The MSU HealthTeam through its providers delivers care to Medicare beneficiaries and receives payment for this care. Because of this, all MSU HealthTeam providers, and certain managing employees, are required to disclose ownership or controlling interests in other (non-MSU HealthTeam) entities providing health care services or supplies. The purpose of these disclosures is to protect the integrity of the Medicare program. Providers and managing employees are also required to disclose whether they have been convicted of a criminal offense against Medicare, Medicaid, or the title V (Maternal and Child Health Services) or title XX (Social Security) programs. An employee of the MSU HealthTeam who has worked for the Medicare intermediary in the previous twelve months must disclose this relationship. In addition, receipt of gifts and other value from vendors must be disclosed because of the potential for violations of other fraud and abuse laws (such as violating the Anti-kickback statutes). These disclosures are to be made no less than annually and whenever a new disclosable interest is obtained by a provider or managing employee.

In addition to providing the required disclosures to the MSU HealthTeam, providers and managing employees may be required to provide disclosures of other interests to the University. For example, University employees engaged in research must complete no less than annually A Disclosure Statement of Significant Financial Interests. Faculty members must also comply with the Abrogation of General Faculty Conflicts of Interest Policy.

Definitions:

Immediate family member means husband or wife; natural or adoptive parent, child or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild.

1 42CFR420.1
2 42CFR420.200
3 42CFR420.203
4 42CFR411.351; 42CFR420.206
**Indirect ownership interest** means any ownership interest in an entity that has an ownership interest in an entity providing healthcare services or supplies. The term includes an ownership interest in any entity that has an indirect ownership interest in any entity providing health care services or supplies.\(^5\)

**Managing employee** means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of the MSU HealthTeam.\(^6\)

**Ownership interest** means the possession of equity in the capital, the stock, or the profits of an entity providing health care services or supplies.

**Person with an ownership or control interest** means a person or corporation that--
1. Has an ownership interest totaling 5 percent or more in an entity providing health care services or supplies;
2. Has an indirect ownership interest equal to 5 percent or more in an entity providing health care services or supplies;
3. Has a combination of direct and indirect ownership interests equal to 5 percent or more in an entity providing health care services or supplies;
4. Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by an entity providing health care services or supplies if that interest equals at least 5 percent of the value of the property or assets of the entity providing health care services or supplies;
5. Is an officer or director of an entity providing health care services or supplies that is organized as a corporation; or
6. Is a partner in an entity providing health care services or supplies that is organized as a partnership.

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**PROCEDURE**

### COMPLIANCE OFFICE

1. Annually, the Compliance Office will send all faculty, residents, department business managers, and HealthTeam administrative staff the “Certification of Compliance with MSU HealthTeam Disclosure of Interest Policy”. Others may be requested to complete this Certification at the Provost or Compliance Officer’s request.

### FACULTY, RESIDENTS & STAFF

2. Read the Disclosure of Interest Policy
3. Complete the “Annual Certification of Compliance with MSU HealthTeam Disclosure of Interest Policy.”
4. Send completed form to the MSU HealthTeam Compliance Officer.

\(^{5}\) 42CFR420.201

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Reviewed by the Office of the General Counsel 6/8/04  
Reviewed and approved by the Practice Executive Committee 7/14/2004
5. Reviews forms.
   5.1. Forms without disclosures requiring no further action will be filed in the Compliance Office for annual reviews and updates.
   5.2. Forms with disclosures requiring further review will be forwarded to the Compliance Committee.

6. The Committee shall review the forwarded forms, requesting more information from the person making the disclosure as needed.
   6.1. If the Committee reviews the issue raised by the disclosure and determines there is no conflict, this will be documented and the form will be filed in the Compliance Office with no further action taken.
   6.2. If the Committee reviews the issue raised by the disclosure and determines that there is potentially a conflict, the Committee shall forward the disclosure, with all information gathered, the finding of the Committee, and any recommended resolution of the potential conflict, to the Dean of the College, the Chair of the Department and the person who made the disclosure for further action by the Dean and Chair.

7. Review the information forwarded from the Compliance Committee.

8. Develop a plan resolving the potential conflict. In addition to the information provided by the Compliance Committee and the person making the disclosure, the Dean and Chair may consult with the Office of the General Counsel when developing the plan.

9. Convey the plan to the person making the disclosure.

10. Complies with plan resolving the potential conflict.

11. If, within 30 days of being provided with a plan resolving the potential conflict, the person making the disclosure has not complied, the Dean, in conjunction with the Chair, shall take appropriate action as allowed by the MSU HealthTeam Bylaws and the policies and processes of the University.

12. Violations of the Disclosure of Interest Policy
   12.1. If the Committee discovers that an individual failed to disclose an interest that was required to be disclosed, it shall inform the individual, Department Chair and Dean. The individual shall be provided with the opportunity to explain the alleged failure to disclose.
   12.2. If, after reviewing the explanation for failing to disclose and making further investigation as may be warranted, the Committee determines that the individual did not act in good faith when making or failing to make disclosures, the issue shall be referred to the Dean and Chair for appropriate action.
ANNUAL CERTIFICATION OF COMPLIANCE WITH
MSU HEALTHTEAM
DISCLOSURE OF INTEREST POLICY

Please Print:

NAME: ___________________________________________ TITLE: ____________________________

DEPARTMENT: ___________________________________ EMAIL: ____________________________

1. Do you or your immediate family members have a financial or ownership interest (at least 5% equity or greater than
$10,000) in any entity engaged in the delivery of health care services or supplies? If your ownership interest is in a
publicly traded common stock, you may answer no. YES ☐ NO ☐

If yes, please explain: _____________________________________________________________________________

2. Do you or your immediate family members hold any position as an officer, director, employee, consultant, or
independent contractor in any entity engaged in the delivery of healthcare services? YES ☐ NO ☐

If yes, please explain: _____________________________________________________________________________

3. Do you or your immediate family members participate in any outside activities, which involves rendering directive,
managerial, or consultative services to an outside entity doing business with, or in competition with the MSU
HealthTeam? YES ☐ NO ☐

If yes, please explain: _____________________________________________________________________________

4. Have you or your immediate family members accepted gifts or gratuities that exceed $300 per year from suppliers,
contractors, organizations, or persons who have or wish to have dealings with the MSU HealthTeam? YES ☐ NO ☐

If yes, please complete the attached Transaction Detail form for the past 12 months activity.

5. Do you or your immediate family members engage in any activity that may be perceived as a conflict of interest? YES ☐ NO ☐

If yes, please explain: _____________________________________________________________________________

6. Have you ever been sanctioned or investigated by the Medicare or Medicaid programs? YES ☐ NO ☐

If yes, please explain: _____________________________________________________________________________

7. Did you work in the previous 12 months for a Medicare Intermediary? YES ☐ NO ☐

If yes, please explain: _____________________________________________________________________________

In submitting this form, I certify that the above information is true to the best of my knowledge. I have read and am in
compliance with the MSU HealthTeam Disclosure of Interest Policy (CMP-15). I also agree to report to the MSU
HealthTeam Compliance Officer any activities throughout the year, which would result in a modification of my responses to
the above questions.

_______________________________________________________  ___________________________________
Signature       Date

Please return this form to Mary-j Waterstraat, MSU HealthTeam Compliance Officer, D130 West Fee Hall, East Lansing, MI 48824. If you have any questions, please call (517) 355-1822.

Reviewed by the Office of the General Counsel 6/8/04
Reviewed and approved by the Practice Executive Committee 7/14/2004
## Transaction Detail—Question 4

### Academic Purpose

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### Clinical Practice PURPOSE

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