What Is the LEIE and What Does it Mean to Your Practice?

By: Julie Sheppard, BSN, JD, CHC

The Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) is a database that is updated monthly. Healthcare providers have a duty to screen prospective and current employees against the LEIE.

The Rule

Sections 1128 and 1156 of the Social Security Act provide authority to the OIG to exclude individuals and entities from federal health care programs like Medicare and Medicaid. Individuals may be excluded for reasons that fall into one of two categories: permissive or mandatory. However, exclusions are applied broadly in both categories. Excluded individuals are prohibited from furnishing all types of services including administrative and management services.

The Patient Protection and Affordable Care Act of 2010 along with other statutory amendments have strengthened and expanded the OIG's authority to exclude individuals and entities from the federal health care programs.

On May 8, 2013, the OIG issued an updated special advisory bulletin on the effect of exclusion from federal health care programs. The publication of the original Bulletin in 1999 coincided with the beginning of significant and ongoing OIG initiatives to ensure compliance with and enforcement of exclusions.

The Screening

Providers need to routinely check the LEIE to ensure that new hires and current employees are not on the excluded list. Providers have an obligation to screen current and potential employees against the OIG's LEIE, and a monthly screening is the best way to minimize potential overpayment and CMP liability.

Screening is a relatively simple process that involves entering an individual's name and completing a search on the OIG Web site http://exclusions.oig.hhs.gov. In the event that a provider determines they have employed an individual on the list, they must disclose to the government that they have employed an excluded person. The OIG's Self-Disclosure Protocol (SDP) may be followed to disclose and resolve the potential of liability.

The Liability

Providers that employ an individual that the provider knows or should know is excluded may be subject to Civil Monetary Penalties (CMPs) of up to \$10,000 for each claimed item or service furnished to a federal health care program. An assessment of up to three times the amount claimed for each item or service may be applied. Additionally, a provider may face exclusion from participating in federal health care programs. More information is available online at http://oig.hhs.gov/exclusions/background.asp

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