

Exclusion Screening Policy and Procedure

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Business Unit:	Compliance	Last Review Date:	3/3/2020
Approval Group:	Compliance	Document Owner(s):	Compliance
Board Approval Date:			

PURPOSE

To establish a standard process the District follows in determining whether potential and current District employees and/or contractors are excluded from participation in federal and state funded healthcare programs.

SCOPE

This policy applies to all workforce members of the Health Care District of Palm Beach County and its affiliates (the "District") including but not limited to, Lakeside Medical Center, the Edward J. Healey Rehabilitation and Nursing Center, C.L. Brumback Primary Care Clinics, School Health, Aeromedical, and Trauma.

DEFINITIONS

Workforce members: All employees, medical staff, physicians, students, volunteers, contractors, vendors and others such as Board and Committee members that may influence business decisions made by the organization.

Office of the Inspector General (OIG) List of Excluded Individuals/Entities (LEIE): A federal database identifying individuals/entities that are excluded from participation in any federal health care program, including, but not limited to, Medicare and Medicaid.

General Services Administration (GSA) System for Award Management (SAM): A federal database identifying individuals/entities that have been debarred from participating in federal procurement or non-procurement programs. .

Agency for Health Care Administration (AHCA) Public Record Search: A Florida state database identifying Medicaid Sanctioned Providers .

Office of Foreign Assets Control (OFAC): An office of the U.S. Department of the Treasury that publishes lists of individuals and companies owned or controlled by, or acting for or on behalf of, targeted countries. It also lists individuals, groups, and entities, such as terrorists and narcotics traffickers designated under programs that are not country-specific.

Exclusion Lists — The OIG LEIE, SAM/GSA, OFAC, AHCA Medicaid Sanctioned Provider list, and other states' Medicaid exclusion lists are collectively called the "Exclusion Lists" in this policy.

Ineligible Individual/Entity – An ineligible individual or entity is one that is currently excluded, debarred or otherwise ineligible to participate in federal or state health care programs or in federal procurement or non-procurement programs.

Referring Physician – Any individual physician, clinic, or other entity that has referred a patient to the District for services.

Initial Exclusion Screenings – Screenings conducted prior to hiring, contracting, credentialing, or accepting services furnished, ordered, or prescribed by an individual or entity.

Monthly Exclusion Screenings – Screenings of individuals or entities who are employed or contracted by the District or providing, ordering or prescribing services to patients of the District.

POLICY

1. The District will not knowingly employ or contract with individuals or entities who are listed as debarred, excluded or otherwise ineligible for participation in federal or state-funded health care programs.
2. The District shall, at minimum, perform initial and monthly exclusion screenings of workforce members and Referring Physicians to prevent the hiring of, contracting with, or credentialing of any Ineligible Individual/Entity. The District will exercise reasonable due diligence to verify that any party found on an exclusion list is the same individual or entity noted.
3. The District shall remove individuals with direct responsibility for or involvement in any federal healthcare program, as well as those pending the resolution of any criminal charges or proposed exclusion sanction. Contractors under pending criminal charges shall be suspended from continued work until the matter is resolved in a Court of Law.
4. The District shall maintain records of all exclusion screening documents for a period of 10 years.

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PROCEDURE

Initial Exclusion Screenings

1. Prior to establishing employment or a business relationship with any individuals, medical professionals or entities, the District will screen them against current Exclusions Lists. No applicant shall be considered for employment or enter into a business relationship if deemed to be an ineligible Individual/Entity.
2. Documentation of screening results shall be retained by the department performing the screening.
3. All prospective employees and vendors are required to disclose any criminal conviction or exclusion prior to employment.
4. Prospective employees and vendors who have been officially reinstated into the Medicare and Medicaid programs by the OIG may be considered for employment, medical privileges or a contractual relationship upon proof of such reinstatement and a determination that there are no other impediments to such action.
5. The following, or substantially similar language, shall appear on all applications for employment and medical staff privileges:
 - a. "Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law? If yes, explain."
 - b. "Have you been subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance-based actions? If yes, explain."
6. All applications and contracts shall include a statement that the accuracy of all information provided is a condition of employment or contract, and that the provision of incorrect information is grounds for immediate termination of employment or contract. Applications and contracts will also include a statement that grants the right to verify all information provided in any employment application or contract agreement.
7. A professional who is required to be licensed must agree/attest to notifying the District within three (3) business days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice lawsuit or arbitration action related to their employment; any adverse action by a State Licensing Board taken or pending; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage."

Monthly Exclusion Screenings

1. The District shall also screen on a monthly basis all workforce members, including non-medical staff referring providers, against current Exclusions lists.
2. Documentation of monthly screening results shall be retained by the department performing/monitoring the screening.
3. Workforce members may be contacted for additional information to clear a potential match. Additionally, a signed attestation from the workforce member stating they are not the individual who appeared on the data match may be requested.
4. Workforce members appearing on the Exclusions Lists will be terminated unless the workforce member can provide documentation that they are not an ineligible individual.

Responsible Departments/Individuals

1. The Human Resource Department is responsible for carrying out this Policy as it relates to hiring of employees.
2. Credentialing committees are responsible for carrying out this Policy in granting staff privileges to medical personnel who are not employees.
3. The Purchasing/Procurement Office is responsible for carrying out this Policy as it relates to vendors and contractors.
4. The Information Technology (IT) Department is responsible for ensuring accurate data feeds are provided to the Vendor performing monthly exclusion screenings.
5. The Compliance, Privacy, & Ethics Department is responsible for the monitoring of monthly exclusion screenings and weekly reviews of re screening reports to resolve possible and/or confirmed matches.
6. The Chief Compliance and Privacy Officer is responsible for monitoring this Policy for compliance and reporting results quarterly to the Quality, Patient Safety and Compliance Committee of the Board, along with any recommendations for remedial actions or improvement to the program.

REFERENCES

- The Office of the Inspector General (OIG) List of Excluded Individuals/Entities (LEIE)
<http://exclusions.oig.hhs.gov>.

- The General Services Administration (GSA) System for Award Management (SAM)
<https://www.sam.gov/portal/public/SAM>.
- The Agency for Health Care Administration (AHCA) Public Record Search
[http://apps.ahca.myflorida.com/dm_web/\(S\(yacevo3z3dy5agysmartqaex\)\)/default.aspx](http://apps.ahca.myflorida.com/dm_web/(S(yacevo3z3dy5agysmartqaex))/default.aspx).
- The Office of Foreign Assets Control (OFAC) of the US Department of Treasury
<https://sanctionssearch.ofac.treas.gov/>

RELATED DOCUMENTS	
Related Policy Document(s)	HOHR118 Background Screening Policy and Procedure
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

This policy/procedure is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

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