



A LOCATION OF  
STONY BROOK UNIVERSITY HOSPITAL

# Stony Brook Medicine Administrative Policy and Procedures

<b>Subject:</b> ELD0104 Exclusion Screening	<b>Published Date:</b> 07/03/2024
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<b>Scope:</b> SBM Eastern Long Island Campus	<b>Original Creation Date:</b> 05/16/2019

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## Policy:

Stony Brook University Hospital and all its collective campuses (collectively, 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:

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

**Hospital Representatives** – Employees, volunteers, trainees, medical staff members, including state, research foundation, professional employer organization, personnel employed through contracted agencies, the governing body, contracted or subcontracted agents, vendors or consultants who furnish products or services on behalf of SBUH and other individuals affiliated with SBUH regardless of whether the individual is paid by SBUH.

**Human Resources** – Shall refer to the local Human Resources Department associated with the respective SBUH campus.

**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 Bylaws** – Shall refer to the Medical Staff Bylaws associated with the respective SBUH campus.

**Medical Staff Members** – Shall refer to the disciplines in the Medical Staff bylaws, including, professionally competent physicians, dentists, and midwives, who continuously meet the qualifications, standards and requirements set forth in the SBUH Medical Staff Bylaws.

### **Procedures:**

1. Prospective Hospital Representatives:
  - a. As a pre-condition of employment, Human Resources screens all applicants against the Exclusion Lists.
  - b. Any prospective Hospital Representative found on the Exclusion Lists, or otherwise identified as an Ineligible Person, is prohibited from employment or contractual relationship with SBUH.
2. Current Hospital Representatives:
  - a. SBUH screens all Hospital Representatives on a monthly basis against the Exclusion Lists. Active Hospital Representatives 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. SBUH may take other action consistent with SBUH policies, including but not limited to suspension or termination of employment. SBUH may consult with General Counsel and the Chief Compliance Officer before

termination of employment, and otherwise if management feels necessary.

- c. SBUH Hospital Representatives are to immediately disclose any debarment, exclusion, suspension, or other event which makes them an Ineligible Person.

3. Prospective Volunteers:

- a. As a pre-condition to becoming a Volunteer of the hospital, all applicants are screened 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 SBUH Volunteer.

4. Current SBUH Volunteers:

- a. All Volunteers are screened 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 them an Ineligible Person.

5. SBUH 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 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. The 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, SBUH immediately removes the individual from their position of furnishing services reimbursable by Federal or State healthcare programs by way of automatic suspension or limitation of privileges in accordance with the Medical Staff Bylaws.
  
- e. SBUH may take other corrective action consistent with SBUH policies,

including but not limited to, termination of medical staff membership or privileges in accordance with the Medical Staff Bylaws. SBUH may consult with General Counsel, the Chief Medical Officer and the Chief Compliance Officer before terminating privileges, and otherwise if management feels necessary.

6. SBUH Non-Medical Staff Referring Providers:

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

7. Students:

- a. 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").
- b. SBUH shall maintain in writing, College's attestation in writing that it maintains its proof of exclusion check performance and that neither College, student, faculty is an Ineligible Person.
- c. The proof of such checks is 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. All affected prospective vendors or contractors are screened against the Exclusion Lists before a contract is awarded.
- b. Any prospective vendor or contractor is immediately disqualified if found on the Exclusion Lists, or otherwise determined to be an Ineligible Person.
- c. SBUH 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. Exclusion Lists are reviewed 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. All departments performing exclusion screening checks 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. All departments performing exclusion screening checks 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](#)

[ELD0039 Corporate Compliance Code of Conduct](#)

**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](#)