



DEPARTMENT: Compliance	POLICY DESCRIPTION: Exclusion Screening
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REVISION DATES:	EFFECTIVE DATE: March 13, 2020

SCOPE

This policy is applicable to all company affiliated Centers and employees.

PURPOSE

To describe the Company's process for conducting exclusion screenings.

DEFINITIONS

Covered Person – Includes: (1) all owners, officers, directors, and employees of Diversicare; (2) all contractors, subcontractors, agents, and other persons who furnish patient care items or services or who perform billing or coding functions on behalf of Diversicare, excluding vendors whose sole connection with Diversicare is selling or otherwise providing medical supplies or equipment to Diversicare; and (3) all physicians and other non-physician practitioners who are members of Diversicare's active medical staff. Notwithstanding the above, the term "Covered Persons" does not include part-time or per diem employees, contractors, subcontractors, agents, and other persons who are not reasonably expected to work more than 160 hours during a reporting period except that any such individuals shall become "Covered Persons" at the point when they work more than 160 hours during a reporting period.

Ineligible Person – An individual or entity who:

- a. Is currently excluded from participation in any Federal health care program; or,
- b. Has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a) but has not yet been excluded.

Exclusion List – The HHS/OIG list of Excluded Individuals/Entities (LEIE) available through the internet at <http://www.oig.hhs.gov>).

Effective Date – The date on which the final signatory of the Corporate Integrity Agreement ("CIA") executes the CIA.

POLICY

It is our policy not to employ, contract with, or conduct business with an individual or entity excluded from participation in federally sponsored healthcare programs, such as Medicare and Medicaid.

PROCEDURE

1. Diversicare will ensure that all prospective and current Covered Persons and contractors are not Ineligible Persons, by implementing the following screening requirements:
 - a. Diversicare will screen all prospective Covered Persons and contractors against the Exclusion List prior to engaging their services and, as part of the hiring or



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contracting process or medical staff credentialing process, will require such Covered Persons to disclose whether they are Ineligible Persons.

- b. Diversicare will screen all current Covered Persons and contractors against the Exclusion List within 90 days after the Effective Date and on a monthly basis thereafter.
2. All Covered Persons and contractors are required to inform the applicable Center Administrator and the Company’s Chief Compliance Officer if they become excluded at any point while employed or otherwise doing business with the Company in any capacity.
3. If a Covered Person or contractor has become an Ineligible Person, Diversicare will remove that individual from responsibility for, or involvement with, all business operations related to the Federal health care program(s) from which such Covered Person or contractor has been excluded and from any position for which the individual’s compensation or the items or services furnished, ordered, or prescribed by the individual are paid in whole or part, directly or indirectly, by any Federal healthcare program(s) from which the Covered Person or contractor has been excluded at least until such time as the Covered Person or contractor is reinstated into participation in such Federal health care program(s).
4. If Diversicare has actual notice that a Covered Person or contractor 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 Covered Person or contractor’s employment or contract term or during the term of a physician’s or other practitioner’s medical staff privileges, Diversicare shall take all appropriate actions to ensure that the responsibilities of that Covered Person or contractor have not and shall not adversely affect the quality of care rendered to any beneficiary or the accuracy of an claims submitted to any Federal health care program.

REFERENCES

Corporate Integrity Agreement