AmeriHealth Caritas Next

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Ownership and Control Disclosure Form

The definitions below are designed to clarify certain questions on the following Ownership and Control Disclosure Form. The full text of the regulations governing the disclosure of information by providers and fiscal agents can be found in 42 CFR, Part 455, Subpart B.

"Agent" means any person who has been delegated the authority to obligate or act on behalf of a provider.

"Disclosing entity" means a Medicaid provider (other than an individual practitioner or a group of practitioners) or a fiscal agent.

"Other disclosing entity" means 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 (title XVIII).

b. Any Medicare intermediary or carrier.

c. Any entity (other than an individual practitioner or group of practitioners) 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.

"Fiscal agent" means a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

"Group of practitioners" means two or more health care practitioners who practice their profession at a common location (whether or not they share common facilities, common supporting staff, or common equipment).

"Indirect ownership interest" means an ownership interest in an entity that has an ownership interest in the disclosing entity.

> **Note:** The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example:

If you own 10% of the stock in Corporation A, which owns 80% of the stock of the disclosing entity, you would have an 8% indirect ownership interest in the disclosing entity.

If you own 20% of the stock in Corporation A, which owns 50% of the stock in Corporation B, which owns 80% of the stock of the disclosing entity, you would have an 8% indirect ownership interest in the disclosing entity.

"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, an institution, organization, or agency.

"Ownership interest" means the possession of equity in the capital, the stock, or the profits of the disclosing entity.

"Person with an ownership or control interest" means a person or corporation that:

a. Has an ownership interest totaling 5% or more in a disclosing entity.

b. Has an indirect ownership interest equal to 5% or more in a disclosing entity.

c. Has a combination of direct and indirect ownership interests equal to 5% or more in a disclosing entity.

d. Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5% of the value of the property or assets of the disclosing entity.

Note: The percentage of ownership of a mortgage, deed of trust, note, or other obligation is determined by multiplying the percentage of interest owned in the obligation by the percentage of the disclosing entity's assets used to secure the obligation. For example:

If you own 10% of a note secured by 60% of the disclosing entity's assets, you would have a 6% interest in the disclosing entity's assets.

e. Is an officer or director of a disclosing entity that is organized as a corporation.

f. Is a partner in the disclosing entity that is organized as a partnership.

"Significant business transaction" means any business transaction or series of transactions that, during any one fiscal year, exceeds the lesser of $25,000 or 5% of a provider's total operating expenses.

"Subcontractor" means:

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.

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" 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.

Ownership and control interest disclosure

Note: Ownership and control interest information is required in accordance with federal regulations at 42 CFR, Part 455. Ownership and Control Disclosure Forms must be submitted at the time of contracting, initial credentialing, and when there is a change in ownership. Changes in ownership must be provided within 35 days of any change to any of the information on the Ownership and Control Disclosure Form.

Name of disclosed entity:	
Medicaid ID number/PPID:	
Contact name (for questions on this form):	
Contact phone:	Contact email address:

Section I: Managing employee or agent disclosure

A. Please enter the full name, address, Social Security number, and date of birth of any person who is a managing employee or agent of the disclosing entity.

The following individual is a: ☐ Managing employee ☐ Agent

First name:		Middle name:		Last name:
Social Security number:		Date of birth:		
Address:				Suite/apt:
City:		State:		ZIP:
Has the individual listed above been convicted of a criminal offense related to that person's involvement in Medicare, Medicaid, Title XX, Title XXI (Children's Health Insurance Program [CHIP]), or a state health care program? ☐ Yes (provide details below) ☐ No				
Description of offense (attach separate sheet, if necessary):				

Please copy section IA to list additional managing employees/agents.

Section II: Ownership and control

If the provider is organized as a corporation, partnership, or estate trust, or is a government entity that is organized as a corporation, please complete this section.

