

A3.3 – EXCLUDED PROVIDERS

Purpose

The purpose of this policy is to describe the Iowa HHS process for ensuring SR compliance with the expectation that if family planning services are provided by a contract, CSPs providing direct services under each SR are not listed as excluded providers under Medicaid and/or Medicare and state healthcare programs. SRs shall check the exclusion status of individuals/entities prior to entering into employment or contractual relationships and at least annually thereafter.

Policy

The effect of an exclusion (not being able to participate) is:

- 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. Federal health care programs include 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). For exclusions implemented prior to August 4, 1997, the exclusion covers the following federal healthcare programs: Medicare (Title XVIII), Medicaid (Title XIX), Maternal and Child Health Services Block Grant (Title V), Block Grants to States for Social Services (Title XX) and State Children's Health Insurance (Title XXI) programs.
- No program payment will be made for anything that an excluded person furnishes, orders or prescribes. This payment prohibition applies to the excluded person, anyone who employs or contracts with the excluded person, any hospital or other provider where the excluded person provides services and anyone else. The exclusion applies regardless of who submits the claims and applies to all administrative and management services furnished by the excluded person.
- There is a limited exception to exclusions for the provision of certain emergency items or services not provided in a hospital emergency room. See regulations at 42 CFR 1001.1901(c)

Procedure

The SR shall:

- Check the [List of Excluded Individuals and Entities \(LEIE\)](#) site prior to entering into employment or contractual relationships.
- Check the site at least annually for current employees and contractors. Contractors should search the HHS-OIG website to capture exclusions and reinstatements that have occurred since the last search.
- Document that the search was complete for all employees, subcontractors, and SR staff.

Iowa HHS will monitor this on an annual basis as part of the SR site visit and/or grant application submission.

Date Revised	September 2023
References	

<p>Additional Resources</p>	<p><u>DHHS OIG Exclusions Program Background Information</u> <u>DHHS OIG Exclusions Program</u> <u>“Special Advisory Bulletin: The Effect of Exclusion From Participation in Federal Health Care Programs” State Medicaid Director Letter dated January 16, 2009 (SMDL #09-001)</u> <u>IME Informational Letter #1001 of April 8, 2011</u> <u>Section 1903(i)(2) of the Social Security Act (the Act);</u> <u>42 CFR section 1001.1901(b); section 1128B based on the authority contained in various sections of the Act, including sections 1128, 1128A, and 1156.</u> <u>Iowa Administrative Code 441-79.2.</u></p>
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