I. Policy Statement
   a. This policy establishes guidelines for screening potential new and existing employees, medical staff, providers, researchers, contractors, and others who work for, contract with, or are appointed to the medical staff of MU Health.
   b. MU Health will not knowingly employ, appoint, or contract with individuals or entities if such individuals or entities have been excluded, debarred, or are otherwise ineligible to participate in federal government programs, or if they have been convicted of federal offenses related to the provision of health care items or services. As part of its routine inquiry into the background of its prospective and current employees, medical staff, providers, researchers, and contractors, MU Health will (1) query relevant federal exclusion lists, and (2) request disclosure from such persons or entities as a condition of commencement of work and as a continuing condition of work.

II. Definitions
   a. Office of Inspector General List of Excluded Individuals and Entities (LEIE):
      i. http://exclusions.oig.hhs.gov provides information regarding individuals and entities that are excluded from participation in Medicare, Medicaid, and other federal health care programs.
   b. General Services Administration System for Award Management (SAM):
      i. http://sam.gov is a database system that combines Central Contractor Registry (CCR), Federal Agency Registration, Online Representations and Certifications Application, and Excluded Parties List system (EPLS)

III. Process/Content
   a. Before hire, appointment, or contract agreement with an individual or entity to do work for MU Health, an inquiry will be made into the eligibility status of each person/entity. The inquiry shall include:
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i. requiring applicants and contractors to disclose whether they have been convicted of a federal crime relating to the provision of health care items or services or if they are or have been excluded, debarred, or otherwise considered ineligible for participation in federal government programs; and

ii. reviewing the OIG-LEIE and GSA-SAM databases to confirm the prospective employee/physician/contractor is not excluded or otherwise debarred.

b. Completion of this process shall include:

i. Medical Staff Services screening of medical staff applicants.

ii. Human Resources Department screening applicants for employment.

iii. Procurement screening potential new contractors.

iv. The Office of Corporate Compliance (OCC) will periodically review results of screenings to identify potential issues.

c. If an individual (or entity) fails to disclose his/her excluded status, or it is discovered that they are listed on the LEIE or SAM exclusion databases, or if an individual (or entity) is later added to the databases after hire and fails to disclose immediately any debarment, exclusion, or suspension, then any future employment, contractor relationship, or faculty status will be addressed according to MU Health policy including but not limited to disciplinary action and/or termination.

d. Continued Screenings: Employees, medical staff, providers, researchers and contractors of MU Health shall also be screened monthly for excluded status. The names of each individual and entity will be screened against the LEIE and SAM databases. The screening results are provided to the OCC when issues are identified or applicable action needed.

e. The discovery of ineligibility status or the addition of an individual or contractor to the LEIE or SAM databases will disqualify that individual or entity from further employment, contractor services, research, or medical staff eligibility. The appropriate department (Human Resources, Medical Staff Services, Procurement, Office of Corporate Compliance, etc.) will notify the individual/entity of the findings and support any disciplinary action deemed appropriate.

IV. Attachments

a. Not Applicable.

V. References, Regulatory References, Related Documents, or Links
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a. Civil Monetary Penalties Law: 42 U.S. C. § 1320a-7a (a)
c. Medicare regulations: 42 C.F.R. § 1001.1901
d. The Joint Commission HR.01.02.05