

<p><b>UNIVERSITY</b> HEALTHCARE ALLIANCE</p>	<p style="text-align: right;"><b>Approval Date:</b> 4/2/13 <b>Revision Date:</b> <b>Approval Signature:</b> _____</p>
<p><b>Policy Name:</b> Criminal Background and Federal Healthcare Exclusion Checks  <b>Policy Number:</b> CG-10 (Compliance - General)</p>	<p style="text-align: right;">Page 1 of 2</p>

**I. PURPOSE**

To ensure that University HealthCare Alliance (“UHA”) checks potential and existing employees and contracted physicians and allied health care professionals for any criminal history and/or exclusions from federal government health care programs.

**II. POLICY STATEMENT**

UHA will not employ, contract with or affiliate with any individuals whose background check puts the organization at risk relative to the work that individual would do on behalf of UHA.

UHA will not employ or contract or affiliate with individuals or vendors who have been excluded, debarred, suspended or otherwise ineligible to participate in federal healthcare programs.

**III. SCOPE**

This policy applies to UHA employees, affiliated health care providers, contractors and vendors.

**IV. PROCEDURES**

A. Criminal Background Checks. UHA will perform and review criminal background and checks on all employees, contractors and affiliated health care providers prior to offering employment, a contract or affiliation with UHA.

B. Exclusions Lists.

1. Employees, Affiliated Health Care Providers and Contractors.

- a. Upon initial hire and on a quarterly basis, UHA will screen employees, affiliated health care providers and contractors against the OIG List of Excluded Individuals/Entities and the General Services Administration’s List of Parties Excluded from Federal Programs.
- b. Employees, affiliated health care providers and contractors are required to immediately notify UHA’s Director of Compliance in the event they become excluded, debarred, suspended or

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otherwise ineligible to participate in federal healthcare programs.

2. Vendors

a. New Vendors.

- i. UHA inputs all new vendors into the Lawson system, which contains the complete list of all vendors used by SHC, LPHC and/or UHA.
- ii. Stanford Hospital and Clinics (“SHC”) checks all new vendors entered into Lawson against the OIG and GSA exclusion lists.
- iii. Any negative findings of any vendors affecting UHA will be reported to the UHA Director of Compliance.
- iv. The UHA Director of Compliance will discuss any negative findings with UHA leadership and determine whether UHA needs to terminate or modify its relationship with such vendors.

b. Existing Vendors.

- i. On a quarterly basis, SHC compliance runs all vendors against the OIG and GSA sanctions list.
- ii. Any negative findings of any vendors affecting UHA will be reported to the UHA Director of Compliance for follow-up and discussion with UHA leadership.

c. New Practice Acquisition.

- i. As part of its due diligence process, and independent of the procedures described above, UHA will check all vendors used by medical clinics who will be acquired by UHA.
- ii. Any negative findings will be discussed with UHA leadership.

V. **REFERENCES**

- A. 42 U.S.C. § 1320a-7a
- B. 45 C.F.R. § 1003.102
- C. Office of Inspector General, “*OIG Compliance Program for Individual and Small Group Physician Practices*,” § IIB (page 59442, and footnote 35).