

OIG exclusion screening

Personnel file checklist

Reviewed 2026-09-09. Every line cites the rule it comes from. This checklist is general information, not legal advice.

FLORIDA MEDICAID

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| ☐ Search the LEIE, SAM and AHCA's final order database monthly for every employee and contractor, and notify AHCA immediately of any exclusion information discovered
Employees and contractors of the enrolled provider Monthly, and immediately on discovery | Florida Medicaid Provider Agreement, para. 5(r), MPA Non-Institutional (December 2023) and MPA Institutional (December 2023), identical text; Fla. Stat. s. 409.913(15)(e) (2025) CONTRACT, Florida Medicaid only. Paragraph 5(r) is verified in the December 2023 forms; confirm it appears in the agreement you actually signed, because the Revised April 2010 Non-Institutional form carried no exclusion screening term. Not a federal or Florida statutory screening duty, but breach of the provider agreement is sanctionable |
| ☐ Search AHCA's final order database at apps.ahca.myflorida.com/dm_web by Party Name, with the category selector set to Medicaid Sanctioned Providers, and save a dated result; resolve any hit by reading the underlying order, because the database carries no SSN, EIN or NPI field
Employees and contractors of a Florida Medicaid provider Monthly | Florida Medicaid Provider Agreement, para. 5(r), MPA Non-Institutional (December 2023) and MPA Institutional (December 2023), identical text; AHCA Public Record Search, read 2026-09-09 CONTRACT, Florida Medicaid only. Note AHCA's caveat that sanctions before July 1, 2009 did not always produce a final order, so a clean result does not cover that period |
| ☐ Report any denial, suspension or exclusion from Medicare or Medicaid in any state, and any license restriction, suspension or revocation, in writing to AHCA
The enrolled provider On occurrence; enrollment changes generally within 30 days | Florida Medicaid Provider Enrollment Policy, February 2026, s. 5.10, incorporated by reference in Rule 59G-1.060, F.A.C.
LAW, Florida Medicaid only. This is a duty to report an exclusion affecting the provider, not a duty to screen staff |
| ☐ Report a change in any principal, including any officer, director, agent, managing employee, affiliated person or 5 percent or greater owner, in writing to AHCA within 30 days
Owners, officers, directors, agents, managing employees, affiliated persons, 5 percent shareholders and partners Within 30 days after the change occurs | Fla. Stat. s. 409.907(3)(k) (2025); sanctionable under s. 409.913(15)(o) LAW, Florida Medicaid only. This is a notice clock, not a screening clock |
| ☐ Retain Medicaid-related records for 5 years from the date the services or goods were furnished, and keep AHCA informed of where they are
The enrolled provider 5 years from date of service | Fla. Stat. s. 409.913(9) (2025); see also s. 409.907(3)(c)
LAW, Florida Medicaid only. Treating the screening log as a covered record is our reading, not the statute's express terms |

