



Stony Brook Medicine Administrative Policy and Procedures

Subject: ELD0104 Exclusion Screening Leadership	Published Date: 02/23/2021
	Next Review Date: 02/23/2024
Scope: SBM Eastern Long Island Campus	Original Creation Date: 05/16/2019

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Responsible Department/Division/Committee:

Office of Compliance and Audit Services

Policy:

Stony Brook University Hospital (SBUH) does not knowingly employ, contract with, credential, or otherwise affiliate with Ineligible Persons. SBUH prevents hiring, employing, contracting with, granting clinical privileges to, retaining, or otherwise affiliating with any individual or entity determined to be an Ineligible Person by conducting screening checks against the Office of Foreign Assets Control (OFAC), the Department of Health and Human Services Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), the U.S. Government’s System for Award Management (SAM) and the New York State Office of Medicaid Inspector General (OMIG) List of Restricted and Excluded Providers (collectively the “Exclusion Lists”). Exclusion screening checks are conducted prior to hire or prior to initiation of services and monthly thereafter. An individual’s social security number is not permitted to be entered into any vendor software program used to conduct exclusion screening checks.

Definitions:

Ineligible Person – Includes an individual or entity who:

- Is currently excluded, debarred, suspended or otherwise ineligible to participate in the Federal health care programs, Federal procurement or non-procurement programs or State healthcare programs; or
- Has been convicted of a criminal offense that falls within the mandatory excludable crimes of 42 U.S.C. §1320a-7(a) but has not yet been excluded, debarred, suspended or otherwise declared ineligible. Examples of mandatory excludable crimes include criminal offenses related to the delivery of healthcare items or services or neglect or abuse of patients, or felony convictions related to healthcare fraud or controlled substance.

Medical Staff Members – Professionally competent Physicians and Dentists, who continuously meet the qualifications, standards and requirements set forth in the SBELIH Medical Staff Bylaws.

Allied Health Practitioners – Psychologists, podiatrists, speech and language therapists, audiologists, optometrists, nurse midwives, nurse practitioners, physician assistants, and specialist assistants.

Procedures:

1. Prospective SBELIH Employees:

- a. As a pre-condition of employment, SBELIH Human Resources screens all applicants against the Exclusion Lists.
- b. Any prospective employee found on the Exclusion Lists, or otherwise identified as an Ineligible Person, is prohibited from employment with SBELIH.

2. Current SBELIH Employees:

- a. The SBELIH Human Resources Department all employees on a monthly basis against the Exclusion Lists. Active hospital employees found on the Exclusion Lists, or otherwise identified as an Ineligible Person are subject to appropriate administrative action, discipline or separation up to and including termination of employment to ensure they are not in a position of furnishing services reimbursable by Federal or State healthcare programs.
- b. SBELIH may take other action consistent with SBELIH policies, including but not limited to suspension or termination of employment. SBELIH may consult with General Counsel and the Chief Compliance Officer before termination of employment, and otherwise if management feels necessary.
- c. SBELIH Employees are to immediately disclose any debarment, exclusion, suspension, or other event which makes him or her an Ineligible Person.

3. Prospective SBELIH Volunteers:

- a. As a pre-condition to becoming a Volunteer of the hospital, SBELIH Foundation screens all applicants against the Exclusion Lists.
- b. Any prospective volunteer found on the Exclusion Lists, or otherwise identified as an Ineligible Person, is prohibited from becoming a SBELIH Volunteer.

4. Current SBELIH Volunteers:

- a. SBELIH Foundation screens all Volunteers on a monthly basis against the Exclusion Lists. Active hospital volunteers found on the Exclusion Lists, or otherwise identified as an Ineligible Person are immediately prohibited from continuing to provide volunteer services.
- b. SBELIH Volunteers are to immediately disclose any debarment, exclusion, suspension, or other event which makes him or her an Ineligible Person.

