PROCEDURE STATEMENT:
Health Quest Systems, Inc. and its affiliates ("HQ") will not employ, contract with, subcontract with, engage the services of, grant medical staff privileges or otherwise utilize any Affected Individuals and/or Entities that have are or have become an Ineligible Person.

If HQ has actual notice that an Affected Individual and/or Entity has become an Ineligible Person, HQ shall remove such person from responsibility for, or involvement with, HQ's business operations related to the Federal health care program(s) from which such person has been excluded and shall remove such person from any position for which such person's compensation or the items or services furnished, ordered, or prescribed by such person are paid in whole or part, directly or indirectly, by any Federal Healthcare Program(s) from which such person has been excluded at least until such time as such person is reinstated into participation in such Federal Healthcare Program(s).

If HQ has actual notice that an Affected Individual and/or Entity is charged with a criminal offense that falls within the scope of 42 U.S.C. §§ 1320a-7(a), 1320a-7(b)(1)-(3), or is proposed for exclusion during the individual and/or entity's employment or contract term, HQ shall take all appropriate actions to ensure that the responsibilities of that person have not and shall not adversely affect the quality of care rendered to any beneficiary or the accuracy of any claims submitted to any Federal Healthcare program.

All requirements in this procedure will be governed by these principles.

PROCEDURE:

Exclusion Checks for Employees (Non-Provider)

1. Prior to hiring an individual as an employee, the prospective employee must complete a pre-employment application that includes specific questions as to whether such individual has been listed as excluded by the Health and Human Services Office of the Inspector General (CIG), the Government Services Administration (GSA) or the New York State Office of the Medicaid Inspector General (OMIG), and whether such individual has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), including Federal Healthcare Program related crimes, patient abuse or neglect, healthcare fraud, or felony conviction relating to a
controlled substance. ¹ Falsification or omission of any significant information presented or requested on the employment application or interview process may result in rejection of employment.

On an individual basis during the onboarding process, Human Resources (HR) will check all new potential employees against the designated compliance vendor. Documentation to support the exclusion check will be included in the prospective employee file, held by HR. HQ shall not make a final offer of employment to any employee whose name appears on the OIG, GSA or OMIG databases or who is an Ineligible Person, unless advised differently by the Compliance Department. HR will discuss any potential issues that are identified with the Compliance Department and respective operational leader.

2. During the first week of each month, a comprehensive list of employees will be submitted to the designated Compliance vendor, by a designee in the HR Department for exclusion screening.

3. Any existing employee whose name appears on the OIG, GSA and OMIG databases or who becomes an Ineligible Person will be subject to immediate suspension, unless advised differently by the Compliance Department. If any employee disputes the appropriateness of an exclusion or debarment, such employee will be granted up to five (5) business days to resolve the dispute and to provide additional information to HR and the Compliance Department. If the dispute is not satisfactorily resolved, in the sole discretion of HQ, within the five (5) days, the employment relationship may be terminated.

Exclusion Checks for Employed Providers

1. Prior to hiring an individual as a provider, the prospective provider must complete a pre-employment documentation that includes specific questions as to whether such individual has been listed as excluded by the OIG, GSA or OMIG, and whether such individual has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), including Federal Healthcare Program related crimes, patient abuse or neglect, healthcare fraud, or felony conviction relating to a controlled substance. Falsification or omission of any significant

| 1128(a)(1) | 1320a-7(a)(1) | Conviction of program-related crimes. Minimum Period: 5 years |
| 1128(a)(2) | 1320a-7(a)(2) | Conviction relating to patient abuse or neglect. Minimum Period: 5 years |
| 1128(a)(3) | 1320a-7(a)(3) | Felony conviction relating to health care fraud. Minimum Period: 5 years |
| 1128(a)(4) | 1320a-7(a)(4) | Felony conviction relating to controlled substance. Minimum Period: 5 years |
information presented or requested on the documentation or interview process may result in rejection of employment.

On an individual basis during the onboarding process, the respective employee charged with oversight of provider recruitment will check all new potential employees against the designated compliance vendor. Documentation to support the exclusion check will be included in the prospective employee file. HQ shall not make a final offer of employment to any employee whose name appears on the OIG, GSA or OMIG databases or who is an Ineligible Person, unless advised differently by the Compliance Department. The respective employee charged with oversight of provider recruitment will discuss any potential issues that are identified with the Compliance Department and respective operational leader.

2. During the first week of each month, a comprehensive list of employees will be submitted to the designated Compliance vendor, by a designee in the HR Department.

