



Policy Title: COM-S-CP-22 Screening for Ineligible Persons		
Department: Corporate Compliance		TJC Chapter(s): LD
Title of Policy Owner: Director of Compliance		Approved by: Director of Compliance
Effective Date: 7/19/2010	Reviewed Date: 2/29/16; 11/29/16; 1/17/18; 11/9/18; 1/14/2020; 12/17/21; 3/28/23	Revised Date: 2/29/16; 11/29/16; 1/14/2020; 3/28/23

I. PURPOSE:

The purpose of this policy is to describe the requirements for screening individuals and business partner organizations against the OIG and GSA exclusion databases.

II. SCOPE:

This policy is applicable to all Halifax Health entities and departments. Responsibility is assigned as follows:

- Compliance Department - Monthly recurring sanction check screening of incumbent employees and vendors;
- Human Resources - New employee sanction checking and new and incumbent employee background screening and license verification;
- Medical Staff Services - Medical staff sanction checking; and,
- Department/ Service Line leaders - New vendor screening.

III. DEFINITIONS:

"Ineligible Person" shall include an individual or entity who:

- Is currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs; or
- Has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

IV. POLICY:

It is the policy of Halifax Health (“HH”) to take reasonable steps to avoid engaging with or doing business with any person or entity excluded from participation in federal health care programs when such person or entity will be reimbursed directly or indirectly with government health program funds¹.

V. PROCEDURE:

A. Self-Reporting Required by Employees, Agents, Contractors

1. Employees, agents, and contractors must self-disclose health program exclusion, debarment, suspension or conviction of a health program related crime.

¹ An individual or entity is deemed to be reimbursed from government program funds if the cost associated with such individual’s or entity’s employment could be allocable to Medicare or Medicaid under applicable cost allocation principles, i.e., recorded in a reimbursable cost center on the Medicare/Medicaid Cost Report.

B. Employee Screening

1. The Human Resources (“HR”) department performs or arranges for the following:
 - a. Criminal background checks for new hires and incumbent employees as required by the Agency for Health Care Administration (“AHCA”) and in accordance with HR policy *External Background Check Policy & Procedure*.
 - b. License verification for new and incumbent health professionals, as required by law and in accordance with HR policies *Professional License Verification* and *External Background Check Policy & Procedure*.
 - c. Search the OIG List of Excluded Individuals and Entities (“LEIE”) available at <http://www.oig.hhs.gov> and the General Services Administration's System for Award Management (“SAM”), available through the Internet at <http://www.sam.gov> for all new employees.
2. Prospective employees shall be required to disclose convictions and disbarments. Incumbent employees shall be required to disclose arrests in accordance with HR policy *Team Member Arrest Policy*.
3. For incumbent employees, the Compliance Department will perform, or arrange for, a search of the OIG and GSA databases monthly.

C. Screening of Vendors, Agents, Other Business Associates

1. Managers are responsible for screening prospective vendors against the OIG and GSA databases.
2. For active incumbent vendors, the Compliance Department will perform, or arrange for, a search of the OIG and GSA databases monthly.

D. Medical Staff Screening

1. Medical Staff Services is responsible for screening prospective Medical Staff against the OIG and GSA databases before privileges are granted.
2. The Medical Staff Services Department shall check all active Medical Staff against the OIG and GSA databases monthly.

E. Volunteer Screening

1. Unpaid volunteers need not be screened against the exclusion databases.
2. Background checks of volunteers should be performed based on the role of the volunteer and proximity to patient care areas or role in business operations, as determined by Human Resources.

F. Removal Requirement

1. Upon notice that an individual has become an Ineligible Person, Halifax shall remove such person from responsibility for, or involvement with, operations related to the federal health care programs.
2. Such person shall be removed from any position for which the person's compensation or the items or services furnished, ordered, or prescribed by the person are paid in whole or part, directly or indirectly, by Federal health care programs or otherwise with Federal funds at least until such time as the person is reinstated into participation in the Federal health care programs.
3. All reports of ineligible persons shall be forwarded to the Compliance Department and to the Finance department to determine the impact on affected billing and Cost Reports and other actions that may need to be taken.

G. Pending Charges and Proposed Exclusions

1. If Halifax has actual notice that person covered by the policy is charged with a criminal offense that falls within the scope of 42 U.S.C. §§ 1320a-7(a), 1320a-7(b)(1)-(3), or is proposed for exclusion during the person's employment or contract term or during the term of a physician's or other

practitioner's medical staff privileges, Halifax shall take all appropriate actions to ensure that the responsibilities of that person have not and shall not adversely affect the quality of care rendered to any beneficiary, patient, or resident, or any claims submitted to any Federal health care program.

2. All reports of pending charges or proposed exclusions shall be forwarded to the Compliance Department and to the Finance department to determine the impact on affected billing and Cost Reports and other actions that may need to be taken.

H. Communications and Record-Keeping

1. See related policy *COM-S-IM-70 Records Management; Retention and Destruction*:

It is the policy of Halifax Health to maintain, retain, and dispose of records in accordance with state and federal law, applicable regulations, and to meet patient care and administrative requirements.

VI. KEYWORDS:

Excluded; Exclusion; Vendor; OIG; GSA; Sanction; Sanction Check; Arrest

VII. REFERENCES:

§ 408.809 and Chapter 435, Florida Statutes

42 CFR § 1001.1901

Related Policies:

- Halifax Health Code of Conduct
- COM-S-IM-70 Records Management; Retention and Destruction
- External Background Check Policy & Procedure
- Professional License Verification
- Team Member Arrest Policy