5. SBELIH Medical Staff Members and Allied Health Practitioners:

- a. As a pre-condition of medical staff membership, SBUH Medical Staff Services Department screens all applicants against the Exclusion Lists.
- b. SBUH and SBELIH denies membership or clinical privileges, in accordance with Medical Staff Bylaws, to any prospective medical staff member or allied health practitioner found on the Exclusion Lists, or otherwise determined to be an Ineligible Person.
- c. SBUH Medical Staff Services Department screens medical staff members and allied health practitioners against the Exclusion Lists at the time of initial application and on a monthly basis thereafter.
- d. If a Medical Staff Member or Allied Health Practitioner is identified as an Ineligible Person, SBELIH immediately removes the individual from his/her position of furnishing services reimbursable by Federal or State healthcare programs by way of automatic suspension or limitation of privileges in accordance with the SBELIH Medical Staff Bylaws.
- e. SBELIH may take other corrective action consistent with SBELIH policies, including but not limited to, termination of medical staff membership or privileges in accordance with the SBELIH Medical Staff Bylaws. SBELIH may consult with General Counsel, the Chief Medical Officer and the Chief Compliance Officer before terminating privileges, and otherwise if management feels necessary.

6. SBELIH Non-Medical Staff Referring Providers:

- a. OCAS screens all non-medical staff referring providers on a monthly basis against the Exclusion Lists. If a non-medical staff referring provider is identified as an Ineligible Person, the OCAS notifies Patient Accounts to immediately suppress all billing of services related to the Ineligible Person.

7. Students:

Any student or related faculty participating in a program including a clinical experience, internship, or practicum at SBUH is screened by their

home school, college, or university ("College"). College must attest in writing that neither College nor student/faculty is an Ineligible Person. The College maintains proof of its exclusion checks. The proof of such checks are made available to SBUH in writing in the event that any of College's students/faculty participating in a program at SBUH becomes an Ineligible Person and removes such Ineligible Person from the program.

8. Vendors and Contractors:

- a. SBUH Procurement screens all prospective vendors or contractors against the Exclusion Lists before a contract is awarded.
- b. SBUH Procurement immediately disqualifies any prospective vendor or contractor found on the Exclusion Lists, or otherwise determined to be an Ineligible Person.
- c. SBUH Procurement verifies that no current vendor or contractor is on the Exclusion Lists at the time of entering into the first contract or purchase order, and confirms that pre-existing vendors or contractors are not on the Exclusion Lists prior to entering into a new contract.
- d. OCAS reviews the Exclusion Lists on a monthly basis to verify that no SBELIH current vendor or contractor appears on the Exclusion Lists or is otherwise identified as an Ineligible Person.

9. Reporting and Documenting Required Exclusion Screening Checks:

- a. SBELIH Human Resources, SBELIH Foundation, OCAS, SBUH Procurement and SBUH Medical Staff Services, must promptly notify the Chief Compliance Officer whenever a screen conducted pursuant to this policy results in the identification of any individual or entity as an Ineligible Person.
- b. SBELIH Human Resources, SBELIH Foundation, OCAS, SBUH Procurement and SBUH Medical Staff Services shall keep a record of any screen performed with, at minimum, the following information included: who performed the check, when the check was performed, what databases were checked, the findings and any corrective actions, as applicable.

Forms: (Ctrl-Click form name to view)

None

Policy Cross Reference: (Ctrl-Click policy name to view)

[EHR0031 Vendor Credentialing Management System](#)

[EHR0003 Volunteer Services](#)

[EHR0008 Employees, Volunteers, and Medical Staff Physical Examinations and Annual Health Evaluation](#)

[EHR0030 Employment References](#)

Relevant Standards/Codes/Rules/Regulations/Statutes:

42 U.S.C. §1320a-7(a) – Exclusion of certain individuals and entities from participation in Medicare and State health care programs

References and Resources:

[Stony Brook University Hospital Medical Staff Bylaws](#)