

# ▶ Northern Michigan Regional Entity (NMRE)

The Prepaid Inpatient Health Plan for 21 counties in  
Northern Michigan

# Some items for today

- ▶ Who is NMRE
- ▶ Disclosure of Ownership
- ▶ Exclusions Databases

# Medicaid Contract (fund) Flow

MDHHS ➡ PIHP ➡ CMH ➡ Provider

- ▶ MDHHS/PIHP Contract: PIHP must: (a) be the sole point of contact regarding all contractual matters, including payment and charges for all Contract Activities; (b) make all payments to subcontractor(s); and (c) **incorporate the terms and conditions contained in this Contract in any subcontract with a subcontractor**. PIHP remains responsible for the completion of the Contract Activities. The State, in its sole discretion, may require the replacement of any subcontractor.
- ▶ PIHP/CMH Contract: Contractually Obligated Payer Administrative Functions.
  1. Access, 2. Grievance and Appeal, 3. Provider Network Management, 4. Customer Service, 5. Utilization Management
- ▶ CMH/Provider Contracts

# Disclosure of Ownership

- ▶ Who, What, When, Why
- ▶ Disclosing Entity: A Medicaid provider (other than an individual practitioner or group of practitioners), or a contractor that pays vendor claims for a Medicaid agency.
  - ▶ 42 CFR 455 (...104-107)
- ▶ <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-B?toc=1>

# Disclosure of Ownership

## ► Who

### **§ 455.104 Disclosure by Medicaid providers and fiscal agents: Information on ownership and control.**

- (a) *Who must provide disclosures.* The Medicaid agency must obtain disclosures from disclosing entities, fiscal agents, and managed care entities.

# Disclosure of Ownership

## ► When

(c) *When the disclosures must be provided -*

- (1) *Disclosures from providers or disclosing entities.* Disclosure from any provider or disclosing entity is due at any of the following times:
  - (i) Upon the provider or disclosing entity submitting the provider application.
  - (ii) Upon the provider or disclosing entity executing the provider agreement.
  - (iii) Upon request of the Medicaid agency during the re-validation of enrollment process under [§ 455.414](#).
  - (iv) Within 35 days after any change in ownership of the disclosing entity.

# Disclosure of Ownership

## ► What

- (b) **What disclosures must be provided.** The Medicaid agency must require that disclosing entities, fiscal agents, and managed care entities provide the following disclosures:
- (1)
    - (i) The name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent, or managed care entity. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address.
    - (ii) Date of birth and Social Security Number (in the case of an individual).
    - (iii) Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) or in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest.
  - (2) Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) is related to another person with 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 (or fiscal agent or managed care entity) has a 5 percent or more interest is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.
  - (3) The name of any other disclosing entity (or fiscal agent or managed care entity) in which an owner of the disclosing entity (or fiscal agent or managed care entity) has an ownership or control interest.
  - (4) The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity (or fiscal agent or managed care entity).

# Disclosure of Ownership

## ► Why

- (d) *To whom must the disclosures be provided.* All disclosures must be provided to the Medicaid agency.
- (e) *Consequences for failure to provide required disclosures.* Federal financial participation (FFP) is not available in payments made to a disclosing entity that fails to disclose ownership or control information as required by this section.



# Disclosure of Ownership

- ▶ Also significant business transactions, persons convicted of crimes

**(b) Information that must be submitted.** A provider must submit, within 35 days of the date on a request by the [Secretary](#) or the [Medicaid](#) agency, full and complete information about -

- (1) The ownership of any [subcontractor](#) with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
- (2) Any [significant business transactions](#) between the provider and any [wholly owned supplier](#), or between the provider and any [subcontractor](#), during the 5-year period ending on the date of the request.

- ▶ Persons convicted of crimes → CMH notifies OIG & may deny participation

## § 455.106 Disclosure by providers: Information on [persons](#) convicted of crimes.

**(a) Information that must be disclosed.** Before the [Medicaid](#) agency enters into or renews a provider agreement, or at any time upon written request by the [Medicaid](#) agency, the provider must disclose to the [Medicaid](#) agency the identity of any [person](#) who:

- (1) Has ownership or control interest in the provider, or is an [agent](#) or [managing employee](#) of the provider; and
- (2) 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.

The image shows a form titled "Northern Michigan Regional Entity Disclosure of Ownership, Controlling Interest and Management Statement". The form is for a "DISCLOSING ENTITY" and contains several sections of text and a table. The table is titled "1. Controlled Provider Information (fill complete the correct)" and has columns for "Type of entity or ownership interest" and "Name of Person Completing the Form". The table has rows for "Individual", "Partnership", "Corporation", "Limited Liability Corporation (LLC)", and "Government Public Entity". Below the table, there are fields for "Legal Name (if contractor)", "Complete Address (must include at least one street address, corporation must include the patient location and any business location and P.O. Box Address)", "City", "State", and "Zip". At the bottom, there are fields for "Phone No. (531) x", "FAX No. (531) x", "Website (URL)", and "NAIC Code".

# Exclusions Databases

## ► Executive Order 12549

By the authority vested in me as President by the Constitution and laws of the United States of America, and in order to curb fraud, waste, and abuse in Federal programs, increase agency accountability, and ensure consistency among agency regulations concerning debarment and suspension of participants in Federal programs, it is hereby ordered that:

**Sec. 2.** To the extent permitted by law, Executive departments and agencies shall:

(c) Not allow a party to participate in any affected program if any Executive department or agency has debarred, suspended, or otherwise excluded (to the extent specified in the exclusion agreement) that party from participation in an affected program. An agency may grant an exception permitting a debarred, suspended, or excluded party to participate in a particular transaction upon a written determination by the agency head or authorized designee stating the reason(s) for deviating from this Presidential policy. However, I intend that exceptions to this policy should be granted only infrequently.

## ► MDHHS/PIHP Master Contract Federal Provision Addendum

### 7. Debarment and Suspension

A "contract award" (see [2 CFR 180.220](#)) must not be made to parties listed on the government-wide exclusions in the [System for Award Management \(SAM\)](#), in accordance with the OMB guidelines at [2 CFR 180](#) that implement [Executive Orders 12549 \(51 FR 6370; February 21, 1986\)](#) and [12689 \(54 FR 34131; August 18, 1989\)](#), "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than [Executive Order 12549](#).

# Databases Checked

- ▶ Office of Inspector General (OIG) List of Excluded Individuals
- ▶ OIG List of Excluded Entities
- ▶ System for Award Management
- ▶ Michigan (MDHHS) List of Sanctioned Providers
- ▶ Social Security Death master file
- ▶ National Practitioner Data Bank

# Training Reciprocity

- ▶ Training

- ▶ <https://www.improvingmipractices.org/>

Questions, comments, concerns...



**Chris VanWagoner | Provider Network Manager**

**Northern Michigan Regional Entity**

**1999 Walden Dr, Gaylord, MI 49735**

**P: 231.303.3429**

**Cell: 231.330.0877**

**F: 989.448.7078**

**[www.nmre.org](http://www.nmre.org)**