POLICY AND LEGAL BASIS

☐ Adopt a written exclusion screening policy stating the legal basis correctly: the payment prohibition and CMP exposure are law, LEIE screening frequency is your decision unless a state program or contract sets it The organization Adopt once, review at least annually	HHS OIG, Updated Special Advisory Bulletin (May 8, 2013), p. 15 OUR RECOMMENDATION. OIG states there is no statutory or regulatory requirement to check the LEIE, so the policy is where you record what you chose and why
☐ Record the screening frequency you chose and the reason, working the four questions: does a contract or state rule set one, what share of revenue is federal, how many contractors and locum staff are in scope, what is your turnover rate The organization At policy adoption and on any contract change	HHS OIG, Updated Special Advisory Bulletin (May 8, 2013), p. 15 OUR RECOMMENDATION, because OIG leaves the frequency to the provider
☐ Name in the policy who runs the searches, how they are run, how a potential match is verified, and what happens when a hit is confirmed The organization; named policy owner At policy adoption	HHS-OIG General Compliance Program Guidance (2023), written policies discussion VOLUNTARY GUIDANCE. OIG states its compliance guidance is not binding on any individual or entity
☐ State in the policy that no federal program payment may be made for items or services furnished by, or at the direction or prescription of, an excluded person, across every payment methodology including bundled and episodic rates The organization Standing	42 C.F.R. 1001.1901(b)(1); OIG bulletin p. 6 OUR RECOMMENDATION for the policy wording. The prohibition it restates is LAW and binds every provider billing federal health care programs
SCOPE: WHO TO SCREEN	
☐ Review each job category and contractual relationship and record whether the item or service is directly or indirectly, in whole or in part, payable by a federal health care program Every job category and contract type At policy adoption and whenever a new job category or contract type is added	HHS OIG, Updated Special Advisory Bulletin (May 8, 2013), pp. 15-16 OIG RECOMMENDATION. This is OIG's stated method, not a rule
☐ Where the answer is yes, screen everyone in that job category or under that contract, not a sample All persons in the in-scope categories, including locum, PRN, per-diem and individually contracted 1099 clinicians Each screening cycle	HHS OIG, Updated Special Advisory Bulletin (May 8, 2013), p. 16 OIG RECOMMENDATION, framed as the best mechanism for limiting CMP liability
☐ Include administrative, management and executive roles, and back-office services such as IT support, billing and accounting, staff training and HR, unless wholly unrelated to federal health care programs Administrators, executive directors, CFOs, HIM and HR leads, office managers, IT and billing vendors Each screening cycle	HHS OIG, Updated Special Advisory Bulletin (May 8, 2013), p. 7 OIG RECOMMENDATION. The prohibition on excluded persons furnishing administrative and management services is LAW; screening these roles is the recommended way to detect it
☐ Include volunteers and unpaid medical staff, because CMP exposure can arise even where the excluded person receives no payment from you Volunteers, unpaid medical staff, non-employed practitioners Each screening cycle	HHS OIG, Updated Special Advisory Bulletin (May 8, 2013), p. 11 OIG RECOMMENDATION. The exposure is LAW; screening is the recommended way to detect it
☐ Search each new referring or certifying physician before accepting the first order, then carry them on the same recurring roster as staff; record the NPI in your log to prove who you searched, but search and resolve by name and then SSN or EIN, because the LEIE's NPI field is empty for most records Ordering, certifying and prescribing practitioners, including non-employed referral sources Before the first order, then each screening cycle	42 C.F.R. 1001.1901(b)(1)(ii); OIG bulletin p. 8 OUR RECOMMENDATION, built on OIG's point-of-service advice. Non-payability where you knew or had reason to know is LAW

☐ Maintain a current roster of owners with a 5 percent or greater interest, officers and managing employees, and screen them Owners, officers, managing employees At enrollment, on any ownership or officer change, and on your recurring cycle	42 C.F.R. 1003.200(b)(3); 42 U.S.C. 1320a-7(b)(8) (entity excluded for a sanctioned controlling person) and (b)(15) (individual excluded for controlling a sanctioned entity) OUR RECOMMENDATION. The exposure is LAW; no federal rule requires you to screen this roster
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RUNNING THE SEARCH

☐ Run the LEIE search before employing or contracting with any person, dated before the start date Employees, contractors, agency staff, vendors in scope Before hire or contract execution	HHS OIG, Updated Special Advisory Bulletin (May 8, 2013), p. 15 OIG RECOMMENDATION, not law
☐ Build the cycle roster from payroll plus the contractor and vendor list, agency and locum assignments, active ordering physicians, and the owner and officer roster The organization Start of each screening cycle	HHS OIG, Updated Special Advisory Bulletin (May 8, 2013), pp. 15-16 (job category test) OUR RECOMMENDATION, built on OIG's job-category method
☐ Use the LEIE as the primary source; treat SAM as a separate record covering OIG exclusions plus federal debarment actions All in-scope persons and entities Standing policy choice	HHS OIG, Updated Special Advisory Bulletin (May 8, 2013), p. 17 OIG RECOMMENDATION, not law
☐ Search every former or alternate name the person has used, including maiden and prior married names, and search hyphenated surnames under each last name Any person with a name change or hyphenated surname Every screening event	HHS-OIG, LEIE Quick Tips and Instructions, read 2026-09-09 OIG RECOMMENDATION. Search mechanics from OIG's Quick Tips page, not law
☐ Use the site's Print Search Results button to save each result Every search Each search	HHS-OIG, LEIE Quick Tips and Instructions, read 2026-09-09 OIG RECOMMENDATION. Search mechanics from OIG's Quick Tips page, not law
☐ Search the SAM.gov exclusions record for in-scope contractors and vendors and save the result; note that the public extract carries no SSN, EIN or date of birth, so a name hit is resolved from the underlying record Contractors, vendors, entities At contracting and on your recurring cycle; monthly if paragraph 5(r) is in your Florida Medicaid provider agreement	SAM Exclusions Public V2 Extract Layout, version 2.1 (Dec. 20, 2019), columns 1-31, read 2026-09-09; Florida Medicaid Provider Agreement, para. 5(r) CONTRACT where paragraph 5(r) is in your executed Florida Medicaid provider agreement. OUR RECOMMENDATION otherwise
☐ Where you participate in a state Medicaid program that publishes an exclusion list, search that list on the same cadence, and treat a confirmed state-list hit as a payment problem even if the person is absent from the LEIE In-scope employees, contractors and entities Same cadence as the LEIE check, or as the state or contract requires	HHS-OIG General Compliance Program Guidance (2023), exclusions discussion; Fla. Stat. s. 409.913(25)(b) (2025) for the Florida payment consequence VOLUNTARY GUIDANCE for the search, unless a state rule or provider agreement makes it binding. The Florida payment denial and repayment consequence is LAW

