§ 455.105 Approval and termination of agreements.

(a) A Medicaid agency must enter into an agreement with each provider under which the provider agrees to furnish to it or to the Secretary on request, information related to business transactions in accordance with paragraph (b) of this section.

(b) The Medicaid agency must notify the Inspector General of the Department of Health and Human Services of any disclosures made under paragraph (a) of this section within 20 working days from the date it receives the information.

(c) The agency must also promptly notify the Inspector General of the Department of any action it takes on the provider’s application for participation in the program.

(d) Denial of Federal financial participation (FFP). (1) The Medicaid agency may refuse to enter into or renew an agreement with a provider if any person who has an ownership or control interest in the provider, or who is an agent or managing employee of the provider, has been convicted of a criminal offense related to that person’s involvement in any program established under Medicare, Medicaid, or the title XX Services Program.

(2) The Medicaid agency may refuse to enter into or may terminate a provider agreement if it determines that the provider did not fully and accurately make any disclosure required under paragraph (a) of this section.

PART 456—UTILIZATION CONTROL

Subpart A—General Provisions

Sec.

456.1 Basis and purpose of part.

456.2 State plan requirements.

456.3 Statewide surveillance and utilization control program.