EASTERN OREGON COORDINATED CARE ORGANIZATION

# Participating Provider/Hospital Disclosure Statement

## Purpose

The purpose of this Disclosure Statement is to comply with 42 CFR Part 455 Subpart B and OAR 410-120-120(6)(c). Completion and submission of this form to the EOCCO is a condition of participation in the EOCCO contracted provider network. Refusal to submit this information may result in a refusal by EOCCO to enter into a participating provider or participating hospital agreement or termination of the existing contract or agreement.

For more information on the disclosure requirement, please see the *Conflicts of Interests and Disclosures Section* in the EOCCO Provider Manual, available at http://www.eocco.com/providers/payment.shtml .

## Section 1: Identifying Information

| | | |
|---|---|---|
| **Provider/Facility Name** | | |
| **Tax Identification Number** | | |
| **Address** | | |
| **Date of Birth** *(if an individual practitioner)* | | |
| **Social Security Number** *(if an individual practitioner)* | | |
| **Contact Information** | *Name* | |
| | *Title* | |
| | *Phone Number* | |
| | *Email* | |

## Section 2: Ownership[1] or Control Interests

### Part 1:

List all of the individuals and organizations that have a direct or indirect ownership or controlling interest[2] in the Provider/Facility listed identified in Section 1. Attach additional pages as necessary to list all officers, owners, management and ownership individuals and entities. If there are no individuals or entities with a direct or indirect ownership or controlling interest, check the box below.

☐ None or Does Not Apply

| Name | Title | Address | EIN | Entity Type | SSN | DOB |
|---|---|---|---|---|---|---|
| | | | | Choose an item. | | |
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| | | | | Choose an item. | | |

[1] ***Ownership*** interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity, provider, and/or facility.
[2] ***Person with an Ownership or Control Interest*** means any person or corporation that (a) has an ownership interest totaling 5 percent or more in the disclosing entity; (b) has an indirect ownership interest equal to 5 percent or more in the disclosing entity; (c) has a combination of direct and indirect ownership interests equal to 5 percent or more in the disclosing entity; (d) owns an interest of 5 percent or more in any mortgage, deed, 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. [42 CFR 422.101]

## Part 2:

List all of the individuals and organizations in which the Provider/Facility in Section 1 has an ownership or controlling interest of 5% or more **AND** with which it subcontracts[3] for services for EOCCO patients. Attach additional pages if necessary to list all subcontractors that meet this criteria. If there are no individuals or entities with a direct or indirect ownership or controlling interest, check the box below.

☐ None or Does Not Apply

| Name | Title | Address | TIN | Percentage | SSN | DOB |
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## Part 3:

List any person named in Part 1 or Part 2 above that are related to each other (spouse, parent, child, or other family members by marriage or otherwise). If there are no individuals who meet this requirement, check the box below.

☐ None or Does Not Apply

| Name | Relationship | Address | SSN | DOB |
|---|---|---|---|---|
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[3] ***Subcontractor*** means an individual, agency, or organization to which a Provider/Facility has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients

## Part 4:

List the name, address, EIN and DHS provider number of any disclosing entity[4] or other disclosing entity[5] in which an individual/entity with an ownership or controlling interest in the Provider/Facility named in Section 1 also has an ownership or controlling interest of at least 5% or more. If there are no individuals or entities who meet this requirement, check the box below.

☐ None or Does Not Apply

| Name | Address | EIN | DHS/OHA Provider Number | SSN | DOB |
|---|---|---|---|---|---|
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## Section 3: Signature

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to contract, or it the Provider/Hospital is already enrolled, a termination of its agreement or contract.

By signing this Disclosure Statement, you hereby certify under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the EOCCO in writing, of any changes or if additional information becomes available.

_____

Printed Name of Provider/Facility

_____

Signature of Provider/Authorized Representative of Facility

_____

Date

[4] ***Disclosing Entity*** any Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent.

[5] **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 Social Security 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 Social Security Act.

## Section 4: Additional Remarks (Optional)

Provide any additional information concerning any item or statement on this Disclosure Statement: