federal or state health care programs including Medicare and Medicaid. Both State and Federal Regulations detail that no payments will be made to or on behalf of any person or entity for the medical care, services or supplies, furnished by, or under the supervision of, or ordered, or prescribed by an excluded, or disqualified individual or entity.

### Administration

The Senior Vice President, Chief Compliance Officer and Executive Vice President of Human Resources is responsible for the administration and subsequent revisions of this policy.

### Scope

All Hackensack 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; and its board members for licensed entities (Hackensack Meridian Board of Trustees, HMH Hospital Corporation Board and the Boards for Home Care/Hospice and for Long Term Care), all current team members, including its contracted team members, medical staffs, volunteers, applicants for positions at HMH, non-participating physicians or referring professionals, and vendors/contractors/partners or consultants doing business with or seeking to do business with HMH.

### Policy

Based on Federal and State law HMH will not knowingly appoint, employ, contract, or provide privileges to any individual or entity that is currently excluded, debarred or disqualified from participation in any federal or

state health care program, including Medicare and Medicaid. HMH will make no payments knowingly to or on behalf of any person or entity for the medical care, services or supplies, furnished by, or under the supervision of, or ordered, or prescribed by an excluded or disqualified individual or entity.

HMH will perform, through the use of a contracted/third party vendor, initial sanction screening and ongoing monitoring to ensure that its current Board of Trustee members for licensed entities (HMH, the hospital corps and the board for Home Care/Hospice and for Long Term Care), current team members, including its contracted team members, medical staff, volunteers, applicants for positions at HMH, non-participating physicians (EPIC - Physician Master File) or referring professionals, and vendors/contractors/partners or consultants doing business with HMH have not been excluded, debarred or disqualified.

HMH will perform the sanctions screening against these applicable lists including, but not limited to:

- New Jersey Department of Treasury
- (SAM) System for Award Management Exclusion Database
- (OIG) Office of the Inspector General Federal Exclusion Database
- New Jersey Medicaid Exclusion Database and other related state screening lists.
- Department of Treasury Office of Foreign Assets Control (OFAC) exclusion listing of terrorism-sponsored organizations.
- NJ Division of Consumer Affairs Licensure Database
- NJ Department of Health and Senior Services Licensure Database
- Certified Nurse Aide and Personal Care Assistant Registry

## **Procedure Initial Screening Compliance:**

1. Sanction verification for Board of Trustee members for licensed entities (HMH, the hospital corps and the board for Home Care/Hospice and for Long Term Care) will be performed by the Hackensack Meridian *Health* Compliance department through contracted/third party vendor upon initial appointment.
2. HMH board members, key employees and covered individuals, as defined in the relevant Conflicts of Interest policies, are required annually within the disclosure process to answer questions regarding previous and current exclusions/debarments.

## **Human Resources:**

1. Sanction verification will be conducted and reviewed during the routine hiring/ investigation process according to the process described in Human Resources policy (*Talent Acquisition & Recruitment Process*) prior to extending a job offer.
2. It is the HMH policy that any individual considered for employment with HMH, as well as contract and leased services, must have a background investigation performed by the Human Resources department or Human Resources' designee, which will include a check to determine 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, other state related screening lists, and the General Services Administration's (GSA) List of Parties Excluded from Federal Programs.
3. 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 HMH that the Central Registry has been updated, a re-screening of team members, volunteers/students will be performed. Checking the NJ DHS 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.

## **Purchasing:**

1. Sanction verification for new vendors or contracted agents will be performed by the Hackensack Meridian *Health* Purchasing staff through contracted/third party vendor upon initial certification.
2. All vendor contracts will contain appropriate language regarding screening and the ability to participate in federal and state health care programs.  
HMH Hospitals Corporation Offices of Physician Services:
3. As part of the determination of privileges and credentialing process, all physicians and advanced practice professionals (such as physician assistants, nurse practitioners, etc.) will be screened against the HHS/ OIG list of excluded individuals and entities (<https://exclusions.oig.hhs.gov/>) by the Hackensack Meridian *Health* Hospitals Corporation Offices of Physician Services or the local medical staff office.

## **Patient Financial Services:**

Subject to integration completion, sanction verification of Non-Participating Physicians will be performed by the staff of the Hackensack Meridian Patient Accounting Educational Team (southern region) by accessing the agreed upon platform, prior to including them in the master physician listing within the electronic medical record system. See Policy (Non – Participating Physician Sanction Review -*Patient Accounts Educational Team Policy*).

## **Local Volunteer Office or designee:**

1. Sanction verification for volunteers will be performed monthly by the local hospital medical staff offices or their designee through contracted/third party vendor upon initial onboarding.

