

Georgia Medicaid Disclosure of Ownership and Control Interest and Criminal Conviction Information

DEFINITIONS:

Agent means any person who has been delegated the authority to obligate or act on behalf of a Provider. 42 C.F.R. § 455.101.

Convicted or Conviction means that a judgment of conviction has been entered by a Federal, State, or local court, regardless of whether an appeal from that judgment is pending. 42 C.F.R. § 455.2.

Convicted of a Criminal Offense – for purposes of this form means,

- (a) When a judgment of conviction has been entered against the individual or entity by a Federal, State, or local court, regardless of whether there is an appeal pending or whether the judgment of conviction or other record relating to criminal conduct has been expunged;
- (b) When there has been a finding of guilt against the individual or entity by a Federal, State, or local court;
- (c) When a plea of guilty or nolo contendere by the individual or entity has been accepted by a Federal, State, or local court;
- (d) When the individual or entity has entered into participation in a first offender, deferred adjudication, or other arrangement or program where judgment of conviction has been withheld. 42 U.S.C.A § 1320a-7(i).

Disclosing Entity means a Medicaid Provider (other than an individual practitioner or group of practitioners), or a fiscal agent. 42 C.F.R. § 455.101.

Fiscal Agent means a contractor that processes or pays vendor claims on behalf of the Medicaid agency. 42 C.F.R. § 455.101.

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). 42 C.F.R. § 455.101. Common location means Providers share physical office space, for example, 101 Main Street, Suite A.

Indirect Ownership 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. 42 C.F.R. § 455.101.

Individual Practitioner means a solo physician or non-physician practitioner; who has not reassigned Medicare/Medicaid payments to a group practice or disclosing entity.

Managed Care Entity (MCE) means managed care organizations (MCOs), PIHPs, PAHPs, PCCMs, and HIOs. 42 C.F.R. §455.101

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. 42 C.F.R. § 455.101.

Medicaid Agency means the Georgia Department of Community Health.

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;
- (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. 42 C.F.R. § 455.101.

Ownership Interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity. 42 C.F.R. § 455.101.

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 Dr. Smith owns 10 percent of a mortgage secured by 60 percent of Dr. Murray's assets, Dr. Smith's interest in Dr. Murray's assets equates to 6 percent and must be reported. Conversely, if Dr. Brad owns 40 percent of a mortgage secured by 10 percent of Dr. Jolie's assets, Dr. Brad's interest in Dr. Jolie's assets equates to 4 percent and need not be reported. 42 C.F.R. § 455.102.

Person with an Ownership or Control Interest means a person or entity that:

- (a) Has an ownership interest totaling five (5) percent or more in a Disclosing Entity;
- (b) Has an indirect ownership interest equal to five (5) percent or more in a Disclosing Entity;
- (c) Has a combination of direct and indirect ownership interests equal to five (5) percent or more in a Disclosing Entity;
- (d) Owns an interest of five (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 five (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 C.F.R. § 455.101.

Provider Entity means, for the purposes of this form, any Disclosing Entity, Other Disclosing Entity, Managed Care Entity, Fiscal Agent, or Group of Practitioners required to disclose Ownership, Control Interest, and Criminal Conviction information using this form.

Provider Person means, for the purposes of this form, any Individual Practitioner required to disclose Ownership, Control Interest, and Criminal Conviction information using this form.

Responsible Party means an individual with legal authority to bind the Disclosing Entity or Other Disclosing Entity, for example, a managing partner or corporate president.

Significant Business Transaction means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of

\$25,000 and five (5) percent of a provider's total operating expenses. 42 C.F.R. § 455.101.

Subcontractor for the purposes of this form means:

- (a) An individual, agency, or organization to which a Provider Entity has contracted or delegated some of its management or administrative functions or responsibilities of providing medical care to its patients; i.e. billing, case management, utilization review, etc.; 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. 42 C.F.R. § 455.101.

Supplier for the purposes of this form means an individual, agency, or organization from which your organization purchases goods and services with Medicaid funds used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds, or a pharmaceutical firm). 42 C.F.R. § 455.101.

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 C.F.R. § 455.101.

