

Chapter:	General Management			
Title:	Board Member Disclosure of Ownership, Controlling Interest, and Criminal Convictions Statement			
Policy: □ Procedure: ⊠ Page: 1 of 3	Review Cycle: Biennial Author: Executive Support Specialist	Adopted Date: 09.13.2022 Review Date: 09.10.2024	Related Policies: New Board Member Orientation Conflict of Interest Policy	

## **Purpose**

Federal regulations require Pre-paid Inpatient Health Plans (PIHPs) to disclose information about Board Members with ownership or control interests in the PIHP. These regulations also require the PIHP to identify and report any additional ownership or control interests in other entities, as well as identify when any of the individuals with ownership or control interests have spousal, parent-child, or sibling relationships with each other. To ensure timely and accurate information is obtained from the MSHN Board of Directors (BOD) and Substance Use Disorder Oversight Policy Advisory Board (OPB) members. To ensure record retention is in accordance with MSHN policy.

## **Procedure**

Initial Disclosure of Ownership, Controlling Interest, and Criminal Conviction Statement is included in the BOD and OPB New Member Orientation packet along with information regarding the disclosure requirement. BOD/OPB members may choose to electronically complete the disclosure form through DocuSign. BOD/OPB members must complete the form in its entirety, sign and date. Additional information may be provided on separate sheets, if necessary.

- The disclosure form is reviewed for completion, including signature and date by MSHNs Executive Support Specialist.
  - If a BOD/OPB member answers 'yes' to any question, additional information must be provided.
- The completed disclosure form is uploaded to the Board Member Information folder in Box by the MSHN Executive Support Specialist. NOTE: Access to this folder is limited to certain MSHN staff.
- Initial Board Disclosure form(s) are reviewed for disclosures and new BOD/OPB members are added to the VerifyComply System, as detailed below.
- The MSHN Executive Support Specialist adds the initial disclosure date to the disclosure tracking database.

Annually, BOD and OPB members must update the disclosure form:

- In May of each year, the MSHN Executive Support Specialist will provide the BOD members a disclosure form for completion. In June of each year, the MSHN Executive Support Specialist will provide the OPB members a disclosure form for completion.
- MSHNs Executive Support Specialist will review the forms for disclosures and the updated disclosure date is added to the disclosure tracking database.

VerifyComply System:

- The VerifyComply system is utilized to complete a verification of the individuals listed against the Office of Inspector General's (OIG) exclusions database to ensure the individual has not been excluded from participating in Medicare, Medicaid or any other Federal health care programs.
- New BOD/OPB members name, address, date of birth and social security number are provided to the MSHN Contract Specialist to add to the master list contained in the VerifyComply secure online system. MSHNs Executive Support Specialist performs a single search on the new BOD/OPB member by adding their name into the VerifyComply system.
- Once a month the VerifyComply system performs a check on everyone listed on the MSHN database list in the VerifyComply system.
- If a BOD/OPB member appears on the VerifyComply exclusions list, MSHNs Chief Compliance and Quality Officer and Deputy Director review in accordance with the Disclosure and Disqualified Procedures. Based on the review, the Deputy Director will draft a recommendation to the Chief Executive Officer for board action.

Upon termination of BOD or OPB member term:

- MSHNs Executive Support Specialist is notified of a BOD or OPB member term end date.
- The respective BOD or OPB member is removed from the VerifyComply database list, and the disclosure tracking database is updated by the MSHN Executive Support Specialist.

### Applies to:

□All Mid-State Health Network Staff ⊠Mid-State Health Network Board Members ⊠Selected MSHN Staff, as follows: Executive Assistant □MSHN CMHSP Participants: □Policy Only □Policy and Procedure □Other: Sub-contract Providers

### **Definitions**:

<u>BOD:</u> Board of Directors <u>MSHN</u>: Mid-State Health Network <u>OIG:</u> Office of Inspector General <u>OPB:</u> Oversight Policy Advisory Board <u>PIHP:</u> Pre-paid Inpatient Health Plan

### **Other Related Materials:**

Disclosure of Ownership, Controlling Interest, and Criminal Conviction Form



References/Legal Authority: Code of Federal Regulations (42 CFR 455.100-106, 455 Subpart B)

# <u>Change Log:</u>

Date of Change	Description of Change	<b>Responsible Party</b>
02/2022	New Procedure	Executive Assistant
06/2022	Biennial Review	Executive Assistant
05/2024	Biennial Review	Executive Support Specialist