Georgia Department of Community Health

Disclosure of Ownership and Control Interest Statement

PROVIDERS ONLY

DIVISION OF MEDICAL ASSISTANCE
INSTRUCTIONS FOR COMPLETING THE DISCLOSURE OF OWNERSHIP AND CONTROL STATEMENT

According to the Code of Federal Regulations Title 42, Part 455, Sections 100-106, all disclosing entities that furnish or provide health related services to Medicaid/PeachCare for Kids members must complete a Disclosure of Ownership Statement. The definitions below are designed to clarify certain questions on the Disclosure form. If you cannot report all of the necessary information in a designated section of the form because of space limitations, please provide the information on a separate paper.

Definitions

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 fiscal agent. 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 means:

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; and
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.

Indirect ownership interest means 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.

Individual practitioner means a physician or other person licensed or certified under State law to practice his or her profession.

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. These would also include, but not limited to the following: Facility Administrator, Compliance Officer, Agents, Laboratory Director, Supervising Pharmacist, Chief Executive Officer, Chief Financial Officer, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of the entity.

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 percent of 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) 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.

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; 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 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.

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Ownership Information

Check one that most closely describes you: ☐ **Individual** ☐ **Disclosing Entity**	
Name of Individual or Disclosing Entity	
Legal Business Name	**D/B/A Name**
Physical Address (required)	
Mailing Address	
List any PO Boxes and corresponding addresses associated with this entity:	
Federal Tax Identification Number (TIN)	**Georgia Medicaid Provider No./ATN (enter NONE, if not applicable)**

Section I

List the name, title, address, date of birth (DOB) and Social Security Number (SSN) for each individual having an ownership or control interest in this provider entity of **5% or greater.** This would include officers or directors of a disclosing entity. List the name, Tax Identification Number (TIN), business address of each organization, corporation, or entity having an ownership or control interest of **5% or greater**. Please attach a separate sheet if necessary. (42 CFR 455.104)

Name of Individual or Entity	DOB (mm/dd/yyyy)	Address No P.O. Boxes – Street Addresses Only	SSN (if individual) TIN (if an entity)	Ownership % of Interest

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Section II

Are any of the individuals listed above related to each other? ☐Yes ☐No
If yes, list the individuals named above who are related to each other (spouse, sibling, parent, child) (42 CFR 455.104)

Names	Type of relation

Section III

Are there any subcontractors that the **Disclosing Entity** has direct or indirect ownership of 5% or more? ☐ Yes ☐ No If yes, list the name and address of each person with an ownership or control interest in any subcontractor used in which the disclosing entity has direct or indirect ownership **of 5% or more.** (42 CFR 455.104)

Name of Individual or Entity	DOB (mm/dd/yyyy)	Address No P.O. Boxes – Street Addresses Only	SSN (if individual) TIN (if an entity)

Section IV

Has any person who has an ownership or control interest in the provider, or is an agent or managing employee of the disclosing entity ever been convicted of a crime related to that person's involvement in any program under Medicaid, Medicare, or Title XX program? (Verify through HHS-OIG Website). If yes, please list those persons below. (42 CFR 455.106) ☐ Yes ☐ No

Name/Title	DOB (mm/dd/yyyy)	Address No P.O. Boxes – Street Addresses Only	SSN

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Section V

For Disclosing Entities, list each managing employee and include the name, date of birth (DOB), Address, Social Security Number (SSN), and percent of interest. (42 CFR 455.104)

Name/Title	DOB (mm/dd/yyyy)	Address No P.O. Boxes – Street Addresses Only	SSN

To the best of my knowledge, the information supplied in this document is true, accurate and complete and is hereby released to the Georgia Department of Community Health, Division of Medical Assistance. I understand that falsification, omission or misrepresentation of any information on this form may result in termination of our contract.

______________________________ ____________________
Signature of authorized official | Title

______________________________ ____________________
Name (please print) | Date and Phone Number