**GEORGIA MEDICAID
DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT
AND CRIMINAL INFORMATION**

INSTRUCTIONS:

Please complete the following information applicable to the Provider Entity or Provider Person required to provide this information pursuant to 42 C.F.R. §455.104. If the information requested does not apply, please type N/A. Add more rows if needed.

ITEM I. Identifying Information

(1) Name and DBA Name, National Provider Identifier (NPI(s)) (if applicable), Federal Tax Identification Number(s) (TIN), and Medicaid Provider Identification Number(s) (if applicable):

Provider Entity Name(s)	DBA Name(s)	NPI(s)	TIN(S)	Medicaid ID Number
AMGP GEORGIA MANAGED CARE COMPANY, INC.	AMERIGROUP COMMUNITY CARE	1588648745	06-1696189	639298489A

(2) Primary Business Address, and all P.O. Boxes and business locations:

Street Address/P.O Box	City/County/State	Zip Code (5+4)	Telephone Number
740 W. PEACHTREE ST. NW, ATLANTA, GA 30308	ATLANTA, GA	30308-1199	678-587-4840

(3) Name, National Provider Identifier (NPI(s)) (if applicable), Social Security Number (SSN), DOB, and Medicaid ID Numbers (if applicable):

Provider Person Name	NPI(s)	SSN(s)	DOB	Medicaid ID Number
N/A	N/A	N/A	N/A	N/A

(4) Check Business/Organization Type:

- Are you the only Provider Person in your practice?
- Do you practice with other Provider Persons in all the same location(s)?
- Are you in any other practice type? – **Managed Care Entity/Care Management Organization**

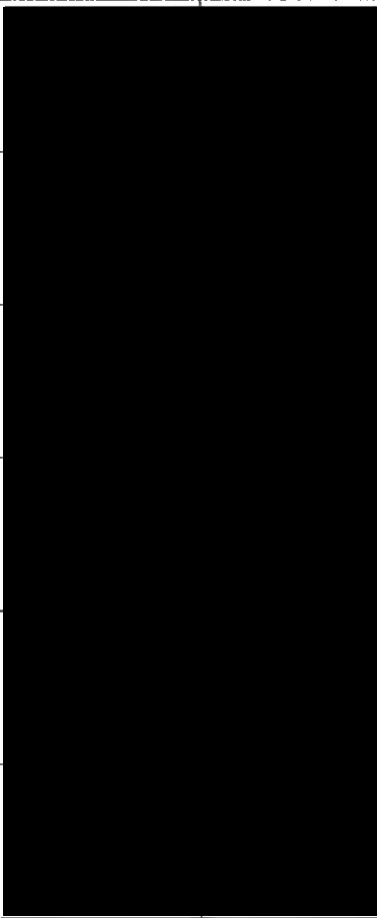




ITEM II. Ownership and Control Information

(1) List the name, address, Date of Birth (DOB), SSN, and percentage owned for each person with an Ownership or Control Interest of five (5) percent or more in the Provider Entity. List the name, primary business address, tax identification number, and percentage of ownership or control in the Provider Entity. In addition, list the same information for any Subcontractor in which the Provider Entity has a 5 percent or more Ownership or Control Interest. If you are an Individual **AND** you are a solo Practitioner and you own 100 percent of your practice then you should just list yourself as 100% owner.

Name	SSN	DOB	% of Ownership or Control	Address	City/County/State	Zip Code (5+4)	Telephone Number
AMERIGROUP CORPORATION	N/A	N/A	100%	5800 NORTHAMPTON BLVD.	NORFOLK, VA	23502	757-962-6484

(2) List the name, address, DOB, and SSN of each Person who is a Managing Employee of the Provider Entity.

Name	SSN	DOB	Address	City/County/State	Zip Code (5+4)	Telephone Number
MELVIN W. LINDSEY/ Director, Chairperson, President and Chief Executive Officer	[REDACTED]	[REDACTED]	740 W. Peachtree Street, N.W.	Atlanta/Fulton/GA	30308-1199	678-587-4840
Jennifer A. Dewane Director, Vice President			220 Virginia Avenue Indianapolis, IN 46204	Indianapolis/Marion/IN	46204	317-488-6000
JACK L. YOUNG/ Director, Vice President and Assistant Secretary			5800 Northampton Boulevard Norfolk, VA 23502	Norfolk/Norfolk/VA	23502	RESIGNED 09/16/2022

ERIC K. NOBLE/ Assistant Treasurer		220 Virginia Avenue Indianapolis, IN 46204	Indianapolis/Marion/IN	46204	317-488-6000
KATHLEEN S. KIEFER/ Secretary		220 Virginia Avenue Indianapolis, IN 46204	Indianapolis/Marion/IN	46204	317-488-6000
VINCENT E. SCHER/ Treasurer		220 Virginia Avenue Indianapolis, IN 46204	Indianapolis/Marion/IN	46204	317-488-6000
JAN C. KENNEDY. M.D./ Director			Decatur/DeKalb/GA	30033	
DANIEL H. PILE/ Director			Roswell/Fulton/GA	30075	
RONALD W. PENCZEK/ Director		220 Virginia Avenue Indianapolis, IN 46204	Indianapolis/Marion/IN	46204	317-488-6000

(3) List whether any of the persons named in Item II(1) is related to another as a spouse, parent, child, or sibling. List whether any of the persons in Item II(1) with an Ownership or Control Interest in any Subcontractor in which the Provider Entity has a 5 percent or more interest is related to another with Ownership or Control Interest in the Provider Entity as a spouse, parent, child, or sibling.

Name	SSN	Relationship
N/A	N/A	N/A

(Add more rows if needed)

(4) List the name, address, and TIN of any other Provider Entity in which a Person with an Ownership or Control Interest in this Provider Entity also has an Ownership or Control Interest.

Name	TIN(s)	Address (no P.O. Boxes)	City/County/State	Zip Code (5+4)	Telephone Number
N/A	N/A	N/A	N/A	N/A	N/A

(Add more rows if needed)

(5) Has there been a change in ownership or control within the last year? Yes No

(6) Do you anticipate any change in ownership or control within the year? Yes No

(7) Do you anticipate filing for bankruptcy within the year?
If yes, when? Yes No

(8) Is this facility operated by a management company, or leased in whole or part by another organization?
If yes, give date of change in operations. Yes No

(9) Has there been a change in Administration, Director of Nursing or Medical Director within the last year? Yes No N/A

(10) Is this facility chain affiliated? (If yes, list name, address of Corporation, and EIN). Yes No N/A

Name	Address	EIN
N/A	N/A	N/A

(Add more rows if needed)

(11) If the answer to question ten (10) is No, was the facility ever affiliated with a chain?
(If yes, list Name, Address or Corporation and EIN). Yes No N/A

Name	Address	EIN
N/A	N/A	N/A

(Add more rows if needed)

(12) List owners of subcontractors that you have had business transactions with totaling more than \$25,000 during the past 12 months.

Name	Address	EIN
Alliant Health Group, Inc.	1455 Lincoln Parkway, Ste 800, Atlanta, GA 30346	26-0893902

<i>Atlanta Area Council, Inc. DBA Atlanta Area Council Boy Scouts of America</i>	<i>1800 Circle 75 Pkwy, Atlanta, GA, 30339</i>	<i>58-0566122</i>
<i>Aunt Bertha, Inc.</i>	<i>3616 Far West Blvd, Ste 117-454, Austin, TX 78731</i>	<i>27-3354421</i>
Erine Gray		
Noro-Moseley Partners	3284 Northside Parkway, NW, Suite 525, Atlanta, GA 30327	82-4971533
Noro-Moseley Partners VIII, L.P.	3284 Northside Parkway, NW, Suite 525, Atlanta, GA 30327	82-4971533
Techstars Ventures 2014, L.P.	1050 Walnut Street, Boulder, CO 80302	37-1746884
Techstars Impact 2018 SPV, LLC	1050 Walnut Street, Boulder, CO 80302	37-1746884
Digitalis Ventures, LLC	11 Times Square, Ste 1500A, New York, NY 10036	81-1466186
<i>Boys & Girls Club of Metro Atlanta</i>	<i>1275 Peachtree Street NE, Suite 500, Atlanta, GA 30309</i>	<i>58-0566123</i>
<i>Brand Fuel, Inc.</i>	<i>611 Tucker Street, Raleigh, NC 27603</i>	<i>56-2125832</i>
Robert Fiveash		
Danny Rosin		
<i>Centauri Health Solutions, Inc. DBA Human Arc</i>	<i>1457 East 40th Street, Cleveland, OH, 44014</i>	<i>34-1458781</i>
Silversmith Capital Partners	177 Huntington Ave 25 th Floor Boston, MA 02115	47-4618728
SV Life Sciences	201 Washington St. Ste 3900, Boston, MA 02115	47-3731886
Lexington Partners	660 Madison Ave 23 rd Floor, New York, NY 10065	81-1414617
Adam Miller		
<i>ChipRewards; Icario, Inc.</i>	<i>123 North 3rd Street, Suite 300 Minneapolis, MN 55401</i>	<i>85-3192831</i>

