Pennsylvania Provider Reimbursement and Operations Management Information System electronic (PROMISe™) Medicaid Management Information System (MMIS) is a HIPAA compliant database.

Provider Disclosure Statement Definitions

The definitions below are designed to clarify certain questions on the following Ownership and Control Disclosure Forms. 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.

<u>Disclosing entity</u> means a Medicaid provider (other than an individual practitioner or a group of practitioners), or a fiscal agent.

<u>Other Disclosing entity</u> 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; 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.

<u>Fiscal agent</u> means a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

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

<u>Indirect ownership interest</u> 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 percent of the stock in Corporation A, which owns 80 percent of the stock of the disclosing entity, you would have an 8 percent indirect ownership interest in the disclosing entity.

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

<u>Managing employee</u> 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 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.

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

- e. Is an officer or director of a disclosing entity that is organized as a corporation; or,
- f. Is a partner in the disclosing entity that is organized as a partnership.

<u>Significant business transaction</u> means 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 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.

<u>Supplier</u> 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 or hospital beds, or a pharmaceutical firm).

<u>Wholly owned supplier</u> 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.

Submit the completed form via mail, fax or e-mail to:

	Office of Medical Assistance Progra	ams
DHS Provider Enrollment PO Box 8045 Harrisburg, PA 17105-8045	Fax: (717) 265-8284	Email: RA-pwProvCHOW@pa.gov

OWNERSHIP AND CONTROL INTEREST DISCLOSURE

Note: Ownership and Control Interest information is required in accordance with the Federal Regulations at 42 CFR, Part 455.

Na	me d	of disclosing entity:			
13-	digi	t PROMISe™ Provider Number:			
Co	ntac	t Name (for questions on this form):			
	ntac one:	t (Contact Email Address:		
		Section I: Mai	naging Employee or Ag	gent Disclosure	
A.		ase enter the full name, address, socia ployee or agent of the disclosing entity		of birth of any person	who is a managing
	The	e following individual is a: Mana	aging Employee	gent	
	Na	me: (First Name) (Mic			
	Soc	cial Security Number:	ddle Name) (Last Name) Date o	f Birth:	
	Adı	dress:		Suite/Apt:	
		(City)	(State)	(Zip Code)	(+4)
	1.	Has the individual listed above been of Medicare, Medicaid, Title XX, Title XX			on's involvement in
		Yes (Provide details below)	☐ No		
	2.	Description of Offense:			
				Attach separate shee	t, if necessary

^{**}COPY SECTION I A TO ADD ADDITIONAL MANAGING EMPLOYEES/AGENTS**

Section II: Ownership and Control

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

In completing this section, an individual with at least 5% direct or indirect ownership interest includes individuals that have a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity and individuals who own 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.

INDIVIDUALS WITH AN OWNERSHIP OR CONTROL INTEREST IN THE DISCLOSING ENTITY

(First Name)	(Middle Name) (Last Name)		
ocial Security Number:	Date	e of Birth:	
ddress:		Suite/Apt:	
(City)	(State)	(Zip Code)	(+4)
			د اماما ا
b. If the individual listed abo	ve is an officer or director, what p	osition does the individua	ai noid?
President Vice President	Chairman Vice Chairman	OSITION does the Individua	ai noid?
President	Chairman		ai noid?
President Vice President Secretary Treasurer a. Is the individual listed abo	Chairman Vice Chairman Director	☐ Member Dling of any other individu	
President Vice President Secretary Treasurer a. Is the individual listed abo	Chairman Vice Chairman Director Officer ve the spouse, parent, child, or sibntrol interest in the disclosing enti	☐ Member Dling of any other individu	

06/07/2018

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 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 Address: _____Suite/Apt: ____ (State) (Zip Code) (City) *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*

COPY SECTION II A TO ADD ADDITIONAL INDIVIDUALS

CORPORATE ENTITIES WITH AN OWNERSHIP OR CONTROL INTEREST IN THE DISCLOSING ENTITY

ame:						
ederal Tax ID:						
Address:					Suite/Apt:	
(City)			(State)		(Zip Code)	(+4)
Please enter entity.	the percentag	ge and ownership	o type that the	corporate ent	ity listed above	has in the disc
Direct:(Percent of Owner		Indirect:(Percent of Ownersh		of Entity Owned)		
			.,	or Emery Owner,		
. Please enter	any additiona	l business locatio			porate entity list	ted above.
	•	l business locatio	ons and PO Bo	xes for the cor	·	
	,		ons and PO Bo	xes for the cor	·	(+4)
Address:(Ci	ty) porate entity		Ons and PO Bo (State)	*Attach se	Suite/Apt: (Zip Code) eparate sheet, if n	(+4) ecessary*
Address:(Ci	ty) porate entity	listed above have	Ons and PO Bo (State)	*Attach se	Suite/Apt: (Zip Code) eparate sheet, if n	(+4) ecessary*
Address:(Cri	oorate entity local agents, ma	listed above have	(State) e an ownershities, or any "o	*Attach se	Suite/Apt: (Zip Code) eparate sheet, if n	(+4) ecessary*
Address:	oorate entity local agents, ma	listed above have anaged care entited by the light specific light	(State) e an ownershities, or any "o	*Attach se o or control int	Zip Code) eparate sheet, if n erest in other M entities"?	(+4) ecessary*

