



PRACTICAL TIPS FOR SCREENING THE OIG'S LIST OF EXCLUDED INDIVIDUALS AND ENTITIES

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During my 11-year tenure as the U.S. Department of Health and Human Services Inspector General, I established the healthcare related excluded parties list, which became the "List of Excluded Individuals and Entities" (LEIE). Healthcare providers are required to check all individuals and entities engaged in federal healthcare program business against the LEIE. On a continuous basis, the Office of Inspector General adds a number of newly excluded individuals and entities as the result of imposed administrative sanctions. A look back over the last three years, the OIG has excluded 10,363 individuals and entities from participation in federal healthcare programs. This number highlights the need for on-going screening of the LEIE. As the former Inspector General I am offering six practical tips of conducting checks against the LEIE.

First, ensure that periodic sanction screenings are conducted for all employees, medical staff, contractors and vendors against the LEIE and not just at time of engagement. It is not uncommon for individuals to be the subject of an investigation and then sanctioned after they are already in a new job. Final actions can take considerable time. An individual may pass a sanction screen at the time of engagement but later have a sanction imposed.

Second, maintain a complete record of the sanction screening to evidence that compliance with screening mandates. The individual(s) conducting the sanction screening should sign a note of attestation that screening was completed and keep the attestation with the report. If you are using a vendor to conduct sanction screening on behalf of the organization, then the vendor should provide a full [certified report each time they perform their service](#).

Third, to further guard against engaging someone who may pass a sanction screening today, but not later, it is a best practice [to develop a compliance policy](#). The Policy should address that as a condition of employment, gaining staff privileges or engagement, employees attest that they have not been, nor are they now, the subject of an investigation by any duly authorized regulatory or enforcement agency. It is also advisable to add as a condition of engagement that employees must promptly report to the organization any notice of investigation that involves them.

Fourth, at [CMS's urging](#), nearly half of the states have developed their own Medicaid exclusion/sanction database. Many states have taken a step further by mandating providers to conduct monthly screenings. Therefore, care should be taken to meet state screening requirements in addition to checking the LEIE. For those organizations that cross state lines, it is particularly important to ensure compliance with all sanction screening mandates that vary from state to state.

Fifth, inasmuch most OIG exclusions arise from an underlying court, state agency or licensure board action, it is still a critical part of the credentialing process to verify that healthcare professionals are duly licensed and are not under any restrictions. CMS may consider organizations in violation of conditions of participation if they engage or grant staff privileges to individuals who have license restrictions.

Sixth, it is critical to educate and inform management and employees of their obligation to promptly report any notification of an adverse action by any duly authorized regulatory or enforcement agency. [Policies should be implemented](#) to reinforce this.

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