BioTlemetry, Inc.	1000 Cedar Hollow Road, Ste 102, Malvern /Chester, PA 19355	46-2568498
Philips Holding USA, Inc.	222 Jacobs Street, Cambridge Middle Sex, MA 02141	13-3867295
Philips North America, LLC	6501 Living Place, Pittsburgh/Allegheny, PA 15206	25-1304989
Koninklijke Philips N.V.	High Tech Campus 52, Eindhoven, Netherland, 5656AG	98-0234538
<i>Clarity Software Blocker, Inc.</i>	<i>92 Wall Street Ste 1. Madison, CT 06443</i>	<i>46-4780029</i>
<i>Elevation Strategic Solutions, LLC</i>	<i>701 S. Carson St, Ste 200, Carson City, NV 89701</i>	<i>45-1544805</i>
Dyalan Beamon		
Rebecca Beamon		
<i>Ingenuiti, LLC</i>	<i>2876 Guardian Lane Virginia Beach, VA 23452</i>	<i>26-0291276</i>
<i>Maarten Fleurke</i>		
<i>INSPR Media, LLC, Enid Doggett</i>	<i>2924 10th Street NE, Washington, DC 20017</i>	<i>46-3889227</i>
<i>Enid Doggett</i>		
<i>mPulse Mobile, Inc.</i>	<i>21255 Burbank Blvd, Ste 120, Woodland Hills, CA 91367</i>	<i>47-1633761</i>
Providence Strategic Growth Capital Partners, LLC	401 Park Dr. Ste. 204 Boston, MA 02215	35-2498059
<i>Preferred Direct Marketing, Inc.</i>	<i>4590 Village Ave, Norfolk, VA, 23502</i>	<i>54-1531052</i>
Christopher J. Nee		
William D. Nee Jr.		
<i>Purfoods, LLC</i>	<i>3210 SE Corporate Woods Dr., Ankeny, IA 55201</i>	<i>41-2096639</i>

CC PF AIV LP	115 N. Wacker Drive, Chicago, IL 60606	81-1914574
CC PF Blocker, LLC	115 N. Wacker Drive, Chicago, IL 60606	81-1873961
Cressey & Company Fund VI LP	115 N. Wacker Drive, Chicago, IL 60606	83-0739825
PF Fund IX Acquisition Partners I LP	200 Clarendon Street, Boston, MA 02116	85-2976902
David Ramsay 2010 GRAT		
<i>Pyx Health, Inc.</i>	<i>565 5th Ave 8th Floor, New York, NY 10017</i>	<i>82-0639239</i>
Cynthia Jordan		
SPV, LLC	250 Fillmore Street, Denver, CO 80206	86-2642625
<i>Symphony Performance Health, Inc.</i>	<i>11605 Haynes Bridge Road, Ste 400, Alpharetta, GA 30009</i>	<i>46-4593394</i>
Azalea Parent Holdings LP	c/o Leonard Green & Partners, 111 Santa Monica Blvd, Ste 2000, Los Angeles, CA 90025	84-2186611
Azalea Parent Corp	1173 Ignition Drive, South Bend, IN 46601	84-2712512
Azalea Intermediate, Corp.	1173 Ignition Drive, South Bend, IN 46601	84-3927202
Azalea Topco, Inc.	51 State Street, Ste 2101, Boston, MA 02109	81-3927202
Press Ganey Associates, LLC	1173 Ignition Drive, South Bend, IN 46601	35-1646289
Symphony Performance Health Holding, Inc.	11605 Haynes Bridge Rd, Ste 400, Alpharetta, GA 30009	46-4600805
NewCo Guarantor, LLC	11605 Haynes Bridge Rd, Ste 400, Alpharetta, GA 30009	84-2200421
<i>Telcare Medical Supply, Inc.</i>	<i>1000 Cedar Hollow, Malvern, PA 19355</i>	<i>27-1961913</i>
<i>(AIM) Imaging Management Holdings, LLC</i>	<i>8600 W. Bryn Mawr Avenue, Ste 800 South Chicago, IL 60631</i>	<i>75-2619605</i>