RESOLVING A MATCH

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| ☐ Treat a first and last name match as a lead, not a finding, and take no employment action until it is verified; pend billing for that person's items and services while the match is open
Any potential match Each time a search returns a possible hit | HHS-OIG, LEIE Quick Tips and Instructions, read 2026-09-09; 42 C.F.R. 1001.1901(b)(1)
OUR RECOMMENDATION on the billing hold. OIG's point that a name match is not sufficient is OIG RECOMMENDATION; the non-payability that makes the hold worthwhile is LAW |
| ☐ Open the Verify link on the candidate record and enter the Social Security Number or Employer Identification Number in the online searchable database
Any potential match Each potential match | HHS-OIG, Exclusions Database Help, read 2026-09-09; OIG bulletin p. 14
OIG RECOMMENDATION. The downloadable file has no SSN or EIN and cannot resolve a match |
| ☐ Where you hold no SSN or EIN, work the fallback ladder: request the identifier, compare occupation, date of birth and address on the LEIE record, contact OIG, and record which fields were compared and who approved the conclusion
Board members, volunteers, small vendors and anyone whose identifier you do not hold Each potential match that cannot be verified by identifier | HHS-OIG, LEIE Quick Tips and Instructions, read 2026-09-09; OIG bulletin p. 17 (LEIE record fields)
OUR RECOMMENDATION. OIG prescribes no fallback method |

DOCUMENTATION

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| ☐ Keep documentation of the initial name search, such as a printed screenshot of the results, plus any additional searches used to resolve a potential match
Every in-scope person, every cycle Every screening cycle | HHS OIG, Updated Special Advisory Bulletin (May 8, 2013), p. 14
OIG RECOMMENDATION. The bulletin states no retention period |
| ☐ Keep a dated log naming the month covered, roster source and headcount, sources searched, searcher, reviewer, per-person outcome and exceptions
The organization Each cycle, logged the day the search is run | Fla. Stat. s. 409.913(22) (2025) for the contemporaneous-records rule in Florida
OUR RECOMMENDATION federally. In Florida Medicaid, s. 409.913(22) is LAW and it is contemporaneity that makes the log usable in a proceeding |
| ☐ Set a written retention period for screening evidence and state its basis; we recommend 6 years to match the CMPL limitations period, treating Florida's 5-year Medicaid record rule as a floor
The organization At policy adoption | OIG Health Care Fraud Self-Disclosure Protocol (2021), s. II.D; Fla. Stat. s. 409.913(9) (2025)
OUR RECOMMENDATION. No federal rule sets a retention period for exclusion screening records |

CONTRACTORS AND VENDORS

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| ☐ Apply the same job-category analysis to contractors, subcontractors and the contractors' own employees that you apply to your own staff, including your billing company
Contractors, subcontractors, staffing agency staff, billing and coding vendors At onboarding of each contract relationship and on your recurring cycle | HHS OIG, Updated Special Advisory Bulletin (May 8, 2013), p. 16
OIG RECOMMENDATION, not law |
| ☐ If you rely on a contractor's screening, put the duty in the contract and request and keep the contractor's screening documentation
Staffing agencies, contracted physician groups, billing and coding vendors At contracting and on each validation cycle | HHS OIG, Updated Special Advisory Bulletin (May 8, 2013), p. 12 n.21 and p. 16
OUR RECOMMENDATION, built to the example OIG gives in footnote 21. Documented reliance may reduce or eliminate the CMP but never the overpayment |

