

Health Care Providers Should Screen Unpaid Volunteers

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Overview

When considering what individuals or entities to include in sanction and exclusion screening, organizations will most likely think of employees, vendors and other professional staff first. However, organizations should also consider screening unpaid volunteers, even if they are not included in submitting claims for payment to federally-funded health care programs or directly involved in providing patient care. Organizations should consider it a best practice to screen everyone with whom they engage, no matter how they are associated with the organization, to ensure that no individual or entity is on any exclusion lists.

Why Screen Volunteers?

The Department of Health and Human Services Office of Inspector General (OIG) states that any party providing an item or service that is either directly or indirectly paid by a federal health care program should be screened against the List of Excluded Individuals and Entities (LEIE). As such, those arguing against screening volunteers may claim that because volunteers are not included in making requests to the federal government for payments, nor getting paid by the facility, they do not need to be screened.

However, in their recent Special Advisory Bulletin¹, the OIG sought to clarify sanction screening against the LEIE in terms of scope. The OIG noted that sanction screening requirements apply even if the excluded person changes from one health care profession to another while excluded, regardless of whether the person is an employee, a contractor, or a volunteer or has any other relationship with the provider. For example, an individual could be excluded as a paid employee, but he or she may work as an unpaid volunteer at the same facility or in another part of the health care industry. Similarly, an excluded contractor could change professions to become a paid employee, but he or she is still on the LEIE as an excluded entity.

Additionally, the OIG stated that prohibitions under exclusion go beyond direct patient care and emphasized that excluded persons are prohibited from providing administrative and management services payable by federal health care programs. These kinds of services can include serving as an executive or in a leadership role (e.g., CEO, CFO, general counsel, physician practice office manager, etc.) for a provider that provides items and services payable by federal health care programs. The

¹ U.S. Department of Health and Human Services Office of Inspector General. "Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs." May 8, 2013.

OIG also explained that the scope of prohibited administrative and management services extends to health information technology service support, strategic planning, billing and accounting, staff training and human resources, unless any of these roles are wholly unrelated to federal health care programs. Anyone employed in these roles could also be serving in a volunteer capacity elsewhere. Therefore, screening individuals on a facility's volunteer list helps organizations discover whether their volunteers are excluded under a different profession or capacity in any other sector of health care.

In Review

Organizations should screen volunteers, regardless of whether the volunteers' duties and responsibilities extend directly or indirectly to patient care. Although volunteers are not paid through federal health care programs, they may have worked in the past or currently work in another position that requires submission of claims to federal health care programs. If the volunteer is found to be on a federal or state exclusion list, the excluded individual's continued involvement directly or indirectly in the health care facility may put the facility's patients, and its operations, at risk. Therefore, organizations should include volunteers in their sanctions and exclusions screening to cover everyone who is associated with the organization in any way.

About the Author

Richard P. Kusserow is currently the President and CEO of Compliance Resource Center. He served as the Inspector General of HHS for 11 years and brings decades of valuable experience from the government sector to Compliance Resource Center. Mr. Kusserow's expertise on compliance policy and regulation as well as his extensive knowledge of compliance solutions enables Compliance Resource Center to effectively help health care organizations best manage their compliance programs.

About Compliance Resource Center

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