SUBJECT: Debarred Providers in the Federal Employees Health Benefits Program

Federal Employee Health Benefits (FEHB) Program carriers are administering two lists of excluded/debarred providers – one for those providers excluded by the Department of Health and Human Services (HHS) prior to 1993, and the other for those debarred by the Office of Personnel Management’s (OPM) Office of Inspector General (OIG) since May of 1993.


“[E]xcept as may be consistent with 5 U.S.C. 8902(f)(1) and (i), no payment may be made from the Employees Health Benefits Fund to any physician, hospital, or other provider of health care services or supplies who is, at the time such services or supplies are provided to an individual covered under Chapter 89 of Title 5, United States Code, excluded, pursuant to section 1128 or 1128A of the Social Security Act (42 U.S.C. 1320a-7 through 1320a-7a), from participation in any program under Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).”

Beginning with fiscal year 2000 the payment prohibition was removed from our appropriations and has not been reinserted or replaced by similar language. The legal effect of the absence of this language is to remove the prohibition from making payments to individuals on the HHS list. The only OPM entity with debarment authority in the FEHB Program is the OIG under 5 U.S.C. § 8902a.

Please adjust your claims systems so that you are no longer denying payment to any provider identified under the appropriations authority as exclusions by HHS prior to January 29, 1992. You should continue your obligations with respect to the debarment and suspension lists issued by the OPM OIG.

Previous Carrier Letters on this topic, CL 93-01 (February 18, 1993) and CL 93-20 (July 16,
1993) are attached for your reference.

Sincerely,

Robert F. Danbeck
Associate Director
for Human Resources Products and Services