Program Memorandum Intermediaries/Carriers	Department of Health & Human Services (DHHS)
	Centers for Medicare & Medicaid Services (CMS)

Transmittal AB-01-176	Date: DECEMBER 10, 2001

CHANGE REQUEST 1919

SUBJECT: The Medicare Exclusion Database (MED) Replaces Publication 69

The purpose of this Program Memorandum (PM) is to inform you of changes in the distribution of Publication 69 and its expedited replacement with the Medicare Exclusion Database.

Background:

Publication 69 is a monthly Medicare and Medicaid report that contains information on all exclusions and reinstatement actions in Medicare, Medicaid and other Federal health care programs that have occurred the month prior to the release of the report. CMS receives these lists from the Office of Inspector General (OIG) monthly. In turn, CMS/OCOS distributes the reports via a printed copy as well as electronically. Contractors use Publication 69 to determine if a provider or supplier is excluded from participation in the Medicare and Medicaid programs and/or the reinstatement of the provider.

Medicare requires contractors to ensure that no payments are made with respect to any item or service (other than an emergency item or service) furnished by an individual or entity when such individual or entity is excluded from participation in Medicare /Medicaid programs (including M+C plans). CMS, in conjunction with OIG, recently audited the Medicare contractors to determine their ability to successfully enforce OIG exclusions and concluded that there were problems with the current operational process relating to the data provided by CMS.

In recent years, CMS's Office of Financial Management has worked with a contractor to address the problems identified in the joint audit, and to design a system that incorporates other valuable CMS information. The MED contains a standard format cumulative exclusion database and is designed to communicate with other CMS databases like NSC, OSCAR and the UPIN file. This will ensure that excluded individuals and entities do not violate the terms of their exclusion. The on-line MED is currently in beta testing within CMS. CMS will make the standard files available to the Medicare contractors and CMS staff via ASCII, DB4 and Access format around November 2001.

MED Availability:

CMS/OCOS stopped distributing paper copies of the Publication 69 effective September 2001 and plans to stop distributing electronic files of Publication 69 on or about December 2001. OFM plans to distribute or make available the information contained in Publication 69 to Medicare contractors, Medicaid State Program Integrity staff/Surveillance and Utilization Review staff and other agents of CMS under a Program Memorandum instruction/State Medicaid Director letter.

CMS is alerting current users of Publication 69 that their receipt will cease. For those who believe it is necessary to receive this information, they must request access to the MED.   Entities that will automatically receive the MED include fiscal intermediaries, carriers and selected CMS staff. Medicaid State Agencies, their fiscal agents and any other appropriate entity (i.e. program safeguard contractors) will receive the MED once the appropriate data use agreements are put in place.

CMS-Pub. 60AB

The information contained in Publication 69, absent the social security numbers, are available on the List of Excluded Individuals and Entities (LEIE) at the OIG's website at http://oig.hhs.gov (to access the LEIE, click on EXCLUSIONS DATABASE, then click on ONLINE SEARCHABLE DATABASE or DOWNLOADABLE DATABASE FILE). The LEIE is available in two formats, a downloadable database file and an online searchable database. The online searchable database allows users to enter a social security number and verify if the provider in question is currently excluded. The user will receive either a positive or a negative response as to whether the entered social security number matches a social security number on the exclusion list.

Technical requirements:

The MED is a standard format cumulative exclusion database. The MED is currently available in batch form to all users in three formats (ASCII, DB4, and Access). Users will receive this batch file on a monthly basis. An online graphic user interface (GUI) application is in its final stages of completion for Central Office staff. An online GUI interface is also being developed for distribution to all eligible users. This completion is targeted for the end of this calendar year. The MED has been set up to match with the following CMS databases: UPIN, OSCAR and NSC.

The VMS carriers and DMERCs shall implement the MED data into the VMS standard system as the first phase in automating the information against their billing system. The database consists primarily of three files - a cumulative file which currently contains approximately 30,000 records but will continue to increase since it is cumulative, a monthly sanction file and a monthly reinstatement file both of which will contain approximately 200-300 records. In the file layout, there are 26 columns with text fields that each contains between 4 and 30 characters. These files will be received monthly on or before the 15th of each month. VMS will be responsible for developing software for use by VMS carriers and DMERCs. The carriers and DMERCs will use this software to run information from the MED against the provider file, identify any matches and develop a report. VMS will work with their carriers and DMERCs to develop the system matching criteria. The contractors will use the report to take the appropriate actions for handling excluded providers as outlined in the Program Integrity Manual.

Specific instructions regarding MED distribution will be detailed in a later PM.

The *effective date* for this PM is January 1, 2002.

The *implementation date* for this PM is January 1, 2002.

The *implementation date for standard systems changes* for VIPS Part B and DMERCs is April 1, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after January 1, 2003.

If you have any questions contact Lisa Eggleston at leggleston@cms.hhs.gov or call 410 786-6130.