3. Any existing employee whose name appears on the OIG, GSA and OMIG databases will be subject to immediate suspension, unless advised differently by the Compliance Department. If any employee disputes the appropriateness of an exclusion or debarment, such employee will be granted up to five (5) business days to resolve the dispute and to provide additional information to HR and the Compliance Department. If the dispute is not satisfactorily resolved, in the sole discretion of HQ, within the five (5) days, the employment relationship may be terminated.

Exclusion Checks for Volunteers:

1. Prior to engaging an individual as a volunteer, the prospective volunteer must complete documentation that includes specific questions as to whether such individual has been listed as excluded by the OIG, GSA or OMIG, and whether such individual has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), including Federal Healthcare Program related crimes, patient abuse or neglect, healthcare fraud, or felony conviction relating to a controlled substance. Falsification or omission of any significant information presented or requested on the documentation may result in rejection of engagement.

On an individual basis during the onboarding process, the respective employee charged with oversight of volunteer services at each affiliate, or their designee, will check all new potential volunteers against the designated compliance vendor. Documentation to support the exclusion check will be included in the prospective volunteer file. HQ shall not make a final offer of engagement to any volunteer whose name appears on the OIG, GSA or the OMIG databases, or who is an Ineligible Person, unless advised differently by the Compliance Department. The respective employee charged with oversight of volunteer services at each affiliate will discuss any potential issues that are identified with the Compliance Department.
2. During the first week of each month, a comprehensive list of volunteers will be submitted to the designated Compliance vendor, by the respective employee charged with oversight of volunteer services at each affiliate, or their designee.

3. Any existing volunteer whose name appears on the OIG, GSA and OMIG databases will be subject to immediate suspension, unless advised differently by the Compliance Department. If any volunteer disputes the appropriateness of an exclusion or debarment, such volunteer will be granted up to five (5) business days to resolve the dispute and to provide additional information to the respective employee charged with oversight of volunteer services at each affiliate and the Compliance Department. If the dispute is not satisfactorily resolved, in the sole discretion of HQ, within the five (5) days, the relationship may be terminated.

Exclusion Checks for Students:
1. Prior to engaging an individual as a student, the prospective student must complete documentation that includes specific questions as to whether such individual has been listed as excluded by the OIG, GSA or OMIG, and whether such individual has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), including Federal Healthcare Program related crimes, patient abuse or neglect, healthcare fraud, or felony conviction relating to a controlled substance. Falsification or omission of any significant information presented or requested on the documentation or interview process may result in rejection of engagement.

On an individual basis during the onboarding process, the respective employee charged with oversight of student services at each affiliate, or their designee, will check all new potential students against the designated compliance vendor. Documentation to support the exclusion check will be included in the prospective student file. HQ shall not make a final offer of engagement to any student whose name appears on the OIG, GSA or the OMIG databases, or who is an Ineligible Person, unless advised differently by the Compliance Department. The respective employee charged with oversight of student services will discuss any potential issues that are identified with the Compliance Department and respective operational leader.

2. During the first week of each month, a comprehensive list of students will be submitted to the designated Compliance vendor, by the respective employee charged with oversight of student services at each affiliate, or their designee.

3. Any existing student whose name appears on the OIG, GSA and OMIG databases will be subject to immediate suspension, unless advised differently by the Compliance Department. If any student disputes the appropriateness of an exclusion or debarment, such student will be granted up to five (5) business days to resolve the dispute and to provide additional information to the respective employee charged with oversight of student services and the Compliance Department.
### Exclusion Checks for Board Member:

1. Prior to appointing an individual as a board member, the prospective board member must complete documentation that includes specific questions as to whether such individual has been listed as excluded by the OIG, GSA or OMIG, and whether such individual has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), including Federal Healthcare Program related crimes, patient abuse or neglect, healthcare fraud, or felony conviction relating to a controlled substance. Falsification or omission of any significant information presented or requested on the documentation or interview process may result in rejection in appointment of the board member.

On an individual basis, the Senior Executive Administrative Assistant will supply the Compliance Department with the names of any prospective Board Members. The Compliance Department will check all new potential Board Members against the designated compliance vendor. Documentation to support the exclusion check will be included in the prospective Board Members’ file. HQ shall not make a final offer of appointment to any Board Member whose name appears on the OIG, GSA or the OMIG databases, unless advised differently by the Compliance Department. The Compliance Department will discuss any potential issues that are identified with Senior Leadership.

2. During the first week of each month, a comprehensive list of Board Members will be submitted to the designated Compliance vendor, by the Compliance Department.

3. Any existing Board Member whose name appears on the OIG, GSA and OMIG databases will be subject to immediate suspension, unless advised differently by the Compliance Department. If any Board Member disputes the appropriateness of an exclusion or debarment, such Board Member will be granted up to five (5) business days to resolve the dispute and to provide additional information to the Compliance Department. If the dispute is not satisfactorily resolved, in the sole discretion of HQ, within the five (5) days, the relationship may be terminated.