☐ Medicare-certified home health agencies: hold a written agreement with any entity furnishing services under arrangement to your patients; the entity must not have been denied enrollment, excluded, terminated, revoked or debarred Agencies, organizations and individuals furnishing services under arrangement When the arrangement is made and for as long as it is in place	42 C.F.R. 484.105(e)(2)(i)-(iv) LAW, Medicare condition of participation, home health only: the written agreement and the entity's clean status are required. The regulation prescribes no verification act, method or interval; keeping screening evidence is our recommendation for proving the condition is met
☐ Medicaid managed care: read your plan contract for its own screening and flow-down terms, because that is where any managed care screening frequency lives Network providers under a Medicaid managed care plan At contracting and at renewal	42 C.F.R. 438.808(a) and (b)(3) OUR RECOMMENDATION. The federal regulation binds the State; what reaches you is CONTRACT
IF YOU FIND A MATCH	
☐ Remove the confirmed excluded person from all work payable, directly or indirectly, by a federal health care program The confirmed excluded person Immediately on confirmation	42 C.F.R. 1001.1901(b)(1); OIG bulletin pp. 12-13 LAW. OIG defines what an excluded person may not do; it does not instruct you to terminate employment
☐ Determine the exclusion effective date from the OIG record and quantify every item or service claimed from that date forward The organization On discovery	42 C.F.R. 1001.1901(b)(1); 42 C.F.R. 1003.210(a)(4) LAW. Penalty exposure is measured per item or service, not per person or per year
☐ Decide whether to disclose through OIG's Health Care Fraud Self-Disclosure Protocol before the 60-day return deadline runs, not after; if you do disclose, screen all current employees and contractors first and disclose everything found in one submission The organization On identifying potential CMP liability, and before day 60	OIG bulletin p. 13; OIG Health Care Fraud Self-Disclosure Protocol (2021), ss. I.B and III.C OUR RECOMMENDATION on the sequencing. The SDP is voluntary; the screen-everyone-first step is a condition of using it, not a standing legal duty. OIG states CMS agreed to suspend the report and return obligations on a timely SDP submission, and describes the repayment tolling elsewhere as proposed, so take counsel before relying on it
☐ Report and return the identified overpayment by the later of 60 days after identification or the date any corresponding cost report is due, if applicable The provider entity that received the payment Within the statutory window	42 U.S.C. 1320a-7k(d)(2)-(3) (Soc. Sec. Act s. 1128J(d)); 42 C.F.R. 1003.200(b)(8) LAW, Medicare and Medicaid. Not discretionary, unlike self-disclosure. Money retained past the deadline is an obligation for False Claims Act purposes
☐ Document corrective action, including the revised policy or procedure, and keep it permanently The organization After the incident	42 C.F.R. 1003.140(a)(2) OUR RECOMMENDATION on permanence. 42 C.F.R. 1003.140(a)(2) is LAW binding OIG's penalty-setting discretion: timely corrective action should be a mitigating circumstance, with the credit conditioned on SDP disclosure and cooperation
☐ Before returning anyone to federally payable work, obtain and file OIG's written reinstatement notice Any person previously excluded Before rehire or restoration to payable duties	42 C.F.R. 1001.3001(a)(1); 42 C.F.R. 1001.3002(d) OUR RECOMMENDATION on filing the notice. That reinstatement requires OIG action and is not effective until OIG grants it is LAW

FLORIDA LICENSURE

☐ **Track level 2 background rescreening every 5 years for each person in a covered position, and keep the current eligibility determination**

Licensee, administrator, financial officer, controlling interests, and covered employees and contractors of an AHCA-licensed provider under ch. 408, part II | Every 5 years following licensure, employment or entry into the contract

Fla. Stat. s. 408.809(2) (2025)
LAW, Florida only, AHCA-licensed providers under ch. 408 part II. This is criminal history screening and is not an exclusion check. Check whether your license type is covered

Track every screening cycle in one place, with dates you can show

Corvara HR gives you per-requirement tracking of licenses, screenings, trainings and signed policies, each with a due date and a reminder ladder, including recurring monthly items so a screening cycle does not quietly slip. Documents are encrypted at rest, with