

**TITLE: SANCTION SCREENING**

**POLICY AND PURPOSE:**

The Rogosin Institute ("Rogosin") is committed to maintaining high quality care and service as well as integrity in its financial and business operations. Therefore, Rogosin will conduct appropriate screening of key providers, employees and vendors to verify that they have not been excluded from participation in federally funded healthcare programs.

**APPLICABILITY:**

All Hospital Staff

**PROCEDURE:**

1. The Corporate Compliance Office oversees the Hospital's screening program. This includes periodically auditing screening activities conducted by the Human Resources, the Medical Staff Office, Procurement and Strategic Sourcing (PSS), Volunteer Office and the Accounts Payable Department. Lists referenced for sanction screening purposes include, at a minimum, the following: Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE), Office of Medicaid Inspector General's List of Excluded/Restricted, Terminated or Censured Individuals or Entities, and the and excluded individuals or entities identified by the System of Awards Management (SAM). Any significant results will be shared with Senior Management as necessary.
2. Human Resources is responsible for screening all new employees, including new volunteers. During the hiring process, after a conditional offer is made, applicants are asked questions pertaining to any pending charges or conviction for violation of criminal law; and/or any sanction or disciplinary actions by any federal or state law enforcement, regulatory or licensing agency. It is the responsibility of any hiring authority within the organization to verify the accuracy and honesty of the responses provided by applicants.

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3. The Medical Staff Office is responsible for screening physicians and other healthcare practitioners. Credentials of medical professionals employed by ROGOSIN or with whom we establish a business relationship will be verified with appropriate licensing and disciplinary authorities, including any adverse actions taken against the individual that might impair their performance of duties or fiduciary responsibilities on behalf of the organization. This verification process shall at a minimum include checking against the current lists previously named, as well as the National Practitioner Data Bank.
4. The PSS and Accounts Payable Departments are responsible for performing screening prior to establishing a relationship with the vendor.
5. In addition to procedures described above, existing employees, credentialed physicians, referring physicians, and vendors will be screened on a monthly basis, in accordance with recommendations by the New York Medicaid Inspector General and the U.S. Department of Health and Human Services to verify that an employee, physician or vendor does not become sanctioned after their employment or business relationship has been established.

**REFERENCES:**

18 NYCRR Part 521-1.4(e)  
Social Security Act Section 1128(b)(15)  
Code of Federal Regulations, 42CFR1001

**RESPONSIBILITY:**

Human Resources, PSS, Accounts Payable and Corporate Compliance

**POLICY DATES:**

(Prior to September 2005, this policy was part of the Corporate Compliance Manual)

Revised: December 2004; October 2006

Reviewed: February 2009

Revised: May 2012

Reviewed: May 2014

Revised: May 2016; October 2016

Reviewed: October 2018

Revised: October 2020; September 2023

Reviewed: October 2022, **September 2024**