

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
CareSource Georgia Co.	N/A	N/A	47-2408339	003216643 400750001 400750091

(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
600 Galleria Parkway, Suite 400	Atlanta, Georgia (Cobb County)	30339-8146	(678) 214-7500
7402 Hodgson Memorial Drive, Suite 115	Savannah, Georgia (Chatham County)	31406-2534	(678) 214-7300

(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				

(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

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
CareSource	EIN – 31-1703368	N/A	100%	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	(937) 224-3300

(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
Erhardt H. Preitauer	[REDACTED]	[REDACTED]	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	(937) 531-3335
Lawrence R. Smart	[REDACTED]	[REDACTED]	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	(937) 531-3310
Jai P. Pillai	[REDACTED]	[REDACTED]	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	(937) 531-3131
Jason M. Bearden	[REDACTED]	[REDACTED]	600 Galleria Parkway, Suite 400	Atlanta, Georgia (Cobb County)	30339-8146	(501) 255-7103
Scott R. Markovich	[REDACTED]	[REDACTED]	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	(937) 487-5558

(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
None		

(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
CareSource Ohio, Inc.	31-1143265	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	(937) 224-3300
CareSource Kentucky Co.	46-4991603	101 Enterprise Drive	Frankfort, Kentucky (Franklin County)	40601-8585	(502) 213-4700
CareSource Indiana, Inc.	32-0121856	135 N. Pennsylvania Street, Suite 1300	Indianapolis, Indiana (Marion County)	46204-2488	(317) 982-6400
CareSource West Virginia Co.	47-3028244	400 Washington Street East, Suite 401	Charleston, West Virginia (Kanawha County)	25301-1509	(681) 319-9555
CareSource Management Services LLC	31-1703371	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	(937) 224-3300
CareSource PASSE LLC	86-3112470	425 W. Capitol Avenue, Suite 3000	Little Rock, Arkansas (Pulaski County)	72201-3595	(501) 255-7100
CareSource Arkansas Health Plan Co.	84-4476729	425 W. Capitol Avenue, Suite 3000	Little Rock, Arkansas (Pulaski County)	72201-3595	(501) 255-7100
CareSource Iowa Co.	88-1429834	699 Walnut Street, Suite 425	Des Moines, Iowa (Polk County)	50309-3929	Not Yet Established
Columbus Medical Services LLC	75-2690132	350 Sentry Parkway, Building 620, Suite 120	Blue Bell, Pennsylvania (Montgomery County)	19422-2315	(800) 229-5116

(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? Yes No
If yes, when?

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

(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		

(Add more rows if needed)

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

Name	Address	EIN
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
Avalon Client Services, LLC		
- Francisco Partners Parallel Fund III, LP	- One Letterman Drive, Bldg C Suite 410 San Francisco, CA 94219	- 27-4519783
- HCSC Ventures Inc.	- 300 E Randolph Street Chicago, IL 60601	- 37-1789176
- Mosaic Health Solutions LLC	- 324 Blackwell Street, Suite 1100 Durham, NC 27701	- 26-0529453
- Blue Cross Blue Shield South Carolina	- I-20 at Alpine Road Columbia, SC 29212	- 57-0287419

CSS Health - Medicine on Time, LLC - Paul Harder