

<b><u>POLICY &amp; PROCEDURE</u></b>	<b>Page 1 of 2</b>
<b>SUBJECT: Sanction Screening</b>	<b>EFFECTIVE Date: 08/17/1999</b>
<b>DEPT: ADMINISTRATION, Corporate Compliance</b>	<b>REVIEW Date: 11/19/2018</b>

## **I. Policy:**

Under federal law, no payment will be made by any federal health care program for any items or services supplied, ordered or prescribed by an excluded individual or entity. Inspira Health Network (herein after referred to as the “Network”) will not employ or engage in a business relationship with individuals or entities who are currently under sanction or exclusion by the Department of Health and Human Services Office of Inspector General (OIG) or any other duly authorized enforcement agency.

## **II. Scope:**

This policy applies to Network personnel, in addition to Corporate Compliance staff, responsible for conducting sanction screenings for new and current employees, medical staff, residents, volunteers, vendors, and Board members.

## **III. Procedure:**

1. Prior to establishing employment or a business relationship with any individuals, medical professionals or entities a sanction screening must be completed.
2. Corporate Compliance will screen on a monthly basis those individuals and entities with whom the Network has engaged or otherwise has a business relationship.
3. If it is determined upon reasonable due diligence that an individual or entity is excluded by the OIG, the relationship will be immediately terminated.

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4. Sanction screenings must be submitted to the Corporate Compliance Department through the [compliance@ihn.org](mailto:compliance@ihn.org) email address.
  - i Individuals – The following information is required when requesting a sanction screening for an individual:
    1. Social Security Number
    2. Individual’s First Name
    3. Individual’s Last Name
    4. Individual’s City
    5. Individual’s State
    6. Individual’s Zip Code
  - ii Entity – The following information is required when requesting a sanction screening for an entity:
    1. Tax Identification Number (TIN)
    2. Entity Name
    3. Entity Address
    4. Entity City
    5. Entity State
    6. Entity Zip Code
  - iii An Exclusion Result Report will be provided to the requestor by the Corporate Compliance Department.