### Exclusion Checks for Medical Staff/Credentialed Providers:

1. Prior to engaging an individual as a member of the medical staff, the prospective member of the medical staff must complete documentation that includes specific questions as to whether such individual has been listed as excluded by the OIG, GSA or OMIG, and whether such individual has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), including Federal Healthcare Program related crimes, patient abuse or neglect, healthcare fraud, or felony conviction relating to a controlled substance. Falsification or omission of any
significant information presented or requested on the documentation or interview process may result in rejection of engagement.

On an individual basis during the onboarding process, the respective employee charged with oversight of medical staff/credentialing at each affiliate, or their designee, will check all new potential members of the medical staff against the designated compliance vendor. The results of all exclusion check will be reviewed in accordance with the entity’s Medical Staff Bylaws and included in the respective medical staff/credentialing file. In accordance with the terms of the Medical Staff Bylaws, and subject to the application and appeal provisions thereof, no prospective medical staff member shall be credentialed as a member of the medical staff whose name appears on the OIG, GSA and OMIG databases, unless advised differently by the Compliance Department. The respective employee charged with oversight of medical staff/credentialing at each affiliate will discuss any potential issues that are identified with the Compliance Department.

2. During the first week of each month, a comprehensive list of the medical staff will be submitted to the designated Compliance vendor, by the respective employee charged with oversight of medical staff/credentialing at each affiliate, or their designee.

3. Any existing members of the medical staff whose name appears on the OIG, GSA and OMIG databases will be subject to immediate suspension in accordance with the Medical Staff Bylaws. If any member of the medical staff disputes the appropriateness of an exclusion or debarment, such member of the medical staff will be granted up to five (5) business days to resolve the dispute and to provide additional information to respective employee charged with oversight of medical staff/credentialing at each affiliate and the Compliance Department. If the dispute is not satisfactorily resolved, in the sole discretion of HQ, within the five (5) days, the relationship may be terminated.

Exclusion Checks for Ordering Provider:

1. During the first week of each month, the respective employee charged with compiling a comprehensive list of ordering providers at each affiliate will submit the respective list to the designated Compliance vendor.

2. The Compliance Department must be notified of any ordering provider whose name appears on the OIG, GSA and OMIG databases.

3. A list of any services provided by that excluded/sanctioned/suspended individual or entity will need to be obtained to determine if billing for such services can be halted, and/or reimbursed if necessary.
4. For Health Quest Medical Practice, P.C. and Health Quest Home Care, an exclusion check must be done prior to providing services for any order received from a non-employed provider. The Compliance Department must be notified of any ordering provider whose name appears on the OIG, GSA and OMIG databases. Services shall not be rendered for any ordering provider whose name appears on the OIG, GSA and OMIG Databases, unless advised differently by the Compliance Department.

**Exclusion Checks for Contractors, Sub-contractors, Agents and Vendors:**

1. Prior to engaging any contractor, sub-contractor, agent or vendor with whom HQ conducts business, either by contract, purchase order, or otherwise, shall be screened. The prospective contractor, sub-contractor, agent or vendor must disclose whether they have been listed as excluded by the OIG, GSA or OMIG, and whether such individual has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), including Federal Healthcare Program related crimes, patient abuse or neglect, healthcare fraud, or felony conviction relating to a controlled substance. Falsification or omission of any significant information presented or requested may result in rejection of engagement.

   On an individual basis during the engagement process, the respective business owner, Purchasing Department designee, or Legal Services Department designee will check all new potential contractors, sub-contractors, agents or vendors against the designated compliance vendor. Documentation to support the exclusion check will be included in the vendor file and the contract management system. HQ shall not enter into any contract with any contractor, sub-contractor, agent or vendor whose name appears on the OIG, GSA or OMIG databases, unless advised differently by the Compliance Department. The respective business owner, Purchasing Department designee, or Legal Services Department designee will discuss any potential issues that are identified with the Compliance Department and respective operational leader.

2. During the first week of each month, a comprehensive list of all paid contractors, sub-contractors, agents and vendors, will be submitted to the designated Compliance vendor, by a designee in the Accounts Payable Department.

3. Any existing contractors, sub-contractors, agents and vendors whose name appears on the OIG, GSA and OMIG databases will be subject to immediate termination of the relationship, unless advised differently by the Compliance Department.

