



Stony Brook Medicine Administrative Policy and Procedures

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Leadership	Next Review Date: 07/03/2025
Scope: SBM Stony Brook Campus	Original Creation Date: 08/16/2017

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

Responsible Department/Division/Committee:

Office of Compliance Audit and Privacy Services (OCAPS)

Policy:

Stony Brook University Hospital and 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 –refers to 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 as defined in the Medical Staff Bylaws, including professionally competent physicians, dentists and midwives, who continuously meet the qualifications, standards and requirements set forth in such Medical Staff Bylaws.

Procedures:

1. Prospective SBUH Hospital Representative:
 - a. As a pre-condition of employment, SBUH 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 SBUH Employees:
 - 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 SBUH 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. SBUH 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, the Medical Staff Services Department screens all applicants against the Exclusion Lists.
- b. SBUH denies membership or clinical privileges, in accordance with SBUH 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 nor 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 affected 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 SBUH 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 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)

[HR0003 Volunteer Services](#)

[HR0008 Employees, Volunteers, and Medical Staff Physical Examinations and Annual Health Evaluations](#)

[HR0030 Employment References](#)

[HR0031 Vendor Credentialing Management System](#)

[LD0039 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](#)