

## Disclosure of Ownership and Control Interest Form For Providers and Vendors

Complete Sections A and B.

For complete Instructions and Definitions see pages 5-6.

Section A: Please answer all of the following:		
If you answered <b>Yes</b> to any questions, complete the Table(s) indicated, then sign the Attestation (Section B) on page 4		
If you answered <b>No</b> to all questions, complete and sign the Attestation (Section B) on page 4		
<b>Section 1. Disclosure Regarding Managing Employees</b>  Does the provider/vendor have any <b>Managing Employees</b> (CEO, Administrator, Director, COO, CFO, etc.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>Complete Table 1</i>
<b>Section 2. Criminal Offense Disclosure</b>  Has the provider/vendor, or any <u>Person</u> (individual or entity) <u>Who Has Ownership or Controlling Interest</u> in the provider/vendor, or who is an <u>Agent</u> or <u>Managing Employee</u> of the provider/vendor, ever been convicted of a criminal offense related to that person's involvement in any program established under Titles XVIII (Medicare), XIX (Medicaid), XXI (SCHIP), or Title XX (Social Services Block Grants) since the inception of those programs? <b>Verify exclusion through the applicable federal and state specific exclusion databases.</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>Complete Table 2</i>
<b>Section 3. Person(s) with Ownership or Control Interest Disclosure</b>  Are there any <u>Persons</u> (individual or entity) <u>With an Ownership or Control Interest</u> in the provider/vendor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>Complete Table 3</i>
<b>Section 4. Direct or Indirect Ownership of 5% or More in a Subcontractor Disclosure</b>  Does the provider/vendor have an <u>Ownership Interest</u> or <u>Indirect Ownership Interest</u> of 5% or more in any <u>Subcontractor</u> ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>Complete Tables 4, 4A</i>
<b>Section 5. Other Disclosing Entity Disclosure</b>  Does the provider/vendor or any one named in <b>Table 3</b> have an <u>Ownership or Control Interest</u> in any other Medicaid provider?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>Complete Table 5</i>
<b>5A. Does the provider/vendor</b> or any one named in <b>Table 3</b> have an <u>Ownership or Control Interest</u> in any <u>other disclosing entity</u> that does not participate in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V (Maternal and Child Health Services Block Grant), XVIII (Medicare), XX (Block Grants to States for Social Services), or Title XXI (State Children's Health Insurance Program) of the Social Security Act?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>Complete Table 5</i>
<b>Section 6. Business Transactions Disclosure</b>  <b>Business Transactions - Subcontractors:</b> Has the provider/vendor had any business transactions with a <u>Subcontractor</u> totaling more than \$25,000 in the previous twelve (12) month period (12-month period ending as of the date on this request)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>Complete Table 6</i>
<b>Section 7. Significant Business Transaction Disclosure</b>  <b>Significant Business Transactions:</b> Has the provider/vendor had any <u>Significant Business Transactions</u> with a <u>Wholly Owned Supplier</u> or <u>Subcontractor</u> during the previous 5-year period (5-year period ending as of the date on this request)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>Complete Table 7</i>

Table 1 Disclosure Regarding Managing Employees					
Provide the following details for any <u>Managing Employee</u> of the provider/vendor (See the definition of <u>Managing Employee</u> )					
Name (First, Middle, Last)	SSN	Birthdate	Complete Address (Street, City, State, Zip)	NPI	Position
				(If applicable)	

Table 2 Criminal Offense Disclosure			
Provide the following details and a description of offense(s). Use additional pages if necessary.			
Name (First, Middle, Last)	SSN/TIN	Birthdate	Description

Table 3 Person(s) with Ownership or Control Interest Disclosure					
Provide the following details and include the title (for example, CEO, CFO, COO, owner, board member etc). Please attach additional pages if necessary. * For corporations/entities that have an ownership or control interest in the Disclosing Provider, please separately list its primary business address, every business location and post office box address. (See the definition of a <u>person with an ownership or control interest</u> .)					
Name (First, Middle, Last)	SSN/TIN	Birthdate	Title	Complete Address (Street, City, State, Zip)	% Ownership Interest

Name (From Table 3)	How is person in Table 3 related to the other person who has ownership or controlling interest?	Related to Name of Other Person listed in Table 3?

Table 3B Relationship Disclosure (Related to 4A)		
Are any of the individuals disclosed in <b>Section 3</b> related to any of the individuals disclosed in <b>Table 4A</b> as a spouse, parent, child, or sibling?		
<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>Yes</b> - Provide the following details. Use additional pages if necessary.		
Name (From Table 3)	How is person from Table 3 related to the person from 4A	Related to Name of Person listed in 4A

Table 4 Direct or Indirect Ownership of 5% or more in a Subcontractor Disclosure				
Provide the following details about the <u>Subcontractor</u> .				
Name of Subcontractor (First, Middle, Last)	SSN/TIN	Birthdate	Complete Address (Street, City, State, Zip)	% Ownership Interest