4. Individuals and entities providing services to HQ as independent contractors will be asked to conduct periodic exclusion checks for all of their employees providing services at or on behalf of HQ.
5. Contracts for staff leasing and temporary employment must contain the following elements:

a. Provisions requiring the staff leasing and temporary employment agency to conduct background and periodic exclusion checks for all employees and subcontractors who perform services for or on behalf of any component of HQ.

b. A provision allowing for immediate termination of assignment of any temporary employee who is found to have plead guilty to or been convicted of a criminal offense that might, in HQ’s opinion, adversely affect patient care or safety or operations, or who has been excluded or debarred from participation in any Federal health care program, or otherwise sanctioned by the federal government, including being listed on the EPLS (GSA database), or convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), including Federal Healthcare Program related crimes, patient abuse or neglect, healthcare fraud, or felony conviction relating to a controlled substance.

6. The Purchasing Department will ensure that all new contracts and responses to Requests for Proposals contain the following elements:

a. Representations and warranties from each vendor and contractor (or prospective vendor or contractor) that neither it nor any of its employees who will be performing services on behalf of HQ have been (i) convicted of a crime related to the provision of services paid for by Medicare, Medicaid or any other Federal health care program; (ii) excluded or debarred from participation in any Federal health care program, including Medicare and Medicaid; or (iii) otherwise sanctioned by the federal government, including being listed on the EPLS.

b. A covenant to promptly notify HQ in the event that at any time during the contract term it or any of its employees who will be performing services on behalf of HQ is (i) convicted of a crime related to the provision of services paid for by Medicare, Medicaid or any other Federal health care program; (ii) excluded or debarred from participation in any Federal health care program, including Medicare and Medicaid; or (iii) otherwise sanctioned by the federal government, including being listed on the EPLS.

c. The right of HQ to immediately terminate any contractual arrangement with the vendor or contractor in the event that at any time during the contract term it or any of its employees who will be performing services on behalf of HQ is (i) convicted of a crime related to the provision of services paid for by Medicare, Medicaid or
<table>
<thead>
<tr>
<th>Title: Government Exclusion from Participation and Ineligible Person Procedure</th>
<th>Reference Number: HQ 5.1.21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature: Chief Compliance Officer</td>
<td>Page #: Page 9 of 10</td>
</tr>
</tbody>
</table>

any other federal health care program; (ii) excluded or debarred from participation in any federal health care program, including Medicare and Medicaid; or (iii) otherwise sanctioned by the Federal government, including being listed on the EPLS.

**Potential Ineligible Individuals:**

In the event that HQ is notified that any current employee, volunteer, student, vendor, contractor or medical staff member has been excluded, debarred, or suspended from participation in any Federal health care program; or otherwise sanctioned by the Federal government, HQ shall suspend such individual or organization pending resolution of the matter and, when appropriate, terminate the relationship with such individual or organization. Any suspension or termination of any member of the medical staff will be in compliance with the policies and procedures outlined in the Medical Staff Bylaws.

Additionally, a list of any services provided by that excluded/sanctioned/suspended individual or entity will need to be obtained to determine if billing for such services can be halted, and/or reimbursed if necessary.

**Reinstatement:**

Individuals and organizations who have been debarred or excluded from participation in Federal health care programs or who have been sanctioned by the Federal government may, under certain circumstances, be reinstated for participation in such programs or have such sanctions lifted. Such reinstatement is not, however, automatic. Those wishing to again participate in Federal health care programs or to contract with the Federal government must apply for reinstatement and receive authorized notice from the OIG, OMIG, and/or GSA, as applicable, that reinstatement has been granted.

HQ may employ, contract with or otherwise utilize the services of individuals or organizations who have been reinstated, provided that a copy of an authorized Notice of Reinstatement is provided to HQ.

**ENFORCEMENT:**

Because employing, contracting with or otherwise utilizing the services of any individual or organization who have been debarred or excluded from participation in Federal health care programs or who have been sanctioned by the Federal government may result in the imposition of civil penalties including potential exclusion from participation in Federal health care programs, any employee found to knowingly employ, contract with or otherwise utilize the services of any excluded individual or organization, in violation of this Policy, may be subject to disciplinary action up to and including termination.
<table>
<thead>
<tr>
<th>Title:</th>
<th>Reference Number:</th>
<th>Page #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Exclusion from Participation and Ineligible Person Procedure</td>
<td>HQ 5.1.21</td>
<td>Page 10 of 10</td>
</tr>
</tbody>
</table>

**REFERENCES:**
HQ 5.1.21 Government Exclusions from Participation Policy

**POLICY HISTORY:**
Supersedes: 11/14/18
Original Implementation Date: 2/27/14
Date Reviewed: 11/18/19
Date Revised: 2/27/14, 9/21/18, 11/14/18, 11/18/19

**APPROVAL:**

Wayne R. Murphy  
Procedure Owner  

Date  

11/2/19

*Subject to approval at the 12/19 Audit & Compliance Committee of the Nuance Health Board of Directors.*