<i>Avesis Third Party Administrator, LLC</i>	<i>10400 N. 25th Ave, Ste. 200., Phoenix, AZ 85021</i>	<i>86-0986927</i>
Avesis, LLC	10400 N. 25 th Ave, Ste. 200., Phoenix, AZ 85021	86-0349350
Avatar Holdings, LLC	10400 N. 25 th Ave, Ste. 200., Phoenix, AZ 85021	35-2728506
Avatar Holdco 1, Inc.	10 Hudson Yards, New York, NY 10004	87-1961981
Avatar Buyer, LLC	155 North Wacker, Drive, Chicago, IL 60606	86-2459705
Cressey & Company VI-LP	155 North Wacker, Drive, Chicago, IL 60606	83-0739825
Cressey & Company VI-A-LP	155 North Wacker, Drive, Chicago, IL 60606	83-0758632
First Commonwealth, Inc.	10 Hudson Yards, New York, NY 10004	75-2154228
The Guardian Life Insurance Company of America	10 Hudson Yards, New York, NY 10004	13-5123390
<i>Beacon Health Options, Inc.</i>	<i>200 State St. Ste 302, Boston, MA 02109</i>	<i>04-3324848</i>
The Vanguard Group, Inc.	P. O. Box 2600, Valley Forge, PA 19482	23-1945930
BlackRock, Inc,	40 East 52 nd St. New York, NY 10022	32-0174431
Anthem, Inc.	220 Virginia Ave, Indianapolis, IN 46204	35-2145715
BVO Holdings, LLC	200 State Street Ste 302, Boston, MA 02109	47-2272036
Beacon Health Options Holdco, Inc.	200 State Street Ste 302, Boston, MA 02109	80-0427425
Beacon Health Vista Parent, Inc.	200 State Street Ste 302, Boston, MA 02109	47-1871128
FHC Health Systems, Inc.	200 State Street Ste 302, Boston, MA 02109	54-1230110
<i>Carelon</i>	<i>200 Virginia Avenue, Indianapolis, IN 46204</i>	<i>82-3027094</i>

Carelon Holdings, Inc.	200 Virginia Avenue, Indianapolis, IN 46204	82-3027094
Elevance Health, Inc	200 Virginia Avenue, Indianapolis, IN 46204	35-2145715
BlackRock, Inc	55 East 52 nd Street, New York, NY 1005	32-0174431
Vanguard Group Holdings	P.O. Box 2600 V26 Valley Forge, PA 19482	23-1915930
Anthem Partnership Holdings Company, LLC	200 Virginia Avenue, Indianapolis, IN 46204	81-3974489
<i>DentaQuest USA Insurance Company, Inc.</i>	<i>96 Worcester Street, Wellesley Hills, MA 02481</i>	<i>20-2970185</i>
Sun Life Financial, Inc	1 York Street, Toronto, Ontario M5J OB6 Canada	98-0226074
Sun Life Assurance Company of Canada	1 York Street, Toronto, Ontario M5J OB6 Canada	38-1082080
Sun Life Assurance Company of Canada US Operations Holdings, Inc.	One Sun Life Executive Park, Wellesley Hills, MA 02481	04-3401283
DentaQuest, LLC	96 Worcester Street, Wellesley Hills, MA 02481	20-0390099
<i>Elevance Health, Inc.</i>	<i>200 Virginia Avenue, Indianapolis, IN 46204</i>	<i>35-2145715</i>
BlackRock, Inc	55 East 52 nd Street, New York, NY 1005	32-0174431
Vanguard Group Holdings	P.O. Box 2600 V26 Valley Forge, PA 19482	23-1915930
T. Rowe Price Group, Inc.	100 East Pratt Street, Baltimore, MD 21202	20-0001638
<i>One Source Therapy</i>	<i>3555 Koger Blvd, Ste 170, Duluth, GA 30096</i>	<i>46-2001445</i>