Table 4A (If Yes to Section 4)					
Provide the information below about any <u>Person (individual or entity) with an Ownership or Control Interest</u> , in any <u>Subcontractor</u> in which the provider/vendor has a 5% or more <u>Ownership Interest</u> or Indirect Ownership or Control Interest. (See the definition of the following terms: <u>Person (individual or entity) with an Ownership or Control Interest</u> , <u>Subcontractor</u> and Indirect Ownership Interest.)					
Name of Subcontractor (From Table 4)	Name of Person(s) with an ownership or control interest in the Subcontractor	SSN/TIN of Person(s) with an ownership or control interest in the Subcontractor	Birthdate of Person(s) with an ownership or control interest in the Subcontractor	Complete Address (Street, City, State, Zip) of Person(s) with an ownership or control interest in the Subcontractor	% Ownership Interest or Control

Table 5 Other Disclosing Entity Disclosure		
Provide the following details. (See the definition of the following terms: <u>Other Disclosing Entity</u> and <u>Ownership Interest</u> .)		
Name (From Table 4)	Name of other disclosing entity or other Medicaid Provider	SSN /TIN of the other disclosing entity or other Medicaid Provider

Table 6 Business Transactions Disclosure				
Provide the following details. (See the definition of <u>Subcontractor</u> .)				
Name of Subcontractor	TIN or SSN, of Subcontract	Birthdate	Complete Address (Street, City, State, Zip)	Transaction Amount

Table 7 Significant Business Transactions Disclosure					
Provide the following details. (See the definition of the following terms: <u>Subcontractor</u> , <u>Wholly-owned Supplier</u> , and <u>Significant Business Transactions</u> .)					
Type of entity (Wholly Owned Supplier OR Subcontractor)	Name	TIN/SSN	Birthdate	Complete Address (Street, City, State, Zip)	Transaction Amount

## Section B – Attestation

**Name of Provider/Vendor (Disclosing Entity) Being Contracted:**

**Tax ID # of Provider/Vendor:**

**Complete Business Address** (Street, City, State, Zip)

By signing below, I hereby certify that all information contained in this form is true, correct, and complete in all aspects. I understand that misleading, inaccurate, or incomplete data may result in a denial of participation or termination of an existing contract.

**Name:** (Print or Type: First/Middle/Last)

**Title:** (Print or Type)

**Authorized Signature:**

**Date:**

## Appendix A - Instructions

1. Read all definitions and instructions outlined throughout this Form and then reference the definitions and instructions while completing the Form. Terms that have regulatory definitions, and in some cases helpful examples, are underlined throughout this Form. These Definitions can be found in Appendix B on page 6. Please review the applicable definitions before responding to the question.
2. Answer all questions as of the current date.
3. If there is no information to include, indicate "None" or "N/A" in the space provided. Do not leave blank spaces unless advised to do otherwise in the instructions. An incomplete Form will be returned to the provider/vendor.
4. If more space is needed, please attach additional sheets.
5. **Business & Service Address:** The address for corporate/legal entities must include, as applicable, the primary business address, every business location, and P.O. Box address. Individuals must provide their home address.
6. This Form should be submitted at the time of contracting and within 35 calendar days of any change to the information reported on this Form. In addition, on an annual basis, provider/vendor must complete an attestation stating information reported is current (and, if not, provide updated information).
7. Failure to submit the requested information may result in denial of a claim, a refusal to enter into a provider agreement or contract, or in termination of existing agreements and contract.

## Appendix B - Definitions

### **Agent**

Any person who has been delegated the authority to obligate or act on behalf of a provider. It also means any person who has express or implied authority to obligate or act on behalf of an entity (42 CFR 1001.1001).

### **Disclosing Entity**

The provider or vendor contracting with LIBERTY (other than an individual practitioner).

### **Indirect Ownership Interest**

An ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an Indirect Ownership Interest in the disclosing entity. It also means an ownership interest through any other entities that ultimately have an ownership interest in the entity in issue (42 CFR 1001.1001). (For example, an individual has a 10 percent ownership interest in the entity at issue if he or she has a 20 percent ownership interest in a corporation that wholly owns a subsidiary that is a 50 percent owner of the entity in issue.)

### **Managing Employee**

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, an institution, organization, or agency.

### **Other Disclosing Entity**

Any other disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:

- a. Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare;
- b. Any Medicare intermediary or carrier; and
- c. Any entity (other than an individual practitioner) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.

**Example:** Other examples include pharmacies, group homes, radiology centers.

### **Ownership Interest**

The possession of equity in the capital, the stock, or the profits of the disclosing entity. It also means an interest in:

- a. The capital, the stock or the profits of the entity, or
- b. Any mortgage, deed, trust or note, or other obligation secured in whole or in part by the property or assets of the entity.

### **Person with an Ownership or Control Interest**

A person or corporation that:

- a. Has an ownership interest totaling 5 percent or more in a disclosing entity;
- b. Has an Indirect Ownership Interest equal to 5 percent or more in a disclosing entity;
- c. Has a combination of direct and Indirect Ownership Interests equal to 5 percent or more in a disclosing entity;
- d. Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- e. Is an officer or director of a disclosing entity that is organized as a corporation; or
- f. Is a partner in a disclosing entity that is organized as a partnership?

**Example:** 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 percent of a note secured by 60 percent of the provider's assets, A's interest in the provider's assets equates to 6 percent and must be reported. Conversely, if B owns 40 percent of a note secured by 10 percent of the provider's assets, B's interest in the provider's assets equates to 4 percent and need not be reported.

### **Significant Business Transaction**

Any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of a provider's total operating expenses.

### **Subcontractor**

- a. An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- b. An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

### **Supplier**

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**

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.