

Human Resource Designee Responsibilities

1. Check Medicare/Medicaid exclusion website, <http://exclusions.oig.hhs.gov> **prior to** hiring staff. The OIG provides information regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal health care programs.
2. Verify that staffs' credentials/licenses are accurate according to verification websites. If there are any disciplinary actions noted on licenses, due diligence must be followed & all documentation kept in your agency's HR records.
3. Ensure staff has appropriate supervision according to the current HCPCS/CPT Codes & Medicaid Manual.
4. Create a CHIP staff record for **all staff** (including administration, clinicians, direct care workers, secretaries, billers and any person the looks at case records) ensuring all necessary fields have been completed. The record must include name, date of birth, phone, email, hire date, assigned location, staff title, staff type, current clinical supervisor with email, NPI # and all licensing/credentialing information (if applicable). You must also add signature credentials (this is how credentials will show after a staff's name, e.g. Joe Smith, LBSW, QMHP). This information must be updated whenever there are changes.

***There is a CHIP help document available on home page/help/HR staff guide for assistance.*

5. Create a CHIP staff record for all managers, board members & those with direct or indirect ownership or controlled interest to be in compliance with 42 CFR 455.100-106. These records must include assigned location (vendor name), first & last name, hire date (date term started for board members or for owners the approx. date business was started), staff title (board member, manager, director, owner or part owner, controlling interest), date of birth, and supervisor (use HR designee name). This information must be updated whenever there are changes.
6. 24 hours after creating a staff record, create a computer acceptable use agreement (CAUA) for new staff through the website (instructions attached). *(This time frame is needed to have information pulled from CHIP.)*
7. Print CAUA and obtain appropriate supervisory signatures.
8. Submit CAUA to the Provider Help Desk. **A copy of the DEA must be submitted with the CAUA for all prescribers, e.g. physicians, physicians' assistants & nurse practitioners.**
9. Keep the following staff information updated in CHIP (per CHIP HR staff guide).
 - Name changes (AKA)
 - Email address
 - Credentials: type, effective & expiration dates. **Do not delete or type over any credential to update a current staff records**
 - License: type, effective & expiration dates
 - Assigned locations
 - Leaves of absence and sick leaves to be end dated in location only. An account is automatically disabled after the account is inactive for 60 days per IT.
 - Enter program dates for transfers, leave of absence and terminated staff. **Termination dates must be entered immediately to deactivate their access to clinical records.**
 - Supervisory staff changes
10. Register all new hires/transfers for ORR training through online training platform, Moodle (website: <https://onlinetraining.genhs.org/login/index.php>). (Training must be completed within 30 days of hire.)

11. Keep apprised of policy & procedural changes/updates regarding staff qualification.

- Review current training plan located at www.genhs.org
- For healthcare professionals also review policy (Credentialing & Privileging)

12. On a quarterly basis review and maintain an accurate CHIP staff roster; then update CHIP information.

* Per 42 CFR 455.100-106 all providers and subcontractor entities are to disclose its ownership, controlling interest and management iteration, as well as attest to any criminal convictions, sanctions, exclusions, debarment or termination as required by Federal law. The Centers for Medicaid and Medicare Services (CMS) and the Michigan Department of Health & Human Services (MDHHS) require us to obtain this information to demonstrate that it does not contract with an entity that is owned or controlled by an individual who has been convicted of a criminal offense, has had civil monetary penalties imposed against them or has been excluded in participation in Medicaid or Medicare. CMS is increasing its enforcement of this requirement and expects entities to disclose this information. CMS cites ongoing efforts to combat fraud and abuse as the reason for collecting the information.

Here is additional information for your review to clarify.

The PIHP must have administrative and management arrangements or procedures for compliance with 42 CFR 438.608. Such arrangements or procedures must identify any activities that will be delegated to affiliates and how the PIHP will monitor those activities.

(a) PIHP Ownership and Control Interests

In order to comply with 42 CFR 438.610, the PIHP may not have any of the following relationships with an individual who is excluded from participating in Federal health care programs:

- 1) Excluded individuals cannot be a director, officer, or partner of the PIHP;
- 2) Excluded individuals cannot have a beneficial ownership of five percent or more of the PIHP's equity; and
- 3) Excluded individuals cannot have an employment, consulting, or other arrangement with the PIHP for the provision of items or services that are significant and material to the PIHP's obligations under its contract with the State.

"Excluded" individuals or entities are individuals or entities that have been excluded from participating, but not reinstated, in the Medicare, Medicaid, or any other Federal health care programs. Bases for exclusion include convictions for program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance loans.

Federal regulations require PIHPs to disclose information about individuals with ownership or control interests in the PIHP. These regulations all require the PIHP to identify and report any additional ownership or control interests for those individuals in other entities, as well as identifying when any of the individuals with ownership or control interests have spousal, parent-child, or sibling relationships with each other. The PIHP 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 C.F.R. §455.104-106. In addition, the PIHP shall ensure that any and all contracts, agreements, purchase orders, or leases to obtain space, supplies, equipment or services provided under the Medicaid agreement require compliance with 42 C.F.R. §455.104-106.

(b) PIHP Responsibilities for Monitoring Ownership and Control Interests within Their Provider Networks

At the time of the provider enrollment or re-enrollment in the PIHP's provider network, the PIHP must search the Office of Inspector General's (OIG) exclusions database to ensure that the provider entity, and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee), have not been excluded from participating in federal health care programs. Because these search activities must include determining whether any individuals with ownership or control interests in the provider entity appear on the OIG's exclusions database, the PIHP must mandate provider entity disclosure of ownership and control information at the time of provider enrollment, re-enrollment, or whenever a change in provider entity ownership or control takes place.

The PIHP must search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time providers submit new disclosure information.

The PIHP must notify the Division of Program Development, Consultation and Contracts, Mental Health and Substance Abuse Administration in MDCH immediately if search results indicate that any of their network's provider entities, or individuals or entities with ownership or control interests in a provider entity are on the OIG exclusions database.

(c) PIHP Responsibility for Disclosing Criminal Convictions

PIHPs are required to promptly notify the Division of Program Development, Consultation and Contracts, Mental Health and Substance Abuse Administration in MDCH if:

1. Any disclosures are made by providers with regard to the ownership or control by a person that has been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1), (2) or (3) of the Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act. (See 42 CFR 1001.1001(a)(1)); or
2. Any staff member, director, or manager of the PIHP, individual with beneficial ownership of five percent or more, or an individual with an employment, consulting, or other arrangement with the PIHP has been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1), (2), or (3) of the Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act. (See 42 CFR 1001.1001(a)(1))

