

**FACEY MEDICAL FOUNDATION (FACEY)  
POLICIES AND PROCEDURES**

**POLICY NUMBER:**

**PAGE 1 OF 1**

---

**ORIGINATOR: COMPLIANCE**

**ISSUE DATE: 1/17/2014**

---

**SUBJECT: OIG VENDOR VERIFICATION REQUIREMENTS**

**REVISION DATE: 3./12/14;  
7/28/14; 8/4/14; 8/19/14**

---

**SCOPE: SELECTED FACEY MEDICAL FOUNDATION VENDORS/SUB-  
CONTRACTORS**

**APPROVAL/S: ON FILE**

---

**I. PURPOSE**

To define compliance with the Office of Inspector General (OIG) laws and regulations and contracted health plans. Vendors contracting with Facey Medical Foundation (Facey) that interface with Medicare recipients will be screened for (1) waste, fraud, and abuse; and (2) presence for any reason on the OIG, GSA and any state exclusion lists.

**II. PROCEDURE**

1. Violations of federal and state laws concerning fraud and abuse, false claims and self-referral can result in significant criminal and civil penalties for Facey and its vendors including imprisonment, fines, civil and criminal penalties and damages. Vendors must be vigilant in avoiding any conduct that can potentially violate, or appear to violate these laws. Consequently, all contracts for services are conditioned on successful completion of a search of the Office of Inspector General office's, System for Award Management (SAM) and any state exclusion records for convictions or sanctions of waste, fraud and abuse, or other exclusions.
2. Vendors will be provided with a copy of this policy at the time of signing the Business Associate Agreement (BAA). Vendors are expected to immediately disclose any debarment, exclusion, or other event that makes them ineligible to perform work related directly or indirectly to Federal health care programs.
3. In addition, and in accordance with the Office of Inspector General's laws and regulations, prior to contract implementation, and monthly thereafter, Facey will complete a search of the OIG's, SAM and other relevant records for convictions or sanctions of waste, fraud and abuse and other exclusion lists for vendors that interface with Medicare recipients. The Compliance Department will be responsible for monitoring vendors at the time of retention and on a monthly basis, until the association/contract is terminated.
4. Any violations of Facey's policy against Fraud and Abuse will be subject to guidelines established under Facey's Compliance Policy on OIG Vendor Verification Requirements and Compliance Plan. In no event, however, shall a vendor be permitted to continue any work related directly or indirectly to all Federal health care programs. Vendors/sub-contractors will be screened against current OIG or SAM exclusion lists by the Compliance department on a monthly basis. Facey will maintain records for a minimum of 10 years, according to the current Record Retention Guidelines. Vendors identified as "excluded" will be immediately removed from their function in all Federal health care programs, pending further investigation. Further, Facey will take all appropriate corrective action in accordance with this policy.
5. Vendors will screen their employees and sub-contractors against the OIG/SAM databases on a monthly basis. Employees or sub-contractors identified by the vendor as excluded will be immediately removed from handling matters involving Federal Health care programs. Vendors will insure that their employees and sub-contractors are knowledgeable about Fraud, Waste and Abuse. Employees of the vendor and sub-contractors to the vendor will review the CMS Fraud, Waste and Abuse training on an annual basis and attest that this information has been reviewed. Vendors will be provided with a copy of this policy on an annual basis.