

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	Provider Network Management		
<b>Title:</b>	Disclosure of Ownership, Control, and Criminal Convictions		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 01.05.2016	<b>Related Policies:</b> Provider Network Management Provider Credentialing and Re-Credentialing Quality Monitoring and Oversight
<b>Procedure:</b> <input type="checkbox"/>	<b>Author:</b> Chief Financial Officer	<b>Review Date:</b> 03.05.2024	
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**Purpose**

Federal regulations require Prepaid Inpatient Health Plans (PIHPs) to disclose information about individuals with ownership or control interests 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.

**Policy**

Mid-State Health Network (MSHN) and Community Mental Health Service Providers (CMHSP) shall comply with the federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 Code of Federal Regulations (CFR) §455 Subpart B. In addition, MSHN shall ensure that any and all contracts, agreements, purchase orders, or leases to obtain spaces, supplies, equipment, or services provided under the Medicaid agreement require compliance with 42 CFR §455.104-106.

MSHN shall develop procedures to address the following:

- disclosure statement requirements;
- when disclosures are obtained;
- monitoring provider networks;
- reporting with regard to criminal offense;
- delegation and oversight

**Applies to:**

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

**Definitions**

- CFR: Code of Federal Regulations
- CMHSP: Community Mental Health Services Program
- MSHN: Mid-State Health Network
- PIHP: Prepaid Inpatient Health Plan

**References/Legal Authority**

- 42CFR §455 Subpart B
- 42CFR §455.104-106
- 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**

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
07.2015	New policy	Director of Provider Network Management Svcs
11.2017	Annual Review, No Revisions	Director of Provider Network Management Svcs
10. 2018	Annual Review, No Revisions	Director of Provider Network Management Svcs
09.2019	Annual Review, No Revisions	Director of Provider Network Management
11.2021	Biennial Review – No Changes	Contract Specialist
12.2023	Biennial Review	Contract Specialist