

Instructions and General Information Pertaining to Disclosure of Ownership and Control Interest Statement

PRIVACY ACT STATEMENT: THIS PROVIDES INFORMATION AS REQUIRED BY THE PRIVACY ACT OF 1974.

The primary use of the Disclosure of Ownership and Controlling Interest Form is to facilitate tracking of providers sanctioned by the Oklahoma Health Care Authority (OHCA) and/or the Department of Health and Human Services (DHHS), Office of Inspector General. Payment cannot be made to any entity in which these providers serve as employees, administrators, operators, or in any other capacity. Payment will not be made for any services furnished by, at the medical direction of, or on the prescription of the provider on or after the effective date of exclusion. A list of Excluded Providers is available on the OHCA web site. We believe this will assist participating providers in their efforts to ensure that they do not do business with parties currently

excluded from participation in federal and state health care programs.

Completion and submission of this form is a condition of participation, certification or re-certification under any of the programs established by Titles V, XVIII, and XX or as a condition of approval or renewal of a contractor agreement between the disclosing entity and the appropriate state agency under any of the above-titled programs. A full and accurate disclosure of ownership and financial interest is required. Direct or indirect ownership interest must be reported if it equates to an ownership interest of 5 percent or more in the disclosing entity. Failure to submit requested information may result in a refusal by the State agency to enter into a contract with any such institution or in termination of existing contracts.

GENERAL INSTRUCTIONS

Please answer all questions as of the current date. If additional space is needed, use an attached sheet referencing the item number to be continued.

DETAILED INSTRUCTIONS

These instructions are designed to clarify certain questions on the form. Instructions are listed in order of question for easy reference.

IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.

- ITEM I**
- (a) Identifying Information: Specify name.
 - (b) Specify in what capacity the entity is doing business. For example: The name of trade or corporation under which they are doing business).
 - (c) Federal Tax Identification Number: Enter provider's nine- digit federal tax identification number.
 - (d) Check the entity type that best describes the structure of your organization.
 - (e) If your organization is chain affiliated you must complete Item II (a).

A chain affiliate is any freestanding health care facility that is either owned, controlled or operated under lease or contract by an organization consisting of two or more freestanding health care facilities organized within or across State lines which is under the ownership or through any other device, control and direction of a common party. Chain affiliates include such facilities whether public, private, charitable or proprietary. They also include subsidiary organizations and holding corporations. Provider-based facilities such as hospital-based home health agencies are not considered to be chain affiliates. List the name, address and FEIN of the Corporation.

- ITEM II**
- (a) List the name, title, address and social security number of an individual or the TIN for an organization having direct or indirect ownership or controlling interest, separately or in combination, amounting to an ownership interest of 5 percent or more in the disclosing entity (provider) submitting this Provider Contract.

Direct ownership interest is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity.

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Disclosing entity is defined as a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent.

Indirect ownership interest is defined as ownership interest in an entity that has direct or indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. For example, if A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership and must be reported. Conversely, if B owns 80 percent of the stock of a corporation that owns 5 percent of the stock of the disclosing entity, B's interest equates to a 4 percent indirect ownership interest in the disclosing entity and need not be reported.

Controlling interest is defined as the operational direction or management of a disclosing entity which 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 (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved to amend or change the by-laws, constitution or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved to control the sale of any or all of the 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 or control. 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.

- (b) List those persons named in Item II (a) that are related to each other (spouse, parent, child, or sibling).
- (c) List the name, title, address and social security number of each person with an ownership or controlling interest in any subcontractor in which the disclosing entity has direct or indirect ownership of 5 percent or more.

Subcontractor means an individual, agency, or organization to which a disclosing entity has contracted or delegated part of its management functions or responsibilities of providing medical care to its patients; or 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.

- (d) List the name, address and TIN of any other disclosing entity in which a person with an ownership or controlling interest in the disclosing entity also has an ownership or control interest of at least 5 percent or more.

Other disclosing entity means 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 title V, XVIII, or XX of the Act. This includes hospitals, skilled nursing facilities, home health agencies, independent clinical laboratories, renal disease facilities, rural health clinics, or health maintenance organizations that participate in Medicare (title XVIII) and 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.

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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).

