



Vice President and Chief Executive Officer of the Medical Center

MEDICAL CENTER POLICY NO. 0215

- A. SUBJECT: Employee, Volunteer, and Vendor Background Screening (formerly Employee and Vendor Background Screening)
- B. EFFECTIVE DATE: October 1, 2013 (R)
- C. POLICY:

The University of Virginia Medical Center will not knowingly employ, accept volunteer services from, contract with, or credential any individuals or entities excluded from participation in a Federal healthcare program, or convicted of a criminal offense related to the provision of healthcare items or services for which one may be excluded under 42 U.S.C. §1320a-7(a) (an “excludable crime”).¹ Excludable crimes described in 42 U.S.C §1320a-7(a) are:

1. Convictions for criminal offenses related to delivering of governmental financed healthcare services or for felony healthcare fraud regarding any governmentally financed healthcare program;
2. Conviction of a criminal offense relating to neglect or abuse of patients in connection with delivery of healthcare; or
3. Conviction after August 21, 1996, of a felony relating to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance relating to the provision of healthcare.

The Medical Center will prevent hiring, employing, accepting volunteer services from, contracting with, granting clinical privileges to, or retaining any individual or vendor² excluded or debarred from Federal programs by conducting a screening check against the OIG, GSA and U.S. Treasury web sites; these sites provide lists of excluded or debarred individuals or entities (excluded lists). Prospective employees and vendors will also be required to disclose whether they are ineligible or excluded from Federal programs or have been convicted of an excludable crime. No current employees, volunteers, clinical staff members or vendors who appear on the excluded lists may remain in positions of furnishing services reimbursable by Federal healthcare programs. Current employees, volunteers and vendors shall be required to disclose immediately any debarment or exclusion during their employment/appointment/contract terms.

¹ In compliance with the Department of Health and Human Services Office of Inspector General Federal regulation under the Program Protection Act of 1987, Public Law 100-93, and expanded under the Balanced Budget Act of 1997.

² Inclusive of any vendor, employees, or subcontractors directly providing services to the Health System who are listed.

(SUBJECT: Employee, Volunteer, and Vendor Background Screening)

Vendors providing services primarily on an ongoing, on-site basis shall attest in writing that OIG/GSA/Treasury and criminal background checks have been performed for all vendor staff assigned to work onsite at the Medical Center on an ongoing basis. Vendor staff assigned to provide services primarily onsite on an ongoing basis shall attend the Medical Center's New Employee Orientation.

D. PROCEDURE:

1. Prospective Medical Center Employees:

The Medical Center Human Resources Department will itself, or through a contractor, screen all employment applicants prospectively as a pre-condition of employment, checking them against the OIG web site (<http://exclusions.oig.hhs.gov/>), the GSA web site (www.sam.gov), and the U.S. Treasury web site (<http://www.treas.gov/offices/enforcement/ofac/sdn/index.shtml>). Any prospective employee found on any of the exclusion lists will be prohibited from employment or contracting with the Medical Center.

2. Current Medical Center Employees:

The Medical Center Human Resources Department (itself or through a contractor) shall on a monthly basis, review against the OIG excluded lists all non-credentialed current employees. The Medical Center will further review all non-credentialed current employees against the US Treasury and GSA excluded lists on an annual basis. Potential matches will be reviewed by the Medical Center Human Resources for further analysis. If a current employee is found on an excluded list or has been convicted of an excludable crime, the Medical Center will immediately remove the employee from his/her position of furnishing services reimbursable by Federal healthcare programs. Other action consistent with Medical Center policies may be taken, including but not limited to suspension or termination of employment. Before termination of employment, and as may otherwise be necessary in the judgment of management, consultation with General Counsel and the Corporate Compliance and Privacy Officer will occur.

3. Prospective Medical Center Volunteers:

The Department of Volunteer Services will itself, or through a contractor, prospectively screen all potential volunteers as a pre-condition of appointment, checking them against the OIG web site (<http://exclusions.oig.hhs.gov/>), the GSA web site (www.sam.gov), and the U.S. Treasury web site (<http://www.treas.gov/offices/enforcement/ofac/sdn/index.shtml>). Any prospective volunteer found on any of the exclusion lists will be prohibited from volunteer service at the Medical Center.

4. Current Volunteers:

The Department of Volunteer Services (itself or through a contractor) shall, on a monthly basis, review against the OIG excluded lists all current volunteers. The Department of Volunteer Services will further review all current volunteers against the US Treasury and GSA excluded lists on an annual basis. Potential matches will be reviewed by the Department of Volunteer Services for further analysis. If a current volunteer is found on an excluded list or has been convicted of an excludable crime, the Medical Center will immediately remove the volunteer from his/her position of furnishing services reimbursable by Federal healthcare programs. Other action consistent with Medical Center policies may be taken, including but not limited to

(SUBJECT: Employee, Volunteer, and Vendor Background Screening)

termination of volunteer status. Before termination of volunteer status, and as may otherwise be necessary in the judgment of management, consultation with General Counsel and the Corporate Compliance and Privacy Officer will occur.

5. University of Virginia Graduate Education Medical Trainees (including Fellows):

The Graduate Medical Education (GME) Office will be responsible for ensuring that no appointed GME Trainee who may appear on an excluded list remains in a position of furnishing services reimbursable by Federal healthcare programs. The GME Office (itself or through a contractor) will review the OIG, GSA, and US Treasury excluded lists at the time of hire as a condition of appointment and will check the OIG excluded list on a monthly basis thereafter for all continuing trainees. The GME Office will also check continuing trainees against the GSA and US Treasury excluded lists on an annual basis. Trainees are required to immediately disclose any exclusion or conviction of an excludable crime.

