

United States Department of Health and Human Services

**DEPARTMENTAL APPEALS BOARD**

Civil Remedies Division

In the Case of:	)	
	)	
	)	Date:
	)	
Petitioner,	)	
	)	Docket No. C-____-_____
- v. -	)	
	)	
The Inspector General.	)	
	)	
_____	)	

**INFORMAL BRIEF OF PETITIONER**

The Inspector General (I.G.) argues that you must be excluded from participating in Medicare, Medicaid, and other federally-funded health care programs for at least \_\_\_\_\_ years, because you were convicted of a criminal offense that is described at section 1128(a)(1) of the Social Security Act and because there is evidence that justifies the length of the exclusion that the I.G. determined to impose.

The issues in this case are whether:

1. The I.G. is required to exclude you; and
2. The length of the exclusion that the I.G. determined to impose is reasonable.

**I. Were you convicted of a criminal offense?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you agree that you were convicted of a criminal offense?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you **disagree**, explain why you disagree. State which exhibits support your argument and explain why they do.

**II. Were you convicted of an offense for which exclusion is required?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

The I.G. argues that you must be excluded because your conviction related to the delivery of an item or service under Medicare or a State health care (a State Medicaid) program.

Do you disagree with the I.G.'s argument? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you **disagree**, explain why you disagree. State which exhibits support your argument and explain why they do.

**III. Is the length of your exclusion unreasonable?** The I.G. argues that there is evidence relating to certain aggravating factors that supports the length of the exclusion.

A. **Do you disagree with the I.G.'s identification of aggravating factors in your case?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If you disagree, state which of the aggravating factors cited by the I.G. you believe are not present. Explain why you disagree. State which exhibits support your argument(s) and explain why they do.

**B. If you agree that there is/are an aggravating factor or factors present in your case but believe that the exclusion is nonetheless not justified by the presence of that factor or factors, explain your reasons for your argument. State which exhibits support your arguments and explain why they do.**

**C. Do you believe that a mitigating factor or factors exist(s) that support(s) reducing the length of your exclusion (before answering this question, read the list of potentially mitigating factors that is set forth at 42 C.F.R. § 1001.102(c))?**

Yes            No

If you believe that a mitigating factor or factors exist(s), state what it is/they are and explain why the presence of the factor or factors should support reducing the length of your exclusion. State which exhibits support your argument(s) and explain why they do.

**IV. Do you believe that an in-person hearing is necessary to decide your case?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any testimony that you wish to offer at an in-person hearing?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you have testimony that you wish to offer, provide the following:

1. The name of each witness whose testimony you want to offer.

2. A description of each witness' proposed testimony and an explanation of why you believe that the testimony relates to any of the arguments you want to offer in connection with items I, II, and III.
  
  
  
  
  
  
  
  
  
  
3. An explanation of why the proposed testimony does not duplicate something that is already stated in an exhibit.

**V. Do you have any other arguments you wish to make?** If so, please state them here. State which exhibits support your argument(s) and explain why they do.

\_\_\_\_\_  
Petitioner or Petitioner's Representative

Date: \_\_\_\_\_