

MEDICARE PART A BULLETIN

November 5, 1997

General Medicare Bulletin G-304

TO: All Medicare Providers

FROM: Program Relations

SUBJECT: **REPORT OF MEDICARE SANCTION AND/OR REINSTATEMENT NOTIFICATIONS FOR FLORIDA INDIVIDUALS/ENTITIES RECEIVED THROUGH SEPTEMBER, 1997 AND IMPLEMENTATION OF NEW PROCESS FOR NOTIFICATION OF SANCTIONED/REINSTATED PROVIDERS VIA THE INTERNET**

Attention Business Office Manager: Please distribute to the appropriate health care facility personnel.

The Office of the Inspector General (OIG) keeps public records of individuals/entities that are excluded from reimbursement under Medicare (Title XVIII of the Social Security Act). Medicare Part A has published this information as it relates to Florida via General Medicare Bulletins. However, as of March, 1997, a government Internet website was established to provide comprehensive sanction/reinstatement information on a national basis. This "website" is updated daily and providers should visit www.arnet.gov/epl/ for the list of debarred, excluded, suspended and/or reinstated providers.

As a cost saving measure and to align our process with the Medicare Carrier, Medicare Part A will no longer provide this information via the bulletin mechanism. However, we are exploring the feasibility of providing the sanction/reinstatement information via the Bulletin Board System (BBS), as a future enhancement.

The OIG has notified Medicare that individuals/entities identified through Attachment II of this bulletin are excluded from reimbursement under Medicare (Title XVIII of the Social Security Act). In addition to identifying information pertaining to the sanctioned party, the listing (Attachment II) shows the specialty, notice date, sanction period and reason for sanction being imposed, or the sections of the Social Security Act used in arriving at the determination to impose a sanction. The sections of the Act used to impose the sanction are defined in Attachment I. In addition, individuals/entities reinstated under Medicare are identified in Attachment III.

The provisions of exclusion are as follows:

DENIAL OF PAYMENT TO AN EXCLUDED PARTY

- (1) Medicare payment will not be made to an excluded party (who has accepted assignment or for the beneficiary's claim) for items and services furnished on or after the effective date of the sanction.

- (2) An assignment of a beneficiary's claim that is made to an individual or supplier on or after the effective date of the sanction is not valid.

DENIAL OF PAYMENT TO A SUPPLIER

- (1) Medicare payment will not be made to a supplier (e.g., durable medical equipment supplier or laboratory) that is wholly owned by an excluded party for items and services furnished on or after the effective date of the sanction if the supplier has accepted assignment for the beneficiary's claim.
- (2) An assignment of a beneficiary's claim that is made on or after the effective date of the sanction to a supplier that is wholly owned by an excluded party is not valid.

DENIAL OF PAYMENT TO A PROVIDER OF SERVICE

- (1) Medicare payment will not be made to a provider for services performed or items received, including services performed under contract, by an excluded party or by a supplier which is wholly owned by an excluded party on or after the effective date of the sanction.

DENIAL OF PAYMENT TO BENEFICIARIES

If a beneficiary submits claims for items or services furnished by an excluded party or by a supplier which is wholly owned by an excluded party, on or after the effective date of the sanction:

- (1) Medicare payment may be made for the first claim submitted by the beneficiary and the Medicare program will immediately give the beneficiary notice of the sanction; and
- (2) The Medicare program will not pay the beneficiary for items of services furnished more than 15 days after the date on the notice to the beneficiary.

EXCEPTIONS: Payment is available for services or items provided up to 30 days after the effective date of the sanction for:

- (1) Inpatient hospital services or post hospital skilled nursing facility services or items furnished to a beneficiary who was admitted to a hospital or skilled nursing facility before the effective date of the sanction; and
- (2) Home health services or items furnished under a plan of treatment established before the effective date of the sanction.

The "Medicare and Medicaid Patient and Program Protection Act of 1987" (P.L. 100-93) does permit payment for an emergency item or service furnished by an excluded individual or entity.

At the conclusion of the designated period of sanction, an individual and/or entity may be eligible for reinstatement to the Medicare program. The sanction, which has national effect, is in addition to any sanction an individual state may impose under the authority of state law.

Questions regarding this bulletin may be directed to the Medicare Part A Customer Service Department by calling (904) 355-8899.

NOTE: The following attachments are NOT available in this format; Attachment I: Sections of the Social Security Act, Attachment II: Individuals/Entities Sanctioned under Medicare, Attachment III: Individuals/Entities Reinstated under Medicare. Visit www.arnet.gov/epl/ for the list of debarred, excluded, suspended and/or reinstated enhancement.