HealthWest
Muskegon's Behavioral Wellness Connection

Policy Title: Monitoring of Ownership and Control Interest of Providers for Exclusion from Participation in Federal Health Care Programs	**Policy#:** 10-014	**Review Dates**	
Category: Provider Network **Subject:** 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.	**Prepared by**: Name: Jackie Farrar Title: Provider Network Manager **Approved by:** DocuSigned by: Rich Francisco AA7EBD48ABB04A3... Rich Francisco, Executive Director	07/24/2025 06/18/2026	
	Effective Date: 10/01/2008	**Last Revised Date:** 04/05/2024	

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. APPLICATION

Applies to all HealthWest contracted providers.

III. DEFINITIONS

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.

IV. PROCEDURE

A. Providers will be required to identify anyone in their organization with an ownership or control interest.
   1. Providers will be required to identify individuals on the Lakeshore Regional Entity Disclosure of Ownership form.

   2. Providers will also be required to identify any person who has Ownership or Controlling Interest, or who is an Agent or Managing Employee of your Provider Entity, has ever been indicted or convicted of a crime related to that person's involvement in any program under Medicaid, Medicare, CHIP, or Title XX programs.

B. HealthWest will assist with collecting and sending any Disclosure of Ownership form to the

Lakeshore Regional Entity.

V. REFERENCES

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

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