Ownership and Control Interest Disclosure Statement

Itasca Medical Care (IMCare), along with other Minnesota health plans, is required by the Centers for Medicare & Medicaid Services (CMS) and the Minnesota Dept. of Human Services (DHS) to collect this information from you.

You are required to complete this form in its entirety:

- As a condition of IMCare participation;
- Upon credentialing and re-credentialing with IMCare; and
- When any information on your Ownership and Control Interest Disclosure Statement changes.

Disclosing Entity Identifying Information/Formation Structure

ENTITY'S LEGAL NAME ACCORDING TO IRS:		ENTITY'S DOING BUSINESS AS (DBA) NAME:	
ADDRESS:			NPI/UMPI #:
CITY:	STATE:	ZIP CODE:	OFFICE PHONE NUMBER:
FEDERAL EMPLOYER ID NUMBER (FEIN):		MN TAX ID NUMBER:	

CHECK THE ENTITY TYPE THAT BEST DESCRIBES YOUR ORGANIZATION:

☐ Sole Proprietorship ☐ Partnership ☐ Corporation (LLC) ☐ Non-Profit
☐ Hospital-Based ☐ State Agency ☐ County Agency ☐ Professional Association
☐ Other Municipal agency (please specify) : _____
☐ Other Partnership (LP, LLP, LLLP, etc) Specify Type: _____

All disclosing entities must complete the following sections for all persons and businesses or organizations that meet any of the following criteria:

- Have an ownership or control interest of 5% or more in this disclosing entity
- Have an ownership or control interest in a subcontractor in which this disclosing entity has a direct or indirect ownership interest of 5% or more
- Are a managing employee (see definitions on pages 4 and 5)

For a Person: If you list a person, you must include the person's date of birth, social security number (SSN) and residential (home) address.

For a Business: If you list a business, you must include the business' federal tax ID (FEIN) and primary business address for every business location (including street address) and every PO Box address.

Individual Person(s) With Ownership or Control Interest

List all individual owners, managing employees, and persons with control interest

ARE YOU A(N):
☐ Subcontractor (If person/entity is listed because of ownership/control interest in a subcontractor, name subcontractor): ______________________
☐ Managing Employee ☐ Owner – List % of Ownership Interest if 5% or more: ______________
☐ Board Member or Officer ☐ Other – specify ________________________________

FULL LEGAL NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER

HOME RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)	DATE OF BIRTH (MM/DD/YY)

CITY	COUNTY	STATE	ZIP CODE

RELATIONSHIP TO ANY OTHER PERSON LISTED
☐ Spouse ☐ Child ☐ Parent ☐ Sibling

ARE YOU A(N):
☐ Subcontractor (If person/entity is listed because of ownership/control interest in a subcontractor, name subcontractor): ______________________
☐ Managing Employee ☐ Owner – List % of Ownership Interest if 5% or more: ______________
☐ Board Member or Officer ☐ Other – specify ________________________________

FULL LEGAL NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER

HOME RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)	DATE OF BIRTH (MM/DD/YY)

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RELATIONSHIP TO ANY OTHER PERSON LISTED
☐ Spouse ☐ Child ☐ Parent ☐ Sibling

ARE YOU A(N):
☐ Subcontractor (If person/entity is listed because of ownership/control interest in a subcontractor, name subcontractor): ______________________
☐ Managing Employee ☐ Owner – List % of Ownership Interest if 5% or more: ______________
☐ Board Member or Officer ☐ Other – specify ________________________________

FULL LEGAL NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER

HOME RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)	DATE OF BIRTH (MM/DD/YY)

CITY	COUNTY	STATE	ZIP CODE

RELATIONSHIP TO ANY OTHER PERSON LISTED
☐ Spouse ☐ Child ☐ Parent ☐ Sibling

Attach additional sheets as necessary.

Complete the following information for each person, business or organization previously listed that has an ownership or control interest in any other Medicaid disclosing entity or for any entity that is otherwise required to disclose ownership and control information because of participation in Title V, XVIII or XX programs.

