MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Compliance		
Title:	**Disqualified Providers**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle: Biennial** **Author:** Chief Compliance & Quality Officer	**Adopted Date: 07.09.2019** **Review Date: 07.07.2026**	**Related Policies:** Provider Network Management Disclosure of Ownership, Control, and Criminal Convictions; Credentialing/Recredentialing

Purpose

To ensure individual providers are eligible to participate in federal and state health care programs (e.g.: Medicaid and Medicare) and are not excluded from participation based on federal and state regulations.

Policy

Mid-State Health Network (MSHN) and its provider network shall not employ, contract with, authorize services for, reimburse services for, or seek reimbursement for services delivered, prescribed, or ordered by any individual if:

1. The individual has received a criminal history screening indicating a mandatory disqualifying conviction identified in 42 USC 1320a-7(a);
2. The individual has been the subject of a substantiated finding; or
3. The individual has direct access, or provides direct services, to program participants in a prescribed setting (inpatient hospital and specialized residential) and the individual has received a criminal history screening indicating a time-limited disqualifying conviction for which the time limitation has not yet been satisfied (MCL 20173a, MCL 330.1134a, MCL 400.734b).
4. The individual does not possess the appropriate/required degree, certification, training, etc. to perform their job functions.

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

Conviction**:** For purposes of the laws mentioned above, an individual or entity is considered to have been convicted of a criminal offense when:

- A judgment of conviction has been entered against the individual or entity by a federal, state, tribal or local court, regardless of whether there is an appeal pending:
- A finding of guilt against the individual or entity by a federal, state, tribal or local court,
- A plea of guilty or nolo contendere by the individual or entity has been accepted by a federal, state, tribal or local court.

Direct Access: Means access to an individual, an individual's property, or an individual's personal financial information (checking account information, credit cards, bank statements, etc.).
MSHN: Mid-State Health Network
Provider Network: Refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through CMHSP subcontractors.

Other Related Materials

Medicaid Service Administration (MSA) Policy Bulletin 18-09: Home Help Agency Provider Standards

References/Legal Authority

42 U.S.C 1320a-7
Michigan Mental Health Code - MCL 330.1134a Public Health Code - MCL 400.734b
Michigan Public Health Code - MCL 333.20173a Public Health Code -MCL 333.18263
42 CFR 441.570
1128 A of the Social Security Act 1128 B
of the Social Security Act
Medicaid Provider Manual: General Information for Providers: Section 6 – Denial of Enrollment, Termination and Suspension
Senate Bill No. 184 (revisions to ABA technician exclusions in the Michigan Public Health Code)
Attachment A: Excluded Convictions Worksheet

Change Log:

Date of Change	Description of Change	Responsible Party
04.25.2019	New Policy	Director of Compliance, Customer Service & Quality
09.2019	Updates based on Medicaid Provider Manual Revisions	Director of Compliance, Customer Service & Quality
10.2019	Added clarification for substantiated recipient rights complaints	Director of Compliance, Customer Service & Quality
12.2019	Added clarification for reporting disqualifications to MSHN and for substantiated recipient rights complaints	Director of Compliance, Customer Service & Quality
08.2021	Bi-Annual Review; Updated references; Added language consistent with Medicaid Provider Manual; added reference on staff qualifications	Chief Compliance and Quality Officer
08.2023	Biennial Review; Updates under “Reporting” section	Chief Compliance and Quality Officer
01/16/2026	Revised to include changes to the Medicaid Provider Manual	Chief Compliance and Quality Officer
06/2026	Removed procedural tasks to a new procedure	Chief Compliance and Quality Officer