 <b>Envision</b> HEALTHCARE — PIONEERING THE DELIVERY OF CARE —	Policy No.: 5	
	Created: 7/2012	Reviewed: 8/2019

## **EXCLUDED OR DEBARRED PERSONS OR ENTITIES POLICY**

### ETHICS & COMPLIANCE DEPARTMENT

#### **SCOPE:**

Applies to all Envision Healthcare colleagues. For purposes of this policy, all references to “colleague” or “colleagues” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

#### **PURPOSE:**

Envision Healthcare and its subsidiaries and affiliates (the “Company”) has adopted this Excluded or Debarred Persons or Entities Policy in order to ensure compliance with all applicable federal or state laws and regulations related to the employment of individuals or entities who are ineligible to participate in any federal or state healthcare reimbursement program including, but not limited to, Medicare and Medicaid.

#### **POLICY AND PROCEDURE:**


##### **I. INTRODUCTION**

The Company is committed to hiring and retaining all colleagues who will meet the Company’s high ethical standards. The Company has an affirmative duty to knowingly avoid hiring or retaining colleagues who have engaged in unlawful conduct including fraud or financial irregularities or other conduct which may harm other colleagues, patients, or the general public.

The Company will not knowingly employ or engage any individual or entity that is listed by a federal agency as excluded, debarred, or otherwise ineligible for federal programs. The Company shall not allow any person convicted in any local, state or federal court of any felony regarding healthcare fraud or abuse to hold the position of officer or director of the Company.

##### **II. DISCLOSURE**

All prospective colleagues and contractors are required to disclose whether they are, or have ever been, an ineligible person or ineligible entity at the time of initial hiring or contracting. Current colleagues must immediately disclose any exclusion, suspension, debarment, conviction or other event that has made or would have the potential to make that person or entity an ineligible person or ineligible entity.

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### III. SCREENING

#### *Initial Screening*

Prior to hiring any new colleague, or contracting with entities, the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and GSA (General Services Administration) System for Award Management (SAM) are reviewed to ensure none are excluded from participating in federal programs. For new colleagues, the OIG and GSA exclusion checks are conducted by Human Resources or its designee as part of the new hire and /or credentialing process. For new contractors, the exclusion checks shall be conducted by a designee as part of the initial due diligence process.

#### *Monthly Screenings*

After the initial screening checks are conducted, the Ethics & Compliance Department, or its designee, conducts monthly checks of the OIG and GSA exclusion lists thereafter to ensure no colleagues are listed as excluded or debarred. Monthly screenings of State exclusions databases are also conducted for all states in which the Company conducts business and data is available.


### IV. REMOVAL OF INELIGIBLE PERSON

#### *Prospective Colleagues/Contractors*

If a prospective colleague is identified as an ineligible person or ineligible entity during the initial hiring or contracting process, the Company will not employ or contract with the ineligible person or ineligible entity.

#### *Current Colleagues*

If a current colleague becomes an ineligible person or ineligible entity after the initial screening, the colleague or contractor will be terminated and not eligible for rehire or contract renewal until they have been reinstated into participation with the federal health care program. In the event the Company has submitted for reimbursement for services provided, ordered or referred by an ineligible person or ineligible entity, the Company will refund such funds to the appropriate governmental payor.

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**V. DOCUMENTATION OF COMPLETED SCREENINGS**

The Ethics & Compliance Department, or its designee, will maintain confirmation that the screenings have been completed. As requested, or as contractually required, the Chief Compliance Officer or designee will provide attestations that the monthly screenings have occurred and will acknowledge on the attestations the results of the screenings.

**POLICY REVIEW**

The Ethics & Compliance Department will review and update this policy in the normal course of its review of the Company’s Ethics & Compliance Program.