HEALTHWEST

Policy and Procedure

No. 10-014

Prepared by:

Effective: October 1, 2008 Revised: March 20, 2018

Judith E. Cohen Network Manager

Approved by:

Subject: Monitoring of

Ownership and Control Interests of Providers for Exclusion from Participation in Federal Health Care

Programs

Jula B. Rupp

Executive Director

I. POLICY

HealthWest will ensure that none of its contracted providers is an excluded entity, and that no one having an ownership or control interest in or having a management position with a contracted provider has been excluded from participation in a Federal Health Care Program.

II. PURPOSE

To ensure that HealthWest does not contract or pay for items or services furnished by an individual or entity that has been excluded from participation in a Federal Health Care Program.

III. APPLICATION

Applies to all HealthWest contracted providers.

IV. DEFINITIONS

<u>Excluded Entity</u>: An individual, business, or organization that has been excluded from participating in Federal Health Care Programs or whose name appears on either the Medicare Exclusion Database (MED) or the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE).

Ownership and Control Interests: An individual is considered to have an ownership or control interest in a provider entity if they have a direct or indirect ownership of 5% or more, or is a managing employee (e.g., a general manager, business manager, administrator, or director) who exercises operational or managerial control over the entity, or who directly or indirectly conducts the day-to-day operations of the entity.

V. PROCEDURE

A. Providers will be required to identify anyone in their organization with an ownership or control interest annually as part of their annual Network Provider Application.

Policy and Procedure Monitoring of Ownership and Control Interests of Providers for Exclusion from Participation in Federal Health Care Programs No.10-014 Page 2 of 2

- 1. Providers will be required to identify those individuals by name (first, middle, last), title or position held in the agency, and date of birth.
- 2. Providers will also be required to identify any conviction (felony or misdemeanor), or license revocation or suspension of an individual with an ownership or control interest annually as part of their Network Provider Application.
- B. HealthWest staff will check that no individual listed on the provider's annual Network Provider Application appears on either the MED or the LEIE before bringing a motion to the HealthWest Board to request contracting for services with the provider.
- C. HealthWest staff will check the MED or LEIE on a monthly basis for the addition of anyone identified by a provider on a Network Provider Application.
- D. If an individual identified by a provider as having an ownership or control interest appears on either the MED or the LEIE, or is reported to have a criminal conviction or license revocation or suspension, it will be reported on a monthly basis to the Lakeshore Regional Entity for action.

VI. <u>REFERENCES</u>

42 CFR Section 1001,1001 Section 1128 of the Social Security Act Section 1156 of the Social Security Act Section 1892 of the Social Security Act

/jec