

**SUBJECT: DISCLOSURE OF OWNERSHIP AND CONTROL INFORMATION AND DISCLOSURE OF INFORMATION ON PERSONS CONVICTED OF CRIMES**

**POLICY: CP 1101 A**

**Department of Origin:** Compliance and Audit Department  
**Responsible Position:** Compliance Director

**Date(s) of Review and Revision:** 04/13; 05/14; 03/15; 07/16; 05/17; 5/18; 7/18  
**Policy Replaces:** CP 101

**Policy Approved:** 7/6/2018 Committee Meeting

[Link](#)

**Department Approval:**



Approval has  
completed on CP 110.

**PURPOSE**

To comply with the requirement to obtain information regarding ownership and control, the Health Plan, will collect the required information and will provide information to AHCCCS of any person (individual or corporation) with an ownership or control interest in the Health Plan. To ensure the Health Plans do not have an excluded party or a person convicted of a criminal offense related to that person's involvement in any program under Medicare or Medicaid since the inception of these programs, the Health Plan will confirm the identity and determine the exclusion status of any person with an ownership or control interest in the Health Plan and any person who is an agent or managing employee through routine checks of the Federal databases.

**APPLICABILITY**

This policy applies to all Medicaid Lines of Business.

**POLICY**

The Health Plan maintains a listing of persons (individual or corporation) with an ownership or control interest in the Health Plan and supplies that listing to AHCCCS

upon request and at times specified by AHCCCS. The Health Plan discloses the identity of any excluded person to AHCCCS.

## DEFINITIONS

Please refer to the link below for full definitions for the following terms:

<http://sharepoint/sites/hppandp/new/Lists/Definitions/PP%20Definitions.aspx>

## PROCEDURE

- 1.0 The Health Plan will provide the following information to AHCCCS:
  - 1.1. For individuals with an ownership or control interest in the Health Plan, the Health Plan provides the name, address, date of birth and social security numbers. This includes those individuals who have direct, indirect, or combined direct/indirect ownership interest of 5% or more of the Health Plan's equity; owns 5% or more of any mortgage, deed of trust, note or other obligation secured by the Health Plan if that interest equals at least 5% of the value of the Health Plan's assets, is an officer or director of the Health Plan organized as a corporation, or is a partner in the Health Plan if organized as a partnership.
  - 1.2. For corporations with an ownership or control interest in the Health Plan, the Health plan provides the name, address, and tax identification number. The address for corporate entities must include as applicable the primary business address, every business location, and P.O. Box address. For corporations, this would include those individuals who have direct, indirect, or combined direct/indirect ownership interest of 5% or more of the Health Plan's equity, owns 5% or more of any mortgage, deed of trust, note or other obligation secured by the Health Plan if that interest equals at least 5% of the value of the Health Plan's assets, is an officer or director of the Health Plan organized as a corporation, or is a partner in a Health Plan organized as a partnership.
  - 1.3. Whether the person (individual or corporation) with an ownership or control interest in the Health Plan is related to another person with ownership or control interest in the Health Plan as a spouse, parent child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor of the Health Plan has a 5% or more interest is related to another person with ownership or control interest in the Health Plan as a spouse, parent, child, or sibling;
  - 1.4. The name of any disclosing entity, other disclosing entity, fiscal agent or managed care entity in which an owner of the Health Plan has an ownership or control interest;
  - 1.5. The name, address, date of birth and social security number of any "Managing Employee" of the Health Plan.
- 2.0 The Health Plan will obtain the following information regarding ownership and control from its Fiscal Agents:
  - 2.1. The name and address of any person (individual or corporation) with an ownership or control interest in the Fiscal Agent. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address;