6. University of Virginia Clinical Staff and Allied Health Professionals:

It is a condition of appointment that no clinical staff member or Allied Health Professional is debarred from a Federal healthcare program or convicted of an excludable crime. At the time of initial appointment individuals must attest to their absence from an excluded list and the absence of any conviction for an excludable crime as a condition of appointment. Physicians and Allied Health Professionals found on an excluded list or who could be excluded by their criminal history will not be eligible for initial appointment.

The Clinical Staff Office shall review the OIG, GSA, and US Treasury excluded lists at the time of initial appointment and shall check the OIG excluded list on a monthly basis thereafter for all continuing clinical staff members or Allied Health Professionals. The Clinical Staff Office shall also review continuing clinical staff members and Allied Health Professionals against the GSA and US Treasury excluded lists on an annual basis. Physicians and Allied Health Professionals who become excluded or are convicted of an excludable crime must immediately disclose the exclusion or convictions to the Clinical Staff Office.

7. Reappointment of Clinical Staff and Allied Health Professionals:

Members of the Clinical Staff and Allied Health Professionals are re-appointed biennially. The Clinical Staff Office shall check the excluded lists at the time of re-appointment to ensure that no clinical staff member or Allied Health Professional has been excluded. Any current staff member or Allied Health Professional found on an excluded list or known to be convicted of an excludable crime shall immediately have privileges suspended by the President of the Clinical Staff or CEO of the Medical Center, and may be subject to suspension or termination of employment by the Medical Center in its sole discretion. Clinical staff members and Allied Health Professionals whose privileges have been suspended will not be eligible for reinstatement of privileges until having been removed from the excluded list.

8. Vendors and Contractors:

a. Supply Chain Management shall require new vendors to warrant and represent that they, their employees and subcontractors, who will directly perform services for the Medical Center, are not excluded from participation in Federal programs and have not been convicted of an excludable crime, and to disclose to Supply Chain Management any such event occurring

(SUBJECT: Employee, Volunteer, and Vendor Background Screening)

during the contract term. In addition, Supply Chain Management shall verify that no new vendor is on an excluded list at the time of entering into its/his/her first contract or purchase order with the Medical Center.

- b. Supply Chain Management shall review the OIG excluded lists on a monthly basis to verify that no active vendor (i.e., any vendor doing business with the Medical Center within the past 24 months) appears on the OIG's excluded list. Supply Chain Management shall also confirm that pre-existing vendors are not on an excluded list prior to entering into a new contract with the pre-existing vendor. On an annual basis, Supply Chain Management shall verify that no active vendor appears on either the GSA or US Treasury excluded lists.
 - c. Supply Chain Management, in consultation with other internal parties (e.g., end-users, Medical Center Human Resources, Office of General Counsel, Office of Patient Safety and Risk Management) shall determine which vendors are to attest that criminal background checks have been performed for vendor staff assigned to work onsite on an ongoing basis. Self-employed individuals and other vendors performing services onsite may also be requested to provide a similar attestation.
 - d. As appropriate, Supply Chain Management shall include provisions in contracts negotiated to allow the Medical Center to terminate the contract upon learning that the vendor is in violation of the provisions of this policy.
9. As a condition of its employees being permitted to work at or provide services for the Medical Center, the University Physicians Group (UPG) shall check its non-credentialed employees (i.e., employees who are not members of the Clinical Staff or Allied Health Professionals) working at or providing services for the Medical Center against the excluded lists at the time of hire. Thereafter, on a monthly basis; UPG shall check its non-credentialed staff against the OIG's excluded list; on an annual basis, UPG shall likewise check its non-credentialed staff against the GSA and US Treasury excluded lists.
10. As a condition of its employees being permitted to work at or provide services for the Medical Center, the University of Virginia shall check its non-credentialed employees (i.e., those employees who are neither members of the Clinical Staff or Allied Health Professionals) working at or providing services for the Medical Center against the OIG's excluded list at the time of hire and on a monthly basis thereafter. On an annual basis, the University of Virginia shall check its non-credentialed employees working or providing services for the Medical Center against the GSA and US Treasury excluded lists.
11. Reporting and Documenting Required Checks:
- a. The Medical Center, UPG, the Clinical Staff Office, the GME Office, or the University shall promptly notify the Medical Center's Associate Vice President for Hospital and Clinics Operations and Medical Center Compliance and Privacy Officer should a check conducted pursuant to this policy result in the identification of any person on any excluded list.

Additionally:

- b. The Medical Center, UPG, the Clinical Staff Office, the GME Office, or the University, as the case may be, shall document in the appropriate file the results of any check any such office or entity performs, with, at minimum, the following information included: who

(SUBJECT: Employee, Volunteer, and Vendor Background Screening)

- performed the check, when the check was performed, what databases were checked, and the findings.
- c. The Medical Center shall further document in the appropriate file any information it receives from UPG, the Clinical Staff Office, the GME Office, or the University, as the case may be, with, at minimum, the following information included: who performed the check, when the check was performed, what databases were checked, and the findings.

SIGNATURE:



R. Edward Howell, CEO, UVA Medical Center

DATE:

9/24/13

Medical Center Policy No. 0215 (R)

Approved July 20, 2000

Revised January 2002, February 2004, November 2004, September 2007, December 2008, December 2010, September 2013

Approved by Special Advisor to the Chief Executive Officer

Approved by Medical Center Administration