

PROVIDER BULLETIN NO. 09-02

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TO: All Providers Participating in the Nebraska Medicaid Program

FROM: Vivianne M. Chaumont, Director, 
Division of Medicaid & Long-Term Care

BY: Erica Brooks and Karen Cheloha
Program Integrity

RE: **Provider responsibility to screen employees and contractors for HHS-OIG exclusion status.**

Please share this information with administrative staff.

The purpose of this notice is to remind all providers of your responsibility to screen your employees and contractors for exclusion status.

The HHS Office of Inspector General (HHS-OIG) excludes individuals and entities from participation in Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), and all Federal health care programs.

When the HHS-OIG has excluded a provider, Medicaid and SCHIP are generally prohibited from paying for items or services furnished, ordered, or prescribed by excluded individuals or entities. This payment ban applies to any items or services reimbursable under a Medicaid program that are furnished by an excluded individual or entity, and extends to:

- all methods of reimbursement, whether payment results from itemized claims, cost reports, fee schedules, or a prospective payment system;
- payment for administrative and management services not directly related to patient care, but that are a necessary component of providing items and services to Medicaid recipients, when those payments are reported on a cost report or are otherwise payable by the Medicaid program; and
- payment to cover an excluded individual's salary, expenses or fringe benefits, regardless of whether they provide direct patient care, when those payments are reported on a cost report or are otherwise payable by the Medicaid program.

In addition, Medicaid payments cannot be made for any items or services directed or prescribed by an excluded physician or other authorized person when the individual or entity furnishing the services either knew or should have known of the exclusion. This prohibition applies even when the Medicaid payment itself is made to another provider, practitioner or supplier that is not excluded.

Provider Responsibilities

Providers have an obligation to screen employees and contractors to determine whether any of them have been excluded and are required to search the HHS-OIG website monthly to capture exclusions and reinstatements that have occurred since the last search. Providers can search the HHS-OIG website, located at <http://www.oig.hhs.gov/fraud/exclusions.asp>, by the name of any individual or entity. When a match is identified, it is possible for the searcher to verify the accuracy of the match using a Social Security Number or Employer Identification Number. Providers are required to immediately report any exclusion information discovered to Medicaid Program Integrity staff.

Civil monetary penalties may be imposed against Medicaid providers and managed care entities who employ or enter into contracts with excluded individuals or entities to provide items or services to Medicaid recipients. Additionally, providers who fail to comply with exclusion screening and reporting may jeopardize their status as an enrolled Medicaid provider.

If you have questions about this Provider Bulletin, please contact Erica Brooks 402-471-1868 or Karen Cheloha 402-471-9394.