## **Ongoing Screening**

### **Compliance:**

1. On a monthly basis, members of the Board of Trustee for licensed entities (Hackensack Meridian Board of Trustees, HMH Hospital Corporation Board and the Boards for Home Care/Hospice and for Long Term Care) will be screened for sanctions and exclusions by the Compliance department through a contracted third party vendor.
2. On a monthly basis, the Hackensack Meridian *Health* Human Resources (HR) Data Analytics department must provide an updated electronic payroll listing of all current team members and contracted team members in an approved format to the Compliance department
3. On a monthly basis, the Hackensack Meridian *Health* Purchasing department will provide an updated electronic listing of all vendors and contractors in an approved format to the Compliance department.
4. On a monthly basis, the Office of Physicians Services and the Hackensack Meridian Nursing and Rehabilitation (HMNR) Administrators and/or other designated person(s) must send electronic copies of

their respective medical staff listings to the Compliance department.

5. On a monthly basis, IT will send the EPIC Physician Master listing of Non-Participating physicians to the Compliance department.
6. Corporate Compliance will review all submitted lists and will perform monthly sanction checks through a contracted third party vendor.

## **Patient Financial Services:**

1. Subject to integration completion, monthly sanction verification of Non-Participating Physicians within the HMH southern region will be performed by the staff of the Hackensack Meridian Patient Accounting Educational Team by running the master physician listing through the exclusion screening contracted third party vendor. See Policy (Non – Participating Physician Sanction Review -*Patient Accounts Educational Team Policy*).

## **Reporting of Exclusions and Sanctions**

1. Results of the monthly screenings and confirmed exclusions will be reported to the senior leadership of the departments and will provide the basis for the screening assurances by the Chief Compliance Officer or designee required in the annual Medicare / Medicaid cost report filing.

## **Management of Exclusions and Sanctions**

1. Any board member, team member or physician who appears on a federal or state exclusion list will be removed from duty and a review will be conducted by the Corporate Compliance Officer and Human Resources or designee.
2. Any vendor who appears on a federal or state exclusion list will be removed from the HMH Vendor list and a review will be conducted by the Corporate Compliance Officer and Human Resources or designee.
3. Any potential matches identified in the ongoing monitoring process for board members, team members, medical staffs, volunteers, vendors, contractors, and EPIC Master Physician Listing will be reviewed and resolved by the Corporate Compliance Office in accordance with the Hackensack Meridian *Health Code of Conduct* and if necessary in consultation with Human Resources in accordance with the HMH Guidelines for Cooperation and Discipline.
4. The Network uses a third party contracted vendor's electronic system to conduct the screening and license verification process. This system captures any potential matches that are investigated once and resolved, utilizing a feature called "prior no match", unless any changes occur within the regulatory websites or if any changes occur within the upload. The results are then documented and if appropriate, follow up is done with the appropriate billing department, purchasing and/or human resources, if a match is confirmed.

HMH expressly reserves the right, in its sole and absolute discretion, to change, modify or delete the provisions of this policy in whole or in part, at any time or for any reason without notice. The employment terms set out in this policy work in conjunction with, and do not replace, amend, or supplement any terms or conditions of employment stated in any applicable collective bargaining agreement. Wherever employment terms in this policy differ from the terms expressed in the applicable collective bargaining agreement, team members should refer to the specific terms of the collective bargaining agreement, which will control.

Any questions regarding this policy and procedure may be referred to the Compliance Department.

# References

- Central Registry - N.J.A.C. 10:44D & N.J.S.A. 30:6D
- Hackensack Meridian *Health* Code of Conduct
- Conflict of Interest (COI) for BOT-Key Employees Policy
- Conflict of Interest (COI) for Covered Individuals-Leaders Policy
- Human Resources: Guidelines for Cooperation and Discipline Policy
- Patient Accounting Educational Team- Non-Participating Physician Sanction Review Policy

# Approvals

Approved by Hackensack Meridian *Health* Compliance Operations Group, **Approval Date:** 10/26/18

Sr. VP, Compliance, Chief Compliance Officer

Executive VP, Human Resources

Executive VPs, Legal, General Counsels

Senior Director of Behavioral Health Services

Vice Presidents of Patient Accounts

Executive VP - Finance

Executive Vice President - Hospital Operations

HMH Hospital Presidents

Approved by Audit and Compliance Committee of the HMH Board of Trustees, **Approval Date:** 11/14/18

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
	Thomas Flynn: SVP Chief Compliance Officer	03/2022
	Daniel McManus: Compliance Officer North	03/2022

## Applicability

Bayshore Medical Center, Carrier Clinic, HMH Nursing & Rehabilitation, Hackensack Meridian Health Inc., Hackensack University Medical Center, Home Health and Hospice, JFK Medical Center, JFK Medical Center EMS, Jersey Shore University Medical Center, Legacy Meridian Health, Ocean University Medical Center, Old Bridge Medical Center, Palisades Medical Center, Physician Services Division, Raritan Bay Medical Center,

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