

**Disclosure of Ownership and Control Interest Statement**

In connection with the disclosure requirements in 42 CFR §455.100-455.106, the Managed Care Organization (“MCO”) is required to collect and disclose to the U.S. Department of Health and Human Services and the state Medicaid agency the identity of all persons and entities with an ownership or control interest of 5% or more in the MCO’s providers as well as other information. To comply with that regulation and similar state requirements, contracted providers are required to complete this form. **Please attach a separate sheet if necessary.**

**Contracted Provider Information**

<b>Type of entity:</b> <input type="checkbox"/> Individual Member of a Group or Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other (Specify) _____		
Legal Name of individual or entity (“Contracted Provider”):		DBA Name:
Address:		
Federal Tax Identification #:	Medicaid ID #:	National Provider ID (NPI) #:

**Section I-Information Regarding Ownership and Control Interests in Contracted Provider**

Are there any individuals or organizations with an ownership or control interest in the Contracted Provider of 5% or more? *(Please see “Definitions” at the end of this form to help answer this question)*

Yes  No  N/A *(Check “NA” if Contracted Provider is an Individual Member of a Group or a Sole Proprietor)*

**[Individuals]** If yes, list the name, title, address, date of birth (DOB) and Social Security Number (SSN) for each individual having an ownership or control interest in the Contracted Provider of 5% or more.

**[Business Organizations]** If yes, list the name, Tax Identification Number (TIN), business address and P.O. Box of each organization, corporation or other entity having an ownership or control interest of 5% or more. (42 CFR §455.104)

Name/Title	Address & P.O. Box of Primary Business and All Business Locations	DOB	SSN or TIN	NPI	% Interest

**Section II—Information Regarding Ownership and Control Interests in Subcontractor**

Does Contracted Provider have a direct or indirect interest of 5% or more in any of its subcontractors?  Yes  No

If yes,

(a) Provide the following information about those subcontractors:

Name	Address	TIN

(b) Provide the following information about any individual or organization that has an ownership or control interest of 5% or more in that subcontractor. (42 CFR §455.104)

Name/Title	DOB	Address	SSN or TIN	% Interest

**Section III-Related Individuals**

Are any of the individuals identified in Sections I or II related to each other as spouse, parent, child, or sibling?  **Yes**  **No**

**If yes**, list the individuals identified and the relationship to each other (42 CFR §455.104)

Name of Individual	Relationship

**Section IV- Information Regarding Ownership and Control Interests in Other Provider or Entity**

Do any of the individuals or organizations listed above in Section I also have an ownership or control interest of 5% or more in (a) another Medicaid provider or entity, (b) a managed care entity, or (c) any contractor that processes or pays vendor claims on behalf of the State Medicaid agency (collectively, "Other Entity")?  **Yes**  **No**

**If yes**, list the name of such individual(s) or organization(s) (42 CFR §455.104)

Name of Individual or Organization from Section I	Name of Other Entity	SSN of or TIN of Other Entity

**Section V-Business Transactions**

**Business Transactions.**

A. Has the Contracted Provider had any business transaction (or series of transactions) with one of its subcontractors totaling more than \$25,000 in the previous twelve (12) month period?  
 **Yes**  **No**

**If yes**, list the name, address and ownership of such subcontractor(s) and the amount of any business transaction (or series of transactions) during the past 5 years that exceeds the following during any one fiscal year: the lesser of \$25,000 or 5% of operating expenses. Where reporting a series of transactions you may report the aggregate amount for each fiscal year.  
 (42 CFR §455.105)

Name of Supplier/Subcontractor	Address	Owner	Transaction Amount(s) for last 5 years

B. Other than as reported in Section V.A. above, during the past 5 year period, has the Contracted Provider had any business transaction (or series of transactions) with any of its subcontractors or any wholly owned supplier that exceeds the following during any one fiscal year: the lesser of \$25,000 or 5% of operating expenses?  **Yes**  **No**

**If yes**, list the name and address of such suppliers and subcontractors and the amount of any business transaction (or series of transactions) during the past 5 years that exceeds the following during any one fiscal year: the lesser of \$25,000 or 5% of operating expenses. Where reporting a series of transactions you may report the aggregate amount for each fiscal year.

Name of Supplier/Subcontractor	Address	Transaction Amount(s) for last 5 years

**Section VI-Managing Employees**

**Managing Employees.** Does the Contracted Provider have any Managing Employees (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 Contracted Provider?  **Yes**  **No**

**If yes**, list each Managing Employee, including his or her name, date of birth (DOB), address, and Social Security number (SSN).  
 (42 CFR §455.104)

Name

**Section VII-Criminal Convictions**

Has any person who has ownership or control interest in the Contracted Provider of 5% or more (Section I above), or is an agent or Managing Employee of the Contracted Provider (Section VI above) ever been convicted of a crime related to that person's involvement in any program under a Medicaid, Medicare or Title XX program?  **Yes**  **No**

**If yes**, please list those persons below. (42 CFR §455.106)

Name/Title	DOB	Address	SSN

I certify that the information provided herein is true, accurate and complete. Additions to or revisions to the information above will be submitted immediately upon revision. Additionally, I understand that misleading, inaccurate or incomplete data may result in denial of participation. Individuals and Sole Proprietors must sign their own form. An authorized representative may sign for entities organized as Partnerships, Corporations, LLCs or other types of entities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

**DEFINITIONS**

**Indirect ownership interest** in a particular entity (the relevant entity) means an ownership interest in another entity that has an ownership interest in the relevant entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the relevant entity.

**Ownership interest** in an entity means the possession of equity in the capital, the stock, or the profits of the entity.

An **ownership or control interest** in an entity means a person or corporation (a) has an ownership interest totaling 5% or more in the entity; (b) has an indirect ownership interest equal to 5% or more in the entity; (c) has a combination of direct and indirect ownership interests equal to 5% or more in the entity; (d) owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the entity if that interest equals at least 5% of the value of the property or assets of the entity; (e) is an officer or director of the entity if it is organized as a corporation; or (f) is a partner in the entity if it is organized as a partnership. Please see *NOTE: Determination of Ownership or Control Percentages* below to help determine the amount of an interest.

**Subcontractor** of an entity means an individual, agency, or organization to which the entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients.

**Supplier** means an individual, agency, or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds, or a pharmaceutical firm).

**Wholly owned supplier** means a supplier whose total ownership interest is held by a provider or by a person, persons, or other entity with an ownership or control interest in a provider.

**NOTE: Determination of Ownership or Control Percentages**

(a) Indirect ownership interest. The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if A owns 10% of the stock in a corporation which owns 80% of the stock of the disclosing entity, A's interest equates to an 8% indirect ownership interest in the disclosing entity and must be reported. Conversely, if B owns 80% of the stock of a corporation which owns 5% of the stock of the disclosing entity, B's interest equates to a 4% indirect ownership interest in the disclosing entity and need not be reported.

(b) Person with an ownership or control interest. In order to determine percentage of ownership, mortgage, deed of trust, note, or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the disclosing entity's assets used to secure the obligation. For example, if A owns 10% of a note secured by 60% of the provider's assets, A's interest in the provider's assets equates to 6% and must be reported. Conversely, if B owns 40% of a note secured by 10% of the provider's assets, B's interest in the provider's assets equates to 4% and need not be reported.