



**POLICY TITLE:** Background Screening to Identify Parties Excluded from Participation in Federally Funded Health Care Programs

**Responsible Department:** Audit and Compliance

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#### **SUMMARY & PURPOSE:**

In order to prevent delegation of substantial authority to individuals who may have a propensity to commit wrongdoing, the organization conducts periodic screenings of parties offering services at or doing business with BHSF to identify any who may have been excluded from participation in federally funded health care programs.

#### **POLICY:**

South Miami Hospital exercises due care to prevent the delegation of substantial discretionary authority to individuals who may have a propensity to violate the Corporate Compliance Program or engage in unlawful conduct.

#### **SCOPE/APPLICABILITY:**

All owners, officers, directors, and employees of South Miami Hospital; all contractors, subcontractors, agents, and other persons who furnish patient care items or services or who perform billing or coding functions on behalf of South Miami Hospital, excluding vendors whose sole connection with South Miami Hospital is selling or otherwise providing medical supplies or equipment to South Miami Hospital; and all physicians and other non-physician practitioners who are members of South Miami Hospital's active medical staff.

#### **PROCEDURES TO ENSURE COMPLIANCE:**

1. The organization conducts background checks for all external hires before the first day of work. The extent of background verification is determined on a case by case basis by the Human Resources Department in accordance with HR Policy 1200 *Hiring Process and Procedure*.
2. Monthly, the Audit and Compliance Department conducts background screening for all current employees, members of the medical staff and vendors to determine if a party has been excluded from participation in federally funded health care programs.

All references to Policies must go to the BHSF Master Copy on the BHSF Intranet; do not rely on other versions / copies of the Policy.

3. For all newly approved members of the medical staff, the Audit and Compliance Department conducts background screening within two weeks of receipt of notification of the newly approved member.
4. For all new vendors to the organization, the Audit and Compliance Department conducts background screening within two weeks of receipt of notification of payment to the new vendor.
5. For all new employees, the Audit and Compliance Department conducts background screening within two weeks of receipt of notification of the new employee.
6. All applicants for employment must certify that they are not excluded from participating in federally funded healthcare programs and that they understand that Human Resources must immediately be notified if that status changes. The applicant also certifies their understanding that this certification applies to the applicant's current name and any previously used names or aliases.
7. Background screenings conducted for the Audit and Compliance Department are performed by a suitable vendor and include screening against the OIG's List of Excluded Individuals/Entities, Florida Medicaid exclusion database and the System for Award Management (SAM), the U.S. Government System for screening for excluded parties.
8. In addition, all contractors providing either patient care or billing services for the organization must represent in their contracts that neither they nor any of their employees performing services under the relevant contract have been excluded from the Medicare or Medicaid Program.
9. The results of the background screenings performed on behalf of the Audit and Compliance Department are communicated from the vendor to the Department.
10. In the event that a potentially positive match is found, the Department obtains further information in order to determine whether the match is truly a positive match.
11. In the event that a positive match to a listing on the OIG's List of Excluded Individuals/Entities or the Florida Medicaid exclusion database is confirmed, appropriate steps will be taken to remediate the situation, up to and including, employment termination, removal from the medical staff and/or referring physician list, and/or vendor contract termination.
12. In those cases where a positive match cannot be determined, further action is taken to obtain certification from the party that the party has not been excluded from participation in federally funded health care programs.
13. In those cases where a positive match is made, the findings are reported to the Vice President and Chief Compliance Officer for determination of the appropriate actions to take, in accordance with BHSF Policy 807 *Compliance Audits and Investigations*.
14. Should an employee, vendor, or medical staff member become subject to exclusion from Federally funded healthcare programs, the excluded party must immediately notify Human Resources of the exclusion. In the case of a physician, who is not an employee, the notification must be made to the Medical Staff Office.
  - a. Human Resources or the Medical Staff Office must immediately notify Audit and Compliance.

**SUPPORTING/REFERENCE DOCUMENTATION:**

- United States Federal Sentencing Guidelines
- Office of the Inspector General Compliance Program Guidance for Hospitals
- Office of the Inspector General Supplemental Compliance Program Guidance for Hospitals
- South Miami Hospital Corporate Integrity Agreement

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**RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:**

- BHSF Administrative Policy: 801 Department Responsibilities and Charter Policy – Audit and Compliance
- BHSF Administrative Policy: 807 Compliance Audits and Investigations Policy – Audit and Compliance
- BHSF Administrative Policy: 815 Background Screening to Identify Parties Excluded from Participation in Federally funded Health care Programs
- BHSF Administrative Policy: 819 Code of Ethics Policy – Audit and Compliance
- SMH Administrative Policy: 819 Code of Ethics Policy
- BHSF Administrative Policy: 1200 Hiring Process and Procedure

**ENFORCEMENT & SANCTIONS:**

Enforcement of this policy is the responsibility of the Audit and Compliance Department. Failure to comply with or report a violation of a compliance program policy can lead to disciplinary action up to and including termination.