OIG Exclusion and Screening for Exclusions

OIG has the authority (42 U.S.C. § 1320a-7) to exclude an individual or entity from participating as a provider or supplier in Federal health care programs, including Medicare, Medicaid, and Indian Health Services, among others.

The effect of an OIG exclusion is that no Federal health care program payment may be made for any items or services furnished (1) by an excluded person or (2) at the medical direction or on the prescription of an excluded person.

This payment prohibition applies to all methods of Federal health care program payment and applies even if the payment is made to a State agency or a person that is not excluded. For example, no payment may be made to a hospital for the items or services furnished by an excluded nurse to beneficiaries of Federal health care programs, even if the nurse's services are not separately billed and are paid for as part of a Medicare diagnosis-related group payment received by the hospital.

Read more about OIG's exclusion authorities here:
https://oig.hhs.gov/exclusions/authorities.asp

The exclusion and the payment prohibition continue to apply to an individual even if he or she changes from one health care profession to another while excluded.

If a health care provider arranges or contracts (by employment or otherwise) with a person that the provider knows or should know is excluded by OIG, the provider may be subject to Civil Monetary Penalty (CMP) liability if the excluded person provides services payable, directly or indirectly, by a Federal health care program. A provider could be subject to CMP liability if an excluded person participates in any way in the furnishing of items or services that are payable by a Federal health care program.

To address this risk area, health care providers should screen their employees and contractors against OIG's List of Excluded Individuals and Entities (LEIE) at the time of hire and routinely thereafter.

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 other 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?

- Consult the LEIE at https://oig.hhs.gov/exclusions.
- The list is downloadable or searchable online by name or business name. Remember to check former names and variations of names.