FULL LEGAL NAME (Person: last, first, MI; Business (Taxpayer name as listed with IRS)			5% OF OWNERSHIP INTEREST
FULL LEGAL NAME OF OTHER PROVIDER		ADDRESS OF OTHER PROVIDER	
CITY	COUNTY	STATE	ZIP CODE

Check the appropriate box for each of the following questions.

Has any person having an ownership or control interest ever:

- Been convicted of a criminal offense related to that person's involvement in any Medicare, Medicaid, Title XX or Title XXI program in Minnesota or any other state or jurisdiction? ☐Yes ☐No
- Had civil monetary penalties or assessments imposed under section 1128A of the Social Security Act? ☐Yes ☐No
- Been excluded from participation in Medicare or other State health care program? ☐Yes ☐No

Has any Managing Employee or Agent ever:

- Been convicted of a criminal offense related to that person's involvement in any Medicare, Medicaid, Title XX or Title XXI program in Minnesota or any other state or jurisdiction? ☐Yes ☐No
- Had civil monetary penalties or assessments imposed under section 1128A of the Social Security Act? ☐Yes ☐No
- Been excluded from participation in Medicare or other State health care program? ☐Yes ☐No

Complete the following for any "Yes" answer:

FULL LEGAL NAME (Person: last, first, middle)	SOCIAL SECURITY NUMBER
REASON FOR ANSWERING "YES" (conviction, monetary penalty, exclusion from program(s))	

Individual Person(s) With Ownership or Control Interest

By signing below, I, an authorized officer (CEO, president, etc) with authority to bind the entity, certify that the information on this form is true and correct, and that I will notify IMCare of any changes to this information.

NAME (PRINT)	TITLE	PHONE NUMBER
SIGNATURE		DATE (mm/dd/yy)

Return to Itasca Medical Care, Attn: Compliance at 218-327-5545 (fax) or email to laura.grover@co.itasca.mn.us

DEFINITIONS

Disclosing Entity:
A Medicare or Medicaid provider (other than an individual practitioner or group of practitioners) or supplier, or a fiscal agent (a contractor that processes or pays vendor claims on behalf of IMCare). This definition includes Counties and Third Party Administrators (TPAs).

Ownership or Control Interest:
Questions that ask for information about ownership or control interest are asking for information about persons, businesses or organizations that have either:

- Direct ownership of 5% or more in the disclosing entity – OR –
- Indirect ownership interest equal to 5% or more in a disclosing entity (meaning ownership in another entity that has an ownership interest in the disclosing entity) – OR –
- A combination of direct and indirect ownership interest equal to 5% or more in the disclosing entity – OR –
- Owns an interest of 5% or more in any mortgage, deed of trust, note or other obligation secured by the disclosing entity – OR –
- Is an officer or director of a disclosing entity that is organized as a corporation – OR –
- Is a partner in a disclosing entity that is organized as a partnership

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

Indirect ownership interest is defined as ownership interest in an equity that has direct or indirect ownership interest in the Disclosing Entity. The amount of indirect ownership interest in the Disclosing Entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of 5% or more in the Disclosing Entity. Example: If C owns 10% of the stock in a corporation that owns 80% of the stock of the Disclosing entity, C's interest equates to an 8% indirect ownership and must be disclosed.

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 or 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 control.

Managing Employee means an individual (including a general manager, business manager, administrator or director) who exercises operational or managerial control over the entity or part thereof, or who directly or indirectly conducts the day-to-day operations of the entity or part thereof as defined in 42 CFR 1001.1001(a)(ii)(A)(6).

Provider means an Individual or entity that is engaged in the delivery of health care services and is legally authorized to do so by the state in which it delivers the services.

Subcontractor: an individual, agency, or organization to which a Disclosing Entity has contracted or delegated some of its management functions or responsibilities of furnishing health related services; or 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 Medicare or Medicaid agreement.

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

Wholly Owned Supplier: a Supplier, whose total ownership interest is held by a provider or by a person(s) or other entity with an ownership or control interest in a provider.