^{**}COPY SECTION II B TO ADD ADDITIONAL CORPORATE ENTITIES**

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. Name: _ (Middle Name) (First Name) (Last Name) Social Security Number: Date of Birth: Address: _____ Suite/Apt: _____ (City) (State) (Zip Code) 1. a. Name of Subcontractor: Federal Tax ID of Subcontractor: b. Please enter the percentage and ownership type that the disclosing entity has in the subcontractor. Indirect:_____%
(Percent of Ownership) (Name of Entity Owned) Direct:_____%
(Percent of Ownership) Direct:___ c. Please enter the percentage and ownership type that the individual listed above has in the subcontractor. Direct: Indirect: % (Name of Entity Owned) (Percent of Ownership) (Percent of Ownership) 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) 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

06/07/2018

Name: _____ Relationship: ____

Yes (Provide details below)		
g. Description of Offense:			
		Attach separate sheet, if r	necessary
** <u>COPY</u>	SECTION II C TO ADD ADDITION	ONAL INDIVIDUALS**	
nterest of 5% or more.		sclosing entity has a direct o	
nterest of 5% or more.			or indirect owne
nterest of 5% or more. Name: Federal Tax ID:			or indirect owne
nterest of 5% or more. Name:			or indirect owne
nterest of 5% or more. Name:			or indirect owne
nterest of 5% or more. Name: Federal Tax ID: Address:	(State)	Suite/Apt: (Zip Code)	or indirect owne
nterest of 5% or more. Name:	(State) tage and ownership type that	Suite/Apt: (Zip Code)	or indirect owne
Name:	(State) tage and ownership type that	Suite/Apt: (Zip Code) the disclosing entity has in	(+4)

COPY SECTION II D TO ADD ADDITIONAL CORPORATE ENTITIES

Е.	which the disclosing entity has a direct or indirect		•		DCOILL ACTOLS III
	a. Name of Subcontractor:				
	Federal Tax ID of Subcontractor:				
	b. Please enter the percentage and ow	nership type t	hat the disclos	ing entity has in t	he subcontractor.
	Direct:%	% hip) (Nam	ne of Entity Owned)		
	COPY SECTION II E TO ADD ADDITI	ONAL SUBCO	NTRACTORS O	F THE DISCLOSIN	G ENTITY
	OWNERSHIP OR	CONTROL IN	TEREST IN OTH	ER ENTITIES	
F.	Does the disclosing entity have an ownership of agents, managed care entities, or any "other d			edicare or Medic	aid providers, fiscal
	Yes (Provide details below)	☐ No			
	Name:				
	Address:			Suite/Apt:	
	(City)	(State)		(Zip Code)	(+4)
	COPY SECTION	II F TO ADD A	ADDITIONAL EN	TITIES	
	SIGNIFICA	NT BUSINESS	TRANSACTION	S	
G.	Has the disclosing entity had any significant bu subcontractor during the preceding five year p		ctions with any	wholly owned su	pplier or with any
	Yes (Provide details below)	☐ No			
	Name of Supplier/Subcontractor:				
	Social Security Number or Federal Tax ID: _		Date of Birth	n: (Individuals only	
	Address:			Suite/Apt:	
	(City)	(State)		(Zip Code)	(+4)

COPY SECTION II G TO ADD ADDITIONAL SIGNIFICANT BUSINESS TRANSACTIONS

Section III: Non-Profit Organization Disclosure (Not Organized as a Corporation)

If the disclosing entity is a non-profit organized as a corporation, please complete Section II

lame:(First Name)	(Middle Name)	(Last Name)		
(First Name)	(iviidule ivairie)	(Last Name)		
Social Security Number:		Date of B	irth:	
Address:			Suite/Apt: _	
(City)	(Si	tate)	(Zip Code)	(+4)
. What position is held by th	ne individual listed abo	ve?		
President	Chairma	n	Member	
☐ Vice President	☐ Vice Cha			
Secretary	Director			
SecretaryTreasurer	☐ Director☐ Officer			
Treasurer	Officer oove been convicted of	a criminal offense i	•	son's involve
Treasurer 2. Has the individual listed at Medicare, Medicaid, Title	Officer oove been convicted of XX, Title XX (CHIP), or a	a criminal offense i	•	son's involve
Treasurer 2. Has the individual listed al Medicare, Medicaid, Title	Officer cove been convicted of XX, Title XX (CHIP), or a elow) No	a criminal offense i state health care p	rogram?	son's involve
 Treasurer Has the individual listed at Medicare, Medicaid, Title Yes (Provide details be 	Officer cove been convicted of XX, Title XX (CHIP), or a elow) No	a criminal offense i state health care p	rogram?	son's involve
 Treasurer Has the individual listed at Medicare, Medicaid, Title Yes (Provide details be 	Officer cove been convicted of XX, Title XX (CHIP), or a elow) No	a criminal offense i state health care p	rogram?	son's involve
 Treasurer Has the individual listed at Medicare, Medicaid, Title Yes (Provide details be 	Officer cove been convicted of XX, Title XX (CHIP), or a elow) No	a criminal offense i state health care p	rogram?	son's involve
Treasurer 2. Has the individual listed at Medicare, Medicaid, Title 3. Yes (Provide details b	Officer cove been convicted of XX, Title XX (CHIP), or a elow) No	a criminal offense i state health care p	rogram?	son's involve

^{**}COPY SECTION III TO ADD ADDITIONAL INDIVIDUALS**