(Add more rows if needed)

ITEM III. Business Transaction Information

(1) List the name, address, DOB (if applicable), SSN (if applicable), and TIN (if applicable) for any subcontractor with whom the Provider Entity has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request.

Name	SSN	DOB	TIN(s)	Address (no P.O. Boxes)	City/State	Zip (5+4)
Alliant Health Group, Inc.			581109530	1455 Lincoln Parkway E, Ste 800	Atlanta, GA	30346
Atlanta Area Council, Inc. DBA Atlanta Area Council Boy Scouts of America			580566122	1800 Circle 75 Pkwy	Atlanta, GA	30339
Aunt Bertha, Inc			273354421	3616 Far West Blvd, Ste 117-454	Austin, TX	78731
Boys & Girls Club of Metro Atlanta			580566123	1275 Peachtree Street NE, Suite 500	Atlanta, GA	30309
Brand Fuel, Inc.			562125823	9001 Aerial Center Parkway	Morrisville, NC	27560
Centauri Health Solutions, Inc. DBA Human Arc Corporation			341458781	1457 East 40 th Street	Cleveland, OH	44104
ChipRewards, Inc.			261688143	2901 2 nd Ave S. Ste 210	Birmingham, AL	35233
Clarity Software Solutions, Inc.			260285679	92 Wall Street Ste 1	Madison, CT	06443
Elevation Strategic Solutions, LLC			451544805	701 S. Carson Street Ste 200	Carson City, NV	89701
Ingenuiti, LLC			260291276	2876 Guardian Lane, 1 st Floor	Virginia Beach, VA	23452

INSPR Media, LLC			463889227	2924 10 th Street NE	Washington, DC	20017
mPulse Mobile, Inc.			471633761	16530 Ventura Blvd Ste 500	Encino, CA	91436
Preferred Direct Marketing, Inc.			541531052	4590 Village Ave	Norfolk, VA	23502
Purfoods, LLC			412096639	3210 SE Corporate Woods Dr.	Ankeny, IA	55021
Pyx Health, Inc.			820639239	565 5 th Ave 8 th Floor	New York, NY	10017
Symphony Performance Health, Inc.			464593394	11605 Haynes Bridge Rd #400	Alpharetta, GA	30009
Telcare Medical Supply, Inc.			271961913	1000 Cedar Hollow	Malvern, PA	19355
DentaQuest USA Insurance Company, Inc			202970185	96 Worcester Street	Wellesley, MA	02481
One Source Therapy			462001445	3555 Koger Blvd, Ste 170	Duluth, GA	30096

(Add more rows if needed)

(2) List any significant business transactions between the Provider Entity and any Subcontractor, or Wholly Owned Supplier, during the 5-year period ending on the date of the request.

Date of Transaction	Person or Entity Name	Amount of Transaction
April 14, 2022	Alliant Health Group, Inc.	\$113,662.70
November 1, 2022	Alliant Health Group, Inc.	\$100,782.77
July 18, 2022	Alliant Health Group, Inc.	\$66,006.16
July 19, 2022	Alliant Health Group, Inc.	\$64,296.21
January 9, 2023	Alliant Health Group, Inc.	\$55,687.44

