

Notice Clearance Package:  
DOCUMENT PROCESSING SYSTEM  

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NOTICE OF BBA 812 MEDICAL PROVIDER  
NON-COMPLIANCE  
Language Creation  
OMB Number: 0960-0803

1/24/2018

## BACKGROUND

The Office of Disability Policy created a notice to notify medical providers that they have failed to comply with the Bipartisan Budget Action (BBA) Section 812. Medical providers must self-identify as violators of BBA 812 if they have been identified by the Department of Health and Human Services (HHS) List of Excluded Individual Entities (LEIE) excluding their participation in Federal health care programs, convicted of a felony, and/or imposed a civil monetary penalty.

Please provide your comments and concurrence/non-concurrence on this notice clearance package. If you have any questions, please contact Zachary Hearn (x5-6601).

### **XXXX BBA Section 812 Letter**

XXXX Exhibit The BBA 812 letter was created to fulfill the requirements outlined in Section 812 of the 2015 BBA. SSA's regulations, found at 20 C.F.R. §§ 404.1503b, 416.903b, require medical providers to notify SSA when presenting evidence if they have been (1) convicted of a felony under section 208 or 1632 of the Social Security Act (Act); (2) excluded from participating in any Federal health care program under section 1128 of the Act; or (3) imposed with a civil monetary penalty (CMP), an assessment, or both, for submitting false evidence under section 1129(l) of the Act. Medical providers who do not comply with the statutory reporting requirements are notified through this letter.

**Current reading grade level:** 11.4

**Volume:** This is a new document; no historical data is available.

**Notice system:**

**POMS Reference:**

DI 23060.020: [Identifying Excluded Medical Sources of Evidence](#)



# Sample BBA 812 Notice

# Social Security Administration

## Important Information

[SSA Component]

[Address Line 1]

[Address Line 2]

[Date]

[Excluded Entity Name/Title]

[Address Line 1]

[Address Line 2]

We are writing to you because we have reason to believe you are a medical source excluded under section 223(d)(5)(C) of the Social Security Act (Act). You are not following the rules for submitting evidence to us as an excluded source. If you do not comply with our regulations when submitting evidence to us, we may refer you to our Office of Inspector General (OIG) for potential further action. This action may include an investigation and civil monetary penalties (CMP).

### **The Regulations You Are Not Following**

Our regulations, 20 C.F.R. 404.1503b and 416.903b, impose specific reporting requirements on medical sources who were:

- convicted of a felony under section 208 or 1632 of the Act,
- excluded from participating in any Federal health care program under section 1128 of the Act, or
- imposed with a CMP, assessment, or both, for submitting false evidence under section 1129 of the Act.

The information we received from the Secretary of the Department of Health & Human Services or our OIG indicates you are one of these medical sources. Our records further indicate you are not complying with the specific reporting requirements that pertain to you as set forth in our regulations. As an excluded medical provider, you are required to provide a written statement of exclusion. The statement must include the following:

- Name and title of the excluded medical source of evidence, and
- Basis for the exclusion.

As applicable, the statement must also include:

- The date of the felony conviction under section 208 or section 1632 of the Act,
- The reason, effective date, and expected length of the exclusion under section 1128 of the Act, and whether the exclusion was waived by the Office of Inspector General of the Department of Health and Human Services, and
- The date of the final decision imposing the CMP, assessment, or both, for submitting false evidence under section 1129 of the Act.

## **We Previously Advised You of These Regulations**

We previously sent you Social Security Administration (SSA) Publication No. 64-106, “Exclusion of Certain Medical Sources’ Evidence,” at the address provided to us by either the Secretary of the Department of Health and Human Services or our OIG. This publication explains our regulations and the specific reporting requirements you must follow. Enclosed please find another copy of this publication. We encourage you to read it carefully.

You may also visit our website at [https://www.ssa.gov/applyfordisability/medical\\_sources.html](https://www.ssa.gov/applyfordisability/medical_sources.html) for additional information, including model documents that you may use to satisfy your specific reporting requirements.

## **If You Have Questions**

If you have questions, you may call us toll-free at 1-800-772-1213. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located:

Social Security Office  
Street address  
City, State Zip

If you call or visit an office, please have this letter with you. It will help us answer your questions. If you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

***Social Security Administration***

Enclosure

[Paperwork Reduction Act Language]

[Privacy Act Language]