

5160-1-17.3

Provider Disclosure Requirements.**(A) Definitions:**

- (1) "Disclosing provider" means a Medicaid provider, managed care entity, or fiscal agent under contract with the department of Medicaid (ODM).
- (2) "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.
- (3) "Agent" means any person who has been delegated the authority to obligate or act on behalf of a provider.
- (4) "Person with an ownership or control interest" means a person or corporation that meets any of the following:
 - (a) Has an ownership interest totaling five percent or more in the disclosing provider;
 - (b) Has an indirect ownership interest equal to five percent or more in the disclosing provider;
 - (c) Has a combination of direct and indirect ownership interest equal to five percent or more in the disclosing provider;
 - (d) Owns an interest of five percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least five percent of the value of the property or assets of the disclosing provider;
 - (e) Is an officer or director of the disclosing provider that is organized as a corporation or non-profit; or
 - (f) Is a partner in the disclosing provider that is organized as a partnership or limited liability company.
- (5) "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.
- (6) "Indirect ownership interest" means an ownership interest in an entity that has direct or indirect ownership in the disclosing provider.

(B) Disclosing providers shall disclose the following information to the Department:

- (1) The name and address of any person (individual or corporation) with an

ownership or control interest in the disclosing provider.

(a) In the case of an individual, date of birth and Social Security Number.

(b) In the case of a corporation, other tax identification number with an ownership or control interest in the disclosing provider or in any subcontractor in which the disclosing provider has a five percent or more interest.

(2) Whether the person (individual or corporation) with an ownership or control interest in the disclosing provider is related to another person with ownership or control interest in the disclosing provider as a spouse, parent, child, or sibling.

(3) Whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing provider has a five percent or more interest is related to another person with ownership or control interest in the disclosing provider as a spouse, parent, child, or sibling.

(4) The name of any disclosing provider in which an owner of the disclosing provider has an ownership or control interest.

(5) The name, address, date of birth, and social security number of any managing employee of the disclosing provider.

(6) The identity of any person who has ownership or control interest in the provider, or is an agent or managing employee of the provider and 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.

(7) The ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date the disclosure is due.

(8) Any significant business transaction between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the 5-year period ending on the date the disclosure is due.

(C) Disclosures shall be due at any of the following times:

(1) Prior to entering into a Medicaid provider agreement or contract, during a procurement process, or as part of a request for proposal.

(2) Prior to revalidating a Medicaid provider agreement, or the renewal or extension of the contract.

(3) Within 35 days after any change in ownership.

(4) At any time within 35 days upon written request from the department.

(D) Failure by the disclosing provider to disclose information in accordance with this rule may result in the denial, suspension, or termination of the Medicaid provider agreement or contract.

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Certification

Date

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