- ITEM III** (a) List the name, title, address and SSN (TIN if an organization) of all individuals or organizations having a direct or indirect ownership or control interest of five (5) percent or more that was convicted of a criminal offense related to the involvement of such persons or organizations in any of the programs established under Medicare, Medicaid or the Title XX services program since the inception of those programs.
- (b) List the name, title and address of any director, officer, agent, or managing employee of the institution, agency or organization who has been convicted of a criminal offense related to their involvement in such programs established by Titles VXIII, XIX, or XX.

Agent means a contractor that processes or pays vendor claims on behalf of the Medicaid Agency.

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.

- (c) List the name, title, address and SSN of any person who has an ownership or controlling interest in the disclosing entity and has been suspended or debarred from participation in the Medicare, Medicaid or the Title XX program since the inception of those programs.

- ITEM IV** (a) If there has been a change in ownership within the last year, or a change is anticipated, indicate the date in the appropriate space.

- (b) If this facility is operated by a management company or leased in whole or part by another organization, list the name or the management firm and federal tax identification number or the leasing organization.

Management company is defined any organization that operates and names a business on behalf of the owner of that business with the owner retaining ultimate legal responsibility for operation of the facility.

- (c) If you have increased your bed capacity by 10% or more or by 10 beds, whichever is greater within the last year, list the actual number of beds in the facility now and the previous number.
- (d) Identify which has changed (Administrator, Medical Director or Director of Nursing) and the date the change was made. Be sure to include the name of the NEW administrator, Director of Nursing or Medical Director.
- (e) List the date of any bankruptcy, if applicable.

- ITEM V** List the name, address and social security number of each member of the Board of Directors of the disclosing entity.

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

Item I. Identifying Information

(a) Name of Individual, Facility or Organization: _____

(b) DBA Name: _____

(c) Federal Tax Identification Number (TIN) or Social Security Number: _____

(d) Check the entity type that best describes the structure of the enrolling provider entity. Check **only one** box.

For-profit Corporation Non-Profit Corporation Partnership Government Owned Sole Proprietorship

(e) Is this entity chain affiliated? No Yes

Item II. Ownership and Control Information

(a) List the name, title, address, and *SSN* for each officer and/or individual who has direct or indirect ownership or controlling interest, separately or in combination, amounting to an ownership interest of 5% or more of the provider entity. List the name, *Tax ID (TIN)*, and address of any organization, corporation, or entity having direct or indirect ownership or controlling interest, separately or in combination, amounting to an ownership interest of 5% or more in the provider entity. Attach additional pages as necessary to list all officers, owners, management and ownership entities.

Name	Title	Address	SSN/TIN	Percentage

(b) List those persons named in Item II (a) that are related to each other (spouse, parent, child, or sibling).

Name	Relationship	SSN

(c) List the name, title, address and social security number of each person with an ownership or control interest **in any subcontractor** in which the disclosing entity has direct or indirect ownership of 5 percent or more.

Name	Title	Address	SSN	Percentage

(d) List the name, address and TIN of **any other disclosing entity** in which a person with an ownership or controlling interest in the disclosing entity also has an ownership or control interest of at least 5% or more.

Name	Address	TIN	Percentage

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

Item III. Criminal Offenses

(a) List the name, title, SSN and address of each officer and/or individual **who has ownership or control interest in the disclosing entity, or is an agent or managing employee of the disclosing entity** and has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of those programs.

Name	Title	Address	SSN (or TIN if organization)

(b) List the name, title, social security number and address of any individual who has an ownership or controlling interest in the disclosing entity and has been suspended or debarred from participation in Medicare, Medicaid or Title XX program since the inception of those programs.

Name	Title	Address	SSN

Item IV. Status Changes

(a) Has there been a change in ownership or control within the last year or is a change of ownership or control anticipated within the year? No Yes

(b) Is this facility operated by a management company or leased in whole or party by another organization? No Yes

If "yes, list date of change in operations: _____

(c) Have you increased your bed capacity by 10% or more or by 10 beds, whichever is greater, within the last year?

If "yes, when? _____

Previous No. of Beds _____ Current # of Beds _____ Date of change _____

(d) Has there been a change in Administrator, Director of Nursing or Medical Director within the last year? **If "yes", please check box below and list date.**

Administrator Director of Nursing Medical Director Date: _____

Name of new Administrator, Director of Nursing or Medical Director: _____

(e) Has there been a past bankruptcy or do you anticipate filing for bankruptcy within a year? No Yes

If "yes", when? _____

