

Provider Disclosure Instructions

If additional space is needed, please note on the form that the answer is being continued, and attach a sheet referencing the section number that is being continued. Please see Glossary for definition of capitalized terms.

Section I: Provider Entity Ownership Information

Please list the required information for each individual or organization that has a Direct or Indirect Ownership of 5% or more or has a Controlling Interests in your entity. If the Owner is a corporation, the primary business address must be listed and every business location and PO Box address. Provider members of a group practice who have ownership or controlling interest in Provider Entity must submit a separate statement.

Section II: Ownership in Other Providers and Entities

Please identify the other providers or entities that are owned or controlled at least 5% by the same individual or organization identified in Section I that has an Ownership or Controlling Interest in your entity. This information is to identify shared and interconnected ownership and controlling interests.

Section III: Subcontractor Ownership

If your entity has a Direct or Indirect Ownership of 5% or more in a Subcontractor and other individuals or entities also have a Direct or Indirect Ownership of that same Subcontractor, please identify the Subcontractor and provide the required information for the additional owners.

Section IV: Familial Relationships of All Owners

Report whether any of the persons listed in Section I, II, III are related to each other and identify the parties and their relationship. For the definition of domestic partner, refer to your state's laws. Provider members of a group practice who are related to the Provider Entity's owners or those with a controlling interest must submit a separate Statement.

Section V: Criminal Convictions, Sanctions, Exclusions, Debarment, and Termination

List your own criminal convictions, sanctions, exclusions, debarments, and termination, **and** for any person who has an ownership or controlling interest *or* is an agent or managing employee of your entity. List all offenses related to each person's or entity's involvement un any program under Medicare, Medicaid, CHIP or the Title XX services since the inception of these programs.

Review all of the databases necessary to verify this information:

1. Exclusion status may be verified through the HHS-OIS List of Excluded Individuals/Entities (LEIE) at <https://exclusions.oig.hhs.gov/>
2. Sanction information is available in the GSA's SAM (System for Award Management) database. www.sam.gov.
3. State specific exclusions/sanction databases may be accessed through the State Agency's website.

Section VI: Business Transaction Information

1. List the Ownership of any Subcontractors that you have had business transactions totaling more than \$25,000 within the last twelve (12) month period ending on the date of the request.

2. List any Significant Business Transaction between your entity and any Wholly Owned Supplier during the past 5 years.
3. List any Significant Business Transactions between your entity and any Subcontractor during the past 5 years.

Remember that a Significant Business Transaction is defined as any transaction or series of related transactions that exceeds the lesser of \$25,000 or 5% of a provider's operating expenses during any one fiscal year.

This information must be made available within 35 days of a request by the US Department of Health and Human Services (HHS), the State Medicaid Agency, and the Medicaid Managed Care Organization responding to an HHS or State request.

Section VII: Management and Control

1. List the required information for all employees that hold a position of Managing Employees within your entity.
2. List the required information for all Agents that have the authority to obligate or act on behalf or your entity.
3. List the required information for all individuals on governing board or board of directors if your entity is organized as a corporation. CMS requires the identification of officers and directors of a Provider Entity that is organized as a corporation, without regard to the for-profit or not-for-profit status of that corporation.

Provider Disclosure Glossary

Agent: Any person who has been delegated the authority to obligate or act on behalf of a Provider Entity.

CHIP: The Federal insurance program for children, Chip Health Insurance Program. In Michigan this is known as MI Child.

Controlling Interest: Defined as the operational direction or management of a disclosing entity which management of a disclosing entity may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity; the ability or authority to nominate or name member of the Board of Director or Trustees; the ability or authority, expressed or reserved, to control the sale of any or all assets; to encumber such assets by way of mortgage or other indebtedness; to dissolve the entity; or to arrange for the sale or transfer of the disclosing entity to new ownership control.

Determination of ownership or control percentage:

- 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 8% percent 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 4% indirect ownership interest in the disclosing entity and need not be reported.
- b) Person with an ownership or controlling 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.

Direct Ownership Interest: The possession of equity in the capital, the stock, or the profits of the disclosing entity.

HCBS Provider: A provider of Home and Community Based Services for Medicaid beneficiaries.

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.

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 operations of an institution, organization, or agency.

Other Entity: Any other Medicaid 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 program 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 (XVIII);
- b) Any Medicare intermediary or carrier; and
- c) Any entity (other than 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.

Ownership or Controlling Interest: An individual or corporation that

- a) Has an ownership interest totaling 5% or more in a disclosing entity;
- b) Has 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;
- 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.

Prover Entity: An individual or entity who operates as a Medicaid provider and is engaged in the delivery of health care services and is legally authorized to do so by the state in which it delivers the service. For purposes of this Statement, the Providing Entity is the individual or entity identified on this form as the disclosing entity.

Significant Business Transaction: Any business transaction or series of related transactions that, during any one fiscal year, exceeds the lesser of \$25,000 or 5% of a Provider Entity's total operating expenses.

Subcontractor:

- a) An individual, agency, or organization to which a Provider 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 to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

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

Wholly Owned Supplier: A supplier whose total ownership interest is held by the Provider Entity or by a person(s) or other entity with an ownership interest in the Provider Entity.