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### USF Health Care

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<b>Internal Guideline and Procedure Name:</b>	Federal Health Care Program Exclusions Review Process		
<b>Responsible Office:</b>	Professional Integrity Office		
<b>Submitted By:</b>	Jamie Sotelo	<b>Title:</b>	Associate Director

Review/Approvals:	Committee Name and/or CEO Name:	Date Approved:
<b>Oversight Committee (if applicable):</b>	Billing Integrity Advisory Committee Practice Leadership Team	09/13/2018 04/17/2019
<b>USFHC CEO:</b>	Mark G. Moseley MD	04/17/2019
<b>USFHC Finance, EMC or CLB (if applicable):</b>		

**OBJECTIVES AND PURPOSES:** Federal law prohibits entities that participate in federal health care programs (including Medicare, Medicaid and other governmental programs), such as USF Health, from entering into or maintaining certain relationships with individuals or entities that have been excluded from participation in federal health care programs. The effect of the Health & Human Service Office of Inspector General (OIG) exclusion is that no federal health care program payment may be made for any items or services furnished, ordered, or prescribed by an excluded individual or entity. The prohibition on payment for items or services furnished by excluded persons includes direct patient care; indirect patient care; and administrative and management services. The OIG is authorized to impose civil monetary penalties against providers that employ or enter into contracts with excluded persons to provide items or services payable by Federal health care programs. Civil monetary penalties can be imposed, consisting of:

- over \$10,000 for each claim, plus
- an assessment of up to three times the amount claimed; and
- program exclusion.

This Standard was developed to ensure review of sanctions lists for new employees, temporary employees, volunteers, consultants, contractors/vendors, governing body members and downstream entities. Further, to review the sanctions lists monthly to identify any of these individuals or entities subsequently excluded from participation in federal programs. Then, to ensure USF Health does not employ or contract with individuals or entities excluded from participation in any health care program or debarred by the General Services Administration.

The sanctions lists include the Federal Government System for Award Management (SAM), which includes the General Services Administration's (GSA) Excluded Parties Lists System (EPLS); the Department of Health and Human Services Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE); and of the Florida Agency for Health Care Administration Medicaid Sanctions.

This Standard meets the requirements of Medicare Managed Care Plans (Medicare Part C) under 42 CFR §422.503 and described in the Medicare Managed Care Manual Chapter 21 Section 50.6.8.

**Definition:** For purposes of this Standard, an “ineligible individual/entity” is any individual or entity:

- a) currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs or in federal procurement or non-federal procurement programs; or
- b) has been convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred, or otherwise declared ineligible.

### **STATEMENT OF INTERNAL GUIDELINES.**

#### **Standard Practices**

USF Health performs initial and monthly exclusion reviews to ensure that employees, temporary employees, volunteers, consultants, contractors/vendors, governing body members, and downstream entity who may provide services or items payable by a Federal health care program have not been sanctioned or excluded from participating in any federal health care program as prohibited by federal law. Screening is performed utilizing the ComplianceLine Sanction Check service. In the event USF Health identifies an ineligible individual/entity in the Federal Health Care Programs Exclusions Review Process, the USF Health Compliance Officer coordinates with respective management on the appropriate course of action in consultation with the USF Office of General Counsel.

#### **Procedures**

Screening of USF Health Care credentialed providers, including any downstream entities, is performed by the USF Physicians Group Department of Managed Care as part of the USF Physicians Group initial credentialing process, and monthly thereafter.

Workforce members are screened upon hire and monthly thereafter by the Professional Integrity Office (PIO).

Screening of UMSA vendors is performed by UMSA Finance & Accounting as new vendors are set up in the accounting system. Monthly screening is conducted by the PIO.

The PIO conducts periodic review to ensure these screening procedures are being completed.

### **AREAS OF RESPONSIBILITY FOR IMPLEMENTATION.**

Human Resources, Managed Care, Finance & Account, and Professional Integrity Office

**RESPONSIBLE OFFICE:** The preceding was developed by Jamie Sotelo, Associate Director, Professional Integrity Office. Any questions or concerns should be directed to (813) 974-2222 or [piohelp@health.usf.edu](mailto:piohelp@health.usf.edu).