In completing this section, an individual with at least 5% direct or indirect ownership interest includes individuals who have a combination of direct and indirect ownership interests equal to 5% or more in a disclosing entity and individuals who own an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5% of the value of the property or assets of the disclosing entity.

A. Individuals with an ownership or control interest in the disclosing entity

Please enter the full name, Social Security number, date of birth, and address of individuals with an ownership or control interest in the disclosing entity and all officers, partners, and directors.

First name:		Middle name:		Last name:
Social Security number:		Date of birth:		
Address:				Suite/apt:
City:		State:		ZIP:

1. a. If the individual listed above has an ownership interest in the disclosing entity, please enter the percentage and ownership type that the individual listed above has in the disclosing entity.

☐ Direct: %	☐ Indirect: %	
Percent of ownership	% of ownership	Name of entity owned

b. If the individual listed above is an officer or director, what position does the individual hold?

☐ President ☐ Treasurer ☐ Director
☐ Vice President ☐ Chairman ☐ Officer
☐ Secretary ☐ Vice Chairman ☐ Member

2. a. Is the individual listed above the spouse, parent, child, or sibling of any other individual with at least 5% direct or indirect ownership or a control interest in the disclosing entity?

☐ Yes (provide details below) ☐ No

Name: Relationship:

Attach separate sheet, if necessary.

b. Is the individual listed above the spouse, parent, child, or sibling of any other individuals with at least 5% direct or indirect ownership or a control interest in any subcontractor of the disclosing entity?

☐ Yes (provide details below) ☐ No

Name: Relationship:

Attach separate sheet, if necessary.

3. Does the individual listed above have an ownership or control interest in other Medicare or Medicaid providers, fiscal agents, managed care entities, or any other disclosing entities?

☐ Yes (provide details below) ☐ No

Name:		
Address:		Suite/apt:
City:	State:	ZIP:

Attach separate sheet, if necessary.

4. Has the individual listed above been convicted of a criminal offense related to that person's involvement in Medicare, Medicaid, Title XX, Title XXI (CHIP), or a state health care program?

☐ Yes (provide details below) ☐ No

5. Description of offense:

Attach separate sheet, if necessary.

Please copy section II A to list additional individuals.

B. Corporate entities with an ownership or control interest in the disclosing entity

Please enter the full name, taxpayer identification number, and primary business address of corporate entities that have at least 5% direct or indirect ownership interest in the disclosing entity.

Name:		Federal tax ID:
Address:		Suite/apt:
City:	State:	ZIP:

1. Please enter the percentage and ownership type that the corporate entity listed above has in the disclosing entity.

   ☐ Direct: ____ % (Percent of ownership) ☐ Indirect: ____ % (Percent of ownership) ____________ (Name of entity owned)

2. Please enter any additional business locations and P.O. boxes for the corporate entity listed above.

Address:		Suite/apt:
City:	State:	ZIP:

3. Does the corporate entity listed above have an ownership or control interest in other Medicare or Medicaid providers, fiscal agents, managed care entities, or any other disclosing entities?

   ☐ Yes (provide details below) ☐ No

Name:		
Address:		Suite/apt:
City:	State:	ZIP:

Attach separate sheet, if necessary.

Please copy section II B to list additional corporate entities.

C. Ownership or control interest in subcontractors

Please enter the full name, date of birth, and address of each person with an ownership or control interest in any subcontractor in which the disclosing entity has a direct or indirect ownership interest of 5% or more.

First name:	Middle name:		Last name:
Social Security number:		Date of birth:	
Address:			Suite/apt:
City:		State:	ZIP:

1. a. Subcontractor information

Name:	Federal tax ID:

b. Please enter the percentage and ownership type that the disclosing entity has in the subcontractor.

☐ Direct: %	☐ Indirect: %	
Percent of ownership	Percent of ownership	Name of entity owned

c. Please enter the percentage and ownership type that the individual listed above has in the subcontractor.