January 18, 2022	Alliant Health Group, Inc.	\$50,897.83
November 1, 2022	Alliant Health Group, Inc.	\$40,141.76
January 9, 2023	Alliant Health Group, Inc.	\$32,214.83
April 13, 2022	Alliant Health Group, Inc.	\$27,517.39
March 7, 2019	Aunt Bertha, Inc.	\$25,980.00
December 19, 2022	Atlanta Area Council, Inc. DBA Atlanta Area Council Boy Scouts of America	\$30,000.00
December 13, 2021	Atlanta Area Council, Inc. DBA Atlanta Area Council Boy Scouts of America Boy Scouts of America	\$25,000.00
December 13, 2021	Boys & Girls Club of Metro Atlanta	\$128,000.00
December 13, 2019	Boys & Girls Club of Metro Atlanta	\$105,000.00
December 19, 2022	Boys & Girls Club of Metro Atlanta	\$75,000.00
December 10, 2020	Boys & Girls Club of Metro Atlanta	\$55,000.00
December 19, 2022	Boys & Girls Club of Metro Atlanta	\$50,000.00
December 9, 2020	Boys & Girls Club of Metro Atlanta	\$50,000.00
October 5, 2022	Boys & Girls Club of Metro Atlanta	\$25,325.00
January 31, 2019	Boys & Girls Club of Metro Atlanta	\$25,000.00
February 16, 2023	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$36,400.00
March 7, 2023	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$36,400.00
April 14, 2023	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$32,200.00
May 4, 2023	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$30,800.00
January 6, 2023	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$26,600.00
June 14, 2021	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$119,000.00
February 5, 2021	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$88,200.00
March 5, 2021	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$72,800.00
April 2, 2021	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$67,200.00
January 11, 2021	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$64,400.00
October 19, 2020	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$61,600.00
September 4, 2020	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$61,600.00
August 4, 2021	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$61,600.00
November 5, 2021	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$60,200.00
July 7, 2021	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$58,800.00
October 5, 2021	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$53,200.00

September 3, 2021	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$47,600.00
November 17, 2022	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$46,200.00
June 17, 2022	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$44,800.00
November 4, 2020	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$43,400.00
February 4, 2022	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$40,600.00
April 5, 2022	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$37,800.00
May 3, 2022	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$36,400.00
January 7, 2022	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$36,400.00
August 9, 2022	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$35,000.00
March 4, 2022	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$33,600.00
October 4, 2022	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$32,200.00
September 2, 2022	Centauri Health Solutions, Inc. DBA Human Arc Corporation	\$30,800.00
July 15, 2022	ChipRewards, Inc.	\$68,800.00
December 17, 2020	ChipRewards, Inc.	\$50,000.00
July 10, 2020	ChipRewards, Inc.	\$42,500.00
December 18, 2020	ChipRewards, Inc.	\$39,356.50
September 13, 2022	ChipRewards, Inc.	\$29,160.34
January 25, 2022	ChipRewards, Inc.	\$25,130.00
May 10, 2019	Clarity Software Solutions, Inc.	\$135,000.00
February 14, 2019	Clarity Software Solutions, Inc.	\$115,945.29
December 23, 2019	Clarity Software Solutions, Inc.	\$110,000.00
May 20, 2021	Clarity Software Solutions, Inc.	\$49,500.00
June 9, 2021	Clarity Software Solutions, Inc.	\$49,178.95
September 24, 2021	Clarity Software Solutions, Inc.	\$34,000.00
April 12, 2021	Clarity Software Solutions, Inc.	\$32,255.11
March 17, 2022	Clarity Software Solutions, Inc.	\$31,000.00
April 23, 2021	Clarity Software Solutions, Inc.	\$30,000.00
May 30, 2019	Clarity Software Solutions, Inc.	\$30,000.00
February 9, 2021	Clarity Software Solutions, Inc.	\$29,188.79
August 9, 2019	Clarity Software Solutions, Inc.	\$29,184.46
March 15, 2023	Clarity Software Solutions, Inc.	\$28,000.00
November 10, 2020	Clarity Software Solutions, Inc.	\$27,608.06
May 7, 2019	Clarity Software Solutions, Inc.	\$27,176.77
March 13, 2023	Clarity Software Solutions, Inc.	\$25,146.89
March 30, 2021	Clarity Software Solutions, Inc.	\$25,000.00
August 22, 2019	Clarity Software Solutions, Inc.	\$25,000.00

