



COMMUNITY MENTAL HEALTH ADMINISTRATION

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Date: February 15, 2017

To: Macomb County Community Mental Health Contracted
Service Providers
(Via email)

From: Kimberly Cope,  MCCMH Corporate Compliance Officer

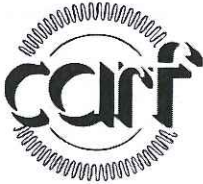
Subject: Incomplete and/or Inaccurate Provider Disclosure Submissions

MCCMH requires the submission of a fully and accurately completed Provider Disclosure at the time of re-contracting. Some providers have not complied with this requirement. As a result, any provider who has not satisfactorily submitted the required information by Friday, February 17, 2017 will have all claims pended starting Wednesday, February 22, 2017 until MCCMH is in receipt of a proper submission.

Please be mindful that federal law requires the disclosure of a full social security number for the following individuals:

- Anyone with an ownership or control interest in the provider entity. See 42 CFR 455.104(b)(1)(ii).
- Anyone with an ownership or control interest of 5% or more in an entity with which the provider subcontracts. See 42 CFR 455.104(b)(1)(iii).
- Anyone who is a managing employee of the provider entity. See 42 CFR 455.104(b)(4).

If you have any follow up questions or concerns, please contact your contract manager.



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