



Colorado Medical Assistance Program

OWNERSHIP/CONTROLLING INTEREST AND CONVICTION DISCLOSURE FORM

Legal Name			Provider Number	
Doing Business As (dba) (if applicable)		EIN/SSN		NPI (if applicable)
Street Address		City	State	Zip Code
Telephone Number	Fax Number		Email Address	

<input type="radio"/> Partnership	<input type="radio"/> Limited Liability Partner	<input type="radio"/> Sole Proprietor	<input type="radio"/> Individual (SSN)
<input type="radio"/> Trust	<input type="radio"/> Government Agency	<input type="radio"/> Corporation	<input type="radio"/> Other (specify) _____

Privacy Act Notice Statement

This statement explains the use and disclosure of information about providers and the authority and purposes for which taxpayer identification numbers, including Social Security Numbers (SSNs) and dates of birth (DOB), may be requested and used. Any information provided in connection with provider enrollment will be used to verify eligibility to participate as a provider and for purposes of the administration of the Colorado Medical Assistance Program. This information will also be used to ensure that no payments will be made to providers who are excluded from participation. Any information may also be provided to the U.S. DHHS Centers for Medicare and Medicaid Services, the Internal Revenue Service, the Colorado Office of the Attorney General, the Medicaid Fraud Control Unit, or other federal, state or local agencies as appropriate. Providing this information is mandatory to be eligible to enroll as a provider with the Colorado Medical Assistance Program, pursuant to 42 C.F.R. § 433.37. Failure to submit the requested information may result in a denial of enrollment as a provider and issuance of the provider number, or denial of continued enrollment as a provider and deactivation of all provider numbers used by the provider to obtain reimbursement from the Colorado Medical Assistance Program.

Ownership/Controlling Interest and Conviction Disclosure

Disclosure of information regarding ownership and control and on a provider's owners and other persons convicted of criminal offenses against Medicare, Medicaid, or the title XX services programs is required by the Centers for Medicare and Medicaid Services and the Colorado Department of Health Care Policy and Financing pursuant to regulations found at 42 CFR § 455.100 through 42 CFR § 455.106. The following disclosures must be made to Colorado Medicaid utilizing this form:

- a. **Disclosing entities, fiscal agents and managed care entities** (see definitions) must disclose the information required in **Field A, Field B, Field C, Field D** and **Field E**. If not applicable check the box provided. All fields must be completed.
- b. **All entities** must complete **Field F**. If there is not any person which has an ownership or control interest in the provider, is an agent of the provider or is a managing employee of the provider who 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, then check the box indicating "None".

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Entity completing document is:

Provider
 Disclosing entity
 Other Disclosing entity
 Fiscal Agent
 Managed care entity

A. List the name, address, federal employer identification number (EIN) or Social Security Number (SSN) and date of birth (DOB) of each person (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent or managed care entity. Corporations, LLC, Non-Profits must list Board of Directors and government agencies must list local management structure. Corporate entities must list, as applicable, primary business address, every business location, and P.O. Box address. *If more space is needed attach a separate list including the required information.*

I am an individual using my SSN for enrollment and ownership/control interest does not apply.

Full Name	Address	% Interest
SSN/EIN	DOB	
Full Name	Address	% Interest
SSN/EIN	DOB	
Full Name	Address	% Interest
SSN/EIN	DOB	
Full Name	Address	% Interest
SSN/EIN	DOB	
Full Name	Address	% Interest
SSN/EIN	DOB	
Full Name	Address	% Interest
SSN/EIN	DOB	
Full Name	Address	% Interest
SSN/EIN	DOB	
Full Name	Address	% Interest
SSN/EIN	DOB	

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B. List the name, address, federal employer identification number (EIN) or Social Security Number (SSN) and date of birth (DOB) of each person or entity with an ownership or controlling interest in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more. *If more space is needed attach a separate list including the required information.*

None

Full Name	Address	% Interest
SSN/EIN	DOB	
Full Name	Address	% Interest
SSN/EIN	DOB	
Full Name	Address	% Interest
SSN/EIN	DOB	
Full Name	Address	% Interest
SSN/EIN	DOB	
Full Name	Address	% Interest
SSN/EIN	DOB	

C. Are any of the persons mentioned in Fields **A & B** related to one another as a spouse, parent, child, or sibling? *If more space is needed attach a separate list including the required information.*

Yes No *If yes, provide the name, Social Security Number, date of birth and state the relationship.*

Name (First, Middle Initial, Last)	SSN	DOB	Relationship, name and SSN of relation
			<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling
Name (First, Middle Initial, Last)	SSN	DOB	Relationship, name and SSN of relation
			<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling
Name (First, Middle Initial, Last)	SSN	DOB	Relationship, name and SSN of relation
			<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling
Name (First, Middle Initial, Last)	SSN	DOB	Relationship, name and SSN of relation
			<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling

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D. List any person who holds a position of managing employee within the disclosing entity, fiscal agent or managed care entity. *If more space is needed attach a separate sheet with the required information.*

None

Name (First, Middle Initial, Last)		Address
SSN	DOB	
Name (First, Middle Initial, Last)		Address
SSN	DOB	
Name (First, Middle Initial, Last)		Address
SSN	DOB	
Name (First, Middle Initial, Last)		Address
SSN	DOB	

E. Does any person, business, organization or corporation with an ownership or control interest (identified in Field **A**) have an ownership or controlling interest in any other provider, fiscal agent or managed care entity? *If more space is needed attach a separate sheet with the required information.*

No

Full Name		Other Provider Name and SSN/EIN	% Interest
SSN/EIN	DOB		
Full Name		Other Provider Name and SSN/EIN	% Interest
SSN/EIN	DOB		
Full Name		Other Provider Name and SSN/EIN	% Interest
SSN/EIN	DOB		

F. List any person who has an ownership or control interest in the provider, or is an agent or managing employee of the provider who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Children's Health Insurance Program or the Title XX services since the inception of these programs. *If more space is needed attach a separate sheet with the required information.*

None

Full Name		Conviction Date, Offense and Jurisdiction
SSN/EIN	DOB	
Full Name		Conviction Date, Offense and Jurisdiction
SSN/EIN	DOB	
Full Name		Conviction Date, Offense and Jurisdiction
SSN/EIN	DOB	

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42 C.F.R. § 455.101 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 group of practitioners), or a fiscal agent.

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 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.

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. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity.

Managed care entity (MCE) means managed care organizations (MCOs), PIHPs, PAHPs, PCCMs, and HIOs.

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 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;

(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.

Significant business transaction 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.

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.

42 CFR § 455.102 Determination of ownership or control percentages

(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 percent of the stock in a corporation which owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership interest in the disclosing entity and must be reported. Conversely, if B owns 80 percent of the stock of a corporation which 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.

(b) **Person with an ownership or control 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. 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.