

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 4	Review Cycle: Biennial Author: Chief Financial Officer	Adopted Date: 08.17.2015 Review Date: 09.10.2024	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

In order to comply with 42 Code of Federal Regulations (CFR) 438.610, Mid-State Health Network (MSHN) and its Community Mental Health Service Participants (CMHSPs) and Substance Use Disorder Service Providers (SUDSPs) may not have any of the following relationships with an individual who is excluded from participating in Federal health care programs:

- Excluded individuals cannot be a director, officer, or partner of MSHN/CMHSP/SUDSP
- Excluded individuals cannot have a beneficial ownership of five percent or more of the MSHN/CMHSP/SUDSP equity; and
- Excluded individuals cannot have an employment, consulting, or other arrangement with MSHN/CMHSP/SUDSP for the provision of items or services that are significant and material to MSHNs obligations under its contract with the State.

Disclosure Statement

The MSHN/CMHSP/SUDSP disclosure statement will 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 an owner 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.

Time of Disclosure

MSHN/CMHSP/SUDSP will obtain disclosure statements from its providers and contractors at any of the following times:

- When the provider submits a provider application;
- Upon execution of the provider agreement;
- During re-credentialing or re-contracting;
- Within 35 days of any change in ownership of a disclosing entity.

Monitoring Provider Networks

At the time of provider enrollment or re-enrollment in the MSHN/CMHSP/SUDSP provider network, MSHN/CMHSP/SUDSP must search the Office of Inspector General's (OIG) exclusions database to ensure that the provider entity, and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee), have not been excluded from participating in federal health care programs. Because these search activities must include determining whether any individuals with ownership or control interests in the provider entity appear on the OIG's exclusions database, MSHN/CMHSP/SUDSP must mandate provider entity disclosure of ownership and control information at the time of provider enrollment, reenrollment, or whenever a change in provider entity ownership or control takes place.

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. CMHSP/SUDSP will notify MSHN if search results include individual or organizational providers, contracted or directly employed, by the CMHSP/SUDSP. MSHN will then notify the Behavioral and Physical Health and Aging Services Administration (BPHASA) at Michigan Department of Health and Human Services (MDHHS) and the MDHHS-OIG immediately if search results indicate that any of their network's provider entities, or individuals or entities with ownership or control interests in a provider entity are on the exclusions or sanctioned databases. MDHHS will review ownership and control disclosures submitted by MSHN and any of the MSHN subcontractors and/or Network Providers.

Reporting Criminal Convictions

CMHSP/SUDSPs will notify MSHN of any criminal offense disclosures. MSHN designee will notify the MDHHS -BPHASA any disclosures are made by providers with regard to criminal offense described under sections 1128(a) and 1128(b)(1)(2), or (3) of the Social Security Act. Additionally, CMSHPs must notify the MSHN Quality and Compliance Officer. Those offenses include convictions of program-related crimes, patient abuse, healthcare fraud, and controlled substances.

- The ownership or control by a person that has been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1)(2), or (3) of the Social Security Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act have been made by any internal or external employee, contractor or applicant.
- Any staff member, director, or manager of MSHN, individual with beneficial ownership of five percent or more, or an individual with an employment, consulting, or other arrangement with MSHN has been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1)(2), or (3) of the Social Security Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act.

Notifying MDHHS of Administrative Actions that Could Lead to Formal Exclusion

MSHN must promptly notify the MDHHS-BPHASA and MDHHS_OIG if it has taken any administrative action that limits a provider's participation in the Medicaid program, including any provider entity conduct that results in suspension or termination from its provider network.

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. Lists must be checked monthly.

Delegation and Oversight

Through the Delegated Managed Care Review process outlined in the MSHN Quality Monitoring and Oversight Policy, MSHN ensures that its contractors and sub-contractors have processes for obtaining attestation of criminal convictions and full disclosures identified in 42 CFR Part 455 Subpart B and that policies and procedures for subcontracting, employment, and credentialing include requirements to report to the PIHP any criminal convictions described under 1128 (a) and 1128 (b)(1)(2), or (3) of the Act or that have had civil monetary penalties or assessments imposed under section 1128 A of the Act.

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

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.

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

Internal: MSHN Quality Monitoring and Oversight Policy

External: 42CFR §455.104-106; 42CFR 438.608; The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s) Social Security Act, Sections 1128(a) and 1128(b)(1)(2), or (3)

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