☐ Direct: %	☐ Indirect: %	
Percent of ownership	Percent of ownership	Name of entity owned

d. Is the individual listed above the spouse, parent, child, or sibling of any other individuals with at least 5% direct or indirect ownership or control interest in the disclosing entity?

☐ Yes (provide details below) ☐ No

Name: Relationship:

e. Is the individual listed above the spouse, parent, child, or sibling of any other individuals with at least 5% direct or indirect ownership or a control interest in any subcontractor of the disclosing entity?

☐ Yes (provide details below) ☐ No

Name: Relationship:

f. Has the individual listed above been convicted of a criminal offense related to that person's involvement in Medicare, Medicaid, Title XX, Title XXI (CHIP), or a state health care program?

☐ Yes (provide details below) ☐ No

Attach separate sheet, if necessary.

g. Description of offense:

Attach separate sheet, if necessary.

Please copy section II C to list additional individuals.

D. Please enter the full name, taxpayer identification number, and primary business address of any corporate entity with an ownership or control interest in any subcontractor in which the disclosing entity has a direct or indirect ownership interest of 5% or more.

Name:		Federal tax ID:
Address:		Suite/apt:
City:	State:	ZIP:

1. a. Please enter the percentage and ownership type that the disclosing entity has in the subcontractor.

☐ Direct: %	☐ Indirect: %	
Percent of ownership	Percent of ownership	Name of entity owned

b. Please enter the percentage and ownership type that the corporate entity listed above has in the subcontractor.

☐ Direct: %	☐ Indirect: %	
Percent of ownership	Percent of ownership	Name of entity owned

Please copy section II D to list additional individuals.

E. Please enter the full name, taxpayer identification number, and primary business address of any corporate entity with an ownership or control interest in any subcontractor in which the disclosing entity has a direct or indirect ownership interest of 5% or more.

2. a. Subcontractor information

Name:	Federal tax ID:

b. Please enter the percentage and ownership type that the disclosing entity has in the subcontractor.

☐ Direct: %	☐ Indirect: %	
Percent of ownership	Percent of ownership	Name of entity owned

Please copy Section II E to list additional individuals.

F. Ownership or control interest in other entities

Does the disclosing entity have an ownership or control interest in other Medicare or Medicaid providers, fiscal agents, managed care entities, or any other disclosing entities?

☐ Yes (provide details below) ☐ No

Name:		Federal tax ID:
Address:		Suite/apt:
City:	State:	ZIP:

Please copy section II F to list additional entities.

G. Significant business transactions

Has the disclosing entity had any significant business transactions with any wholly owned supplier or with any subcontractor during the preceding five-year period?

☐ Yes (provide details below) ☐ No

First name:	Middle name:	Last name:
Social Security number:	Date of birth:	
Address:		Suite/apt:
City:	State:	ZIP:

Please copy section II G to list additional significant business transactions

Section III: Nonprofit organization disclosure (not organized as a corporation)

If the disclosing entity is a nonprofit organized as a corporation, please complete section II.

A. Please enter the full name, address, Social Security number, and date of birth of any person who is a director (board member) or officer of the disclosing entity.

First name:	Middle name:		Last name:
Social Security number:		Date of birth:	
Address:			Suite/apt:
City:		State:	ZIP:

1. What position is held by the individual listed above?

☐ President ☐ Treasurer ☐ Director
☐ Vice President ☐ Chairman ☐ Officer
☐ Secretary ☐ Vice Chairman ☐ Member

2. Has the individual listed above been convicted of a criminal offense related to that person's involvement in Medicare, Medicaid, Title XX, Title XX (CHIP), or a state health care program?

☐ Yes (provide details below) ☐ No

Description of offense:

Attach separate sheet, if necessary.

Please copy section III to list additional individuals.

I certify that the information provided herein is true and accurate. Additions or revisions to the information above will be submitted immediately upon revision. Additionally, I understand that misleading, inaccurate, or incomplete data may result in a denial of participation.

Signature and title of authorized agent Date