- 2.2. The date of birth and social security numbers of any person with an ownership or control interest in the Fiscal Agent;
  - 2.3. The tax identification number of any corporation with an ownership or control interest in the Fiscal Agent;
  - 2.4. Whether the person (individual or corporation) with an ownership or control interest in the Fiscal Agent is related to another person with ownership or control interest in the Fiscal Agent as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor of the Fiscal Agent has a 5% or more interest is related to another person with ownership or control interest in the Fiscal Agent as a spouse, parent, child, or sibling;
  - 2.5. The name of any other disclosing entity as defined in 42 CFR 455.101 in which an owner of the Fiscal Agent has an ownership or control interest;
  - 2.6. The name, address, date of birth and social security number of any Managing Employee of the Fiscal Agent.
- 3.0 Health Plan FDRs/ Administrative services Subcontractors are required to adhere to the requirements outlined above.
    - 3.1. Disclosure of Information on Persons Convicted of Crimes
      - 3.2. The Health Plan will confirm the identity and determine the exclusion status of the following:
        - 3.2.1. Any person with an ownership or control interest in the Health Plan.
        - 3.2.2. Any person who is an agent or managing employee of the Health Plan.
        - 3.2.3. Any person who is a fiscal agent.
      - 3.3. The Health Plan will disclose the identity of any of these excluded persons, including those who have ever 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.
    - 3.4. The Health Plan will, on a monthly basis, confirm the identity and determine the exclusion status through routine checks of:
      - 3.4.1. The List of Excluded Individuals (LEIE)
      - 3.4.2. The System of Award Management (SAM) formerly known as the Excluded Parties List (EPLS)
      - 3.4.3. Any other databases directed by AHCCCS or CMS

The Health Plan will immediately notify AHCCCS of any person who has been excluded through these checks.
- 4.0 The Health Plan will provide the above information to AHCCCS at any of the following times:
  - 4.1. When the Health Plan submits a proposal to AHCCCS in accordance with the State of Arizona's procurement process;
  - 4.2. Upon the Health Plan executing the contract with the State of Arizona for the AHCCCS program;
  - 4.3. Upon renewal or extension of the contract between the Health Plan and AHCCCS;
  - 4.4. Within 35 days after any change in ownership of the Health Plan.

- 4.5. Upon request by AHCCCS.
- 4.6. The results of the Disclosure of Ownership and Control and the Disclosure of Information on Persons Convicted of Crimes shall be held by the Health Plan.
- 4.7. Upon renewal or extension of the contract, the Health Plan will submit an annual attestation that the information has been obtained and verified by the Health Plan, or upon request, provide this information to AHCCCS.
  
- 5.0 In addition, the Health Plan will furnish to AHCCCS or CMS within 35 days or receiving a request, full and complete information pertaining to business transactions:
  - 5.1. The ownership of any subcontractor with whom the Health Plan has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
  - 5.2. Any significant business transactions between the Health Plan, any subcontractor, and wholly owned supplier, or between the Health Plan and any subcontractor during the five-year period ending on the date of the request.

#### **PERFORMANCE AND OUTCOME MEASURES**

- 1.0 The Health Plan provides accurate and timely listings of any persons with an ownership or control interest in the Health Plan or the Health Plan's subcontracted vendors or Fiscal Agents to AHCCCS when required.
- 2.0 The Health Plan provides information on any excluded party immediately upon discovery.

#### **REFERENCES**

- 1.0 AHCCCS Acute Care Amendment (Contract), Section D, Paragraph 61, Corporate Compliance
- 2.0 AHCCCS EPD ALTCS Contract, Section D, Paragraph 64, Corporate Compliance
- 3.0 42 CFR 455.100 through 106
- 4.0 AHCCCS ACOM Policy 103

#### **ASSOCIATED POLICIES AND PROCEDURES**

- 1.0 Health Plan Policy - CP 6001 Compliance Program
- 2.0 Health Plan Policy - CP 6033 Sanction Screening
- 3.0 Health Plan Policy - CP 6014 First Tier, Downstream and Related Entity Oversight
- 4.0 BH Policy 194- Compliance Federal and State Exclusion Review

#### **ATTACHMENTS**

N/A