

POLICIES AND PROCEDURE MANUAL

Chapter:	Provider Network Management		
Title:	Disclosure of Ownership, Control and Criminal Convictions		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/> Page: 1 of 3	Review Cycle: Biennial Author: Chief Financial Officer	Adopted Date: 08.17.2015 Review Date: 07.01.2025	Related Policies: Provider Network Management Provider Credentialing/Re-credentialing Quality Monitoring and Oversight

Purpose

Federal regulations require Prepaid Inpatient Health Plans (PIHPs) to obtain, maintain, disclose and furnish required information about individuals with ownership or control interests, business transactions, and criminal convictions in the PIHP. These regulations also require the PIHP to identify and report any additional ownership or control interests for those individuals 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.

Procedure

Disclosure Statement

MSHN/CMHSPs and SUDSPs must require written disclosure from any director, officer, partner, managing employee, person with beneficial ownership of more than 5% of equity, network provider, subcontractor, or person with employment, consulting or any other contractual agreement of person(s) described above.

The MSHN/CMHSP/SUDSP disclosure statements must include the following information:

- Name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity. The address for corporate entities must include primary business address, every business location, and P.O. Box location.
- Date of birth and Social Security number of each person with an ownership or control interest in the disclosing entity.
- Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity or in any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity is related to another person with an ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child, or sibling.
- The name of any other disclosing entity in which the owner(s) of the disclosing entity has an ownership or control interest.
- The name, address, date of birth, and Social Security number of any managing employee of the disclosing entity
The identity of any individual who has an ownership or control interest in the provider or is an agent or managing employee of the provider and has been convicted of a criminal offense related

to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.

- Acknowledgement of Privacy Policy outlining how the provided information will be protected.

Monitoring Provider Networks

MSHN/CMHSP/SUDSP must search the OIG exclusions databases monthly to capture exclusions and reinstatements that have occurred since the last search, and at any time providers submit new disclosure information.

The United States General Services Administration (GSA) maintains a list of parties excluded from federal programs. The "excluded parties lists" (EPLS) and any rules and/or restrictions pertaining to the use of EPLS data can be found on GSA's web page at the following internet address: <http://exclusions.oig.hhs.gov> and <http://sam.gov>. The state sanctioned list is at: www.michigan.gov/medicaidproviders click on Billing and Reimbursement, click on List of Sanctioned Providers. See MSHN Background Check Procedure.

Applies to:

- ☒ All Mid-State Health Network Staff
- ☐ Selected MSHN Staff, as follows:
 - ☒ MSHN CMHSP Participants: ☐ Policy Only ☒ Policy and Procedure
 - ☒ Other: Sub-contract Providers

Definitions

BPHASA: Behavioral and Physical Health and Aging Services

CFR: Code of Federal Regulations

CMS: Centers for Medicare & Medicaid Services

Credentialing: Confirmation system of the qualification of healthcare providers.

CMHSP: Community Mental Health Services Program

EPLS: Excluded Parties Lists

Excluded: 'Excluded' individuals or entities are individuals or entities that have been excluded from participating, but not reinstated, in the Medicare, Medicaid, or any other Federal health care programs. Bases for exclusion include convictions for program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance loans.

FAR: Federal Acquisition Regulation (FAR)

GSA: General Services Administration administers EPLS and SAM, both of which contain debarment actions taken by various Federal agencies, including exclusion actions taken by the OIG. The List of Excluded Individuals/Entities contains only the exclusion actions taken by the OIG. You may access the EPLS at: <http://www.epls.gov> and SAM at <https://www.sam.gov>.

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

OIG: Office of Inspector General

OIG Exclusion Database: Online searchable database which enables users to enter the name of an individual or entity and determine whether they are currently excluded from participating in Medicaid/Medicare programs

PIHP: Prepaid Inpatient Health Plan

Re-credentialing: Process of updating and re-verifying credential information; MSHN conducts re-credentialing on an annual basis.

SUDSP: Substance Use Disorder Service Provider

References/Legal Authority

42 CFR 438.230

42 CFR 438.608;

42 CFR 438.610

48 CFR 2.101

42 CFR 455.104-106

MDHHS Medicaid Managed Specialty Supports and Services Contract

MSHN Quality Monitoring and Oversight Policy

MSHN Background Check Procedure

MSHN Disqualified Provider Policy

MSHN Monitoring and Oversight Policy

Attachments

MSHN Ownership
and Disclosure Form

Change Log

Date of Change	Description of Change	Responsible Party
07.22.2015	New Procedure	Credentialing Specialist
08.2017	Annual Review – expanded language from PIHP contract	Director, Provider Network Management Systems
1.2020	Annual Review – no changes	Director, Provider Network Management Systems
11.2021	Biennial Review – No Changes	Contract Specialist
12.2023	Procedure Update	Chief Financial Officer, Contract Specialist
05.2024	Updated to include OIG feedback	Chief Compliance and Quality Officer, Compliance Administrator
1.2025	Included language from MDHHS FY25 Contract Requirements	Compliance Administrator