

CredAxis Software

OIG Documentation

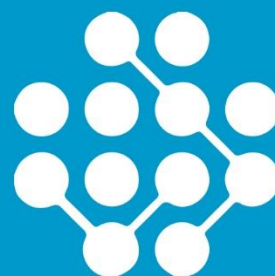


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Office of Inspector General

The Office of Inspector General (OIG) seeks to improve the efficiency and effectiveness of the Department of Commerce's programs and operations. OIG also endeavours to detect and deter waste, fraud, and abuse.

OIG monitors and tracks the use of taxpayer dollars through audits, inspections, evaluations, and investigations. The Inspector General keeps the Secretary of Commerce and Congress fully and currently informed about problems and deficiencies relating to Commerce's activities and the need for corrective action.

What is the List of Excluded Individuals/Entities (LEIE)?

The Office of the Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE) provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal health care programs.

Types of Exclusion:

There are two types of exclusions: permissive and mandatory.

Permissive exclusions: the OIG has discretionary authority to exclude individuals and entities from participation in all Federal health care programs for a number of reasons, including but not limited to misdemeanor convictions relating to the unlawful manufacture, distribution, prescription, or dispensing of controlled substances; suspension, revocation, or surrender of a license to provide health care for reasons bearing on professional competence or financial integrity; submission of false or fraudulent claims to a Federal health care program; defaulting on health education loan or scholarship obligations; and controlling a sanctioned entity as a manager, officer, or owner.

Mandatory exclusions: the OIG is required by law to exclude from participation in all Federal health care programs individuals and entities on a number of grounds, including but not limited to conviction of Medicare or Medicaid fraud; patient abuse or neglect; felony convictions for other health care-related fraud, theft, or other financial misconduct; and felony convictions relating to unlawful manufacture, distribution, prescription, or dispensing of controlled substances.

What is the extent and effect of LEIE exclusion?

The scope of exclusion is from all Federal health care programs including:

- Medicare
- Medicaid, and
- All other plans and programs that provide health benefits funded directly or indirectly by the United States (other than the Federal Employees Health Benefits Plan)

The effect of exclusion is that no payment will be made by any Federal health care program for any items or services furnished, ordered or prescribed by an excluded individual or entity.

This payment prohibition applies to:

- The excluded person,

- Anyone who employs or contracts with the excluded person.
- Any hospital or other provider for which the excluded person provides services, and
- Anyone else.

What happens if a claim is submitted from an excluded individual/entity?

Financial penalties:

- An excluded person that submits a claim for payment to a Federal health care program, or causes such a claim to be submitted, may be subject to civil monetary penalties (CMP) of \$10,000 for each claimed item or service furnished during the period that the person was excluded.
- The person may also be subject to an assessment of up to three times the amount claimed for each item or service.
- An excluded person may be civilly liable under the False Claims Act for knowingly presenting or causing to be presented a false or fraudulent claim for payment.

What happens if a health care provider contracts with an excluded individual for services?

- 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 CMP liability if the excluded person provides services payable, directly or indirectly, by a Federal health care program. OIG may impose CMPs of up to \$10,000 for each item or service furnished by the excluded person for which Federal program payment is sought, as well as an assessment of up to three times the amount claimed, and program exclusion

Criminal penalties:

- Violation of an exclusion is grounds for OIG to deny reinstatement to Federal health care programs. Such exclusion violations may lead to criminal prosecutions or civil actions in addition to the CMPs for violation of OIG exclusion. An excluded person that knowingly conceals or fails to disclose any action affecting the ability to receive any benefit or payment with the intent to fraudulently receive such benefit or payment may be subject to criminal liability. Other criminal statutes may also apply to such violations.

How Often Should Exclusion Checks Be Done?

While there is no statutory or regulatory requirement to check the LEIE, the OIG recommends that providers screen their employees, contractors and volunteers for exclusion prior to employment or engagement and on a monthly basis to minimize risk.

While the OIG does not require monthly checks, they suggest it be done at this frequency as guidance. Providers that conduct monthly checks may be in a better position to defend situations in which excluded persons are discovered on their payrolls or among their vendors and other contractors.

Reinstatement

Reinstatement of excluded entities and individuals is not automatic once the specified period of exclusion ends. Those wishing to again participate in the Medicare, Medicaid and all Federal health care programs must apply for reinstatement and receive authorized notice from OIG that reinstatement has been granted.

Applying for Reinstatement

To apply for reinstatement, send a written request to OIG at the address below. OIG will then provide Statement and Authorization forms that you must complete, have notarized and return. The information contained in these forms will be evaluated and a written notification of OIG's final decision on reinstatement will be sent to you. Generally, this process requires up to 120 days to complete, but can take longer.

Excluded providers may begin the process of reinstatement 90 days before the end of the period specified in the exclusion notice letter. Premature requests will not be considered. If reinstatement is denied, the excluded party is eligible to reapply after one year.

To apply for reinstatement, send a written request to:

HHS, OIG, OI

Attn: Exclusions

P.O. Box 23871

Washington, DC 20026

Fax: (202) 691-2298

Input Data:

- It takes First Name and Last Name to search any data from the database.
- It accepts EIN and SSN to verify any provider details.

Output Data:

- A complete database in CSV format or EXE|Zip format.
- Search result can be of individual provider or Organization.
- Database with the list of providers who are granted for reinstatement for each month.