

UNDERSTANDING PROGRAM EXCLUSIONS

What are the different types of exclusions?

- Mandatory Exclusions [42 U.S.C. § 1320a-7(a)]: Office of Inspector General (OIG) is required to exclude the individual or entity for a minimum of 5 years for conviction of certain offenses (e.g., program-related crimes, patient abuse, felony health care fraud, or felony convictions relating to controlled substances).
- Permissive Exclusions [42 U.S.C. § 1320a-7(b)]: OIG may exclude individuals or entities under 16 different authorities (e.g., losing a state license to practice, failing to repay student loans, conviction of certain misdemeanors, or failing to provide quality care).

Who can be excluded?

- Any individual or entity.

What is the effect of a program exclusion?

- No payment may be made by any Federal health care program for any items or services furnished, ordered, or prescribed by an excluded individual or entity.
- The prohibition applies to the excluded person, anyone who employs or contracts with the excluded person, and any hospital or other provider or supplier where the excluded person provides services. The exclusion applies regardless of who submits the claims and also applies to all administrative and management services furnished by the excluded person.

How long do exclusions last?

- Certain exclusions are imposed for a defined period, but others may be indefinite in length, such as those derived from licensing board actions.
- Reinstatement is NOT automatic. Any individual or entity wishing to again participate in the Medicare, Medicaid, and all Federal health care programs must apply for reinstatement and receive authorized notice from the OIG that reinstatement has been granted.

How do you check to see if an individual or entity is excluded?

- List of Excluded Individuals and Entities (LEIE): www.oig.hhs.gov/fraud/exclusions.asp
- The database is downloadable or searchable online by name or business name. Remember to check former names and variations of names.

