

Policy/Procedure: EXCLUSION SCREENING

Policy:

Torrance Memorial Integrated Physicians, LLC ("TMIP") does not allow any ACO Personnel to participate in ACO programs or activities who has been excluded from participation in government programs. As part of an effective Compliance Program, TMIP, at the time of onboarding and on a regular basis, screens all ACO Personnel against the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE); and the General Services Administration (GSA) System of Award Management (SAM) at a minimum.

Procedure:

1. At the time of onboarding, TMIP will screen ACO Personnel. If the ACO Personnel is found to be on any of the exclusion lists, the ACO Personnel will be excluded from participation.

2. On a regular basis, TMIP will screen all current ACO Personnel against exclusion from the LEIE and the SAM at a minimum.

3. If ACO Personnel has a positive match against one of the exclusion lists, TMIP will investigate the match. If a positive match is confirmed, the Compliance Office will communicate the findings to the Governing Board for further action up to and including separation from TMIP.

4. If a positive match cannot be confirmed, the ACO Personnel will be asked to execute an affidavit that affirms that the ACO Personnel is not the same individual on the exclusion lists. (See Attached Affidavit.)

Related Forms:

Revised Date(s): Revised Date(s):

EXCLUSION AFFIDAVIT

NOTICE to (EMPLOYEE/PHYSCIAN NAME):

Torrance Memorial Integrated Physicians, LLC ("TMIP") does not employ or conduct business with any individual or entity that has been excluded from participation in government programs. As part of an effective Compliance Program, TMIP, at the time of onboarding and on a regular basis, screens all ACO Personnel against the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE); and the General Services Administration (GSA) System of Award Management (SAM) at a minimum.

Your name has come up as a POSSIBLE match against the following exclusion list(s):

- Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE)
- General Services Administration (GSA) System of Award Management (SAM)

California Medi-Cal Suspended and Ineligible Providers List

After investigation, we have not been able to positively confirm this match with the information currently available.

AFFIDAVIT

I, the undersigned, do hereby swear, certify, and affirm that:

I am over the age of 18 and am a resident of the State of California. If called as a witness, I would and could testify competently as follows:

- a. I am not the individual named on the exclusion list(s) indicated above.
- b. I have never been sanctioned, debarred, excluded, suspended, or terminated from participation in any federal or state government program.

I declare under penalty of perjury under the laws of the State of California, that the above is true and correct.

SIGNATURE

DATE

State of California

County of Los Angeles Subscribed and sworn to before me on this _____ day of _____

20 , by_____, who proved to me on the basis of satisfactory

evidence to be the person who appeared before me.

SIGNATURE Must be signed in the presence of a Notary

Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document