I. PURPOSE: To establish the process that Hawaii Health Systems Corporation (HHSC) will use to address how employees, medical providers, vendors, and agents are compared to established governmental agency exclusion and sanction lists.

II. PROCEDURES:
   A. HHSC will retain a contract with an established vendor who maintains lists of providers, employees, agents, and vendors who have been excluded or sanctioned from providing government funded medical services, research projects, or other government funded services. The Chief Compliance and Privacy Officer will be the technical representative for this vendor contract.

   B. The vendor's service will include ability to compare data provided to the Office of Inspector General (OIG) Excluded Providers List, the General Services Administration (GSA) Excluded Providers List, and NAMES OF CURRENT LISTS TO BE ADDED HERE.

   C. Other excluded provider lists from government agencies may be added upon recommendation from the Chief Compliance and Privacy Officer and approval from the President and Chief Executive Officer.

   D. Each HHSC facility is responsible for ensuring that the HHSC data provided to the vendor includes up-to-date and accurate information on all employees, medical providers, agents, and vendors.

   E. HHSC will provide the vendor the necessary data in an acceptable format to work with the Vendor's system. For all HHSC facilities, the Chief Compliance and Privacy Officer will provide the names of credentialed medical staff, the Corporate Human Resource Office will provide current list of HHSC employees in all facilities, and the
Director of Materials Management will provide a list of current vendor, agent, and provider agreements.

F. The vendor will run these lists monthly to compare HHSC data with the established data in the reports listed in II.B. and II.C. above.

G. The vendor will provide a report provided to the Chief Compliance Officer, the Corporate Human Resource Director, and the Director of Materials Management or their designees.

H. Each HHSC region will receive a copy of the lists and ask to review the data. Any false positive names will be "cleared" (remove the name from the report) if the region determines that the name is not a true HHSC "match" or "hit."

I. After all names on the report are reviewed, any HHSC names remaining will be presented to the appropriate authority including the Regional Chief Executive Officer, the Regional Compliance Officer, the Chief Compliance and Privacy Officer, the Regional Human Resource Director, the Corporate Human Resource Director, the Corporate Director of Materials Management, and the Chief Procurement Officer.

J. Appropriate action will be taken as specified in CMP 0053A.

III. APPLICABILITY: These procedures shall apply to all HHSC facilities.

IV. AUTHORITY: See HHSC POLICY CMP 0053A

V. ATTACHMENTS: None