November 20, 2019	Clarity Software Solutions, Inc.	\$25,000.00
December 22, 2022	Elevation Strategic Solutions, LLC	\$31,549.60
August 10, 2021	mPulse Mobile, Inc.	\$125,000.00
June 20, 2019	mPulse Mobile, Inc.	\$100,000.00
June 17, 2020	mPulse Mobile, Inc.	\$100,000.00
June 1, 2022	mPulse Mobile, Inc.	\$125,000.00
April 10, 2023	mPulse Mobile, Inc.	\$33,150.00
November 22, 2021	Preferred Direct Marketing, Inc.	\$90,505.14
May 23, 2023	Preferred Direct Marketing, Inc.	\$31,224.01
January 12, 2023	Preferred Direct Marketing, Inc.	\$30,221.37
September 13, 2022	Preferred Direct Marketing, Inc.	\$29,749.41
December 13, 2021	Preferred Direct Marketing, Inc.	\$27,696.97
April 13, 2022	Preferred Direct Marketing, Inc.	\$27,588.20
June 20, 2022	Preferred Direct Marketing, Inc.	\$26,895.65
December 13, 2021	Preferred Direct Marketing, Inc.	\$26,190.50
June 3, 2021	Preferred Direct Marketing, Inc.	\$90,651.46
March 11, 2021	Preferred Direct Marketing, Inc.	\$90,001.32
April 1, 2019	Preferred Direct Marketing, Inc.	\$81,983.58
July 8, 2021	Preferred Direct Marketing, Inc.	\$75,956.87
April 21, 2023	Pyx Health, Inc.	\$120,000.00
October 19, 2022	Telecare Medical Supply, Inc.	\$400,000.00

(Add more rows if needed)

ITEM IV. Criminal Offense Information

(1) Answer the following questions by checking “Yes” or “No”. If any of the questions are answered “Yes”, list names and addresses of individuals or corporations under “Remarks”. Identify each item number to be continued.

- a. Are there individuals or organizations having a direct or indirect ownership or control interest of five (5) percent or more in the Provider Entity that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any program established by Medicare, Medicaid, or Social Security Block Grants? Yes No
- b. Are there any directors, officers, agents, or managing employees of the institution, agency or the organization who have ever been convicted of a criminal offense related to their involvement in any program established by Medicare, Medicaid, or Social Security Block Grants? Yes No

(2) List the name, home address, DOB, and SSN of each Person with an Ownership or Control Interest in the Provider Entity or is an Agent or Managing Employee of the Provider Entity, that 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.

Name	Home Address	SSN	DOB	Time Frame of the Offense	Matter of the Offense	Jurisdiction and Date of the Conviction	Program Area of the Offense	Sanction Period of the Offense
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Add more rows if needed)

(3) On behalf of the Provider Person, have you ever been convicted of a criminal offense related to your involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs. Yes No

If "Yes" is checked, provide the name of the Federal District of conviction for a federal offense(s): N/A and/or the County name of Conviction for State offense(s): N/A .

If "Yes" is checked, provide the following information:

Name	SSN	TIN(s)	Time Frame of the Offense	Matter of the Offense	Date of the Conviction	Program Area of the Offense	Sanction Period of the Offense
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Add more rows if needed)

The State or Federal Medicaid agency may refuse to enter into, renew, or terminate an agreement with a Provider if it is determined that a Provider did not fully, accurately, and truthfully make the disclosures required by this statement. Additionally, false statements or representations of the required disclosures may be prosecuted under applicable federal or state laws. 42 C.F.R. § 455.106.

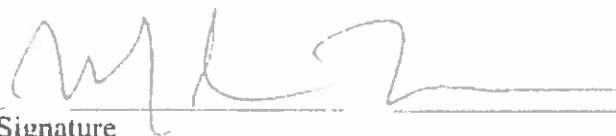
SIGNATURE:

GA Disclosure of Ownership, Control Interest, and Criminal Conviction Information

If this form is being completed for a Provider Entity, the signature of a Responsible Party for business is required below. This form **MUST** be signed by the Provider Person if being filled out by an Individual Practitioner. If the form is being filled out for a Provider Entity the signature below **MUST** be that of a Responsible Party, an individual with the legal authority to bind the Provider Entity.

Melvin W. Lindsey, President – Medicaid, Amerigroup Community Care
Name of Authorized Representative (Printed)

Title



Signature

6/22/2023

Date

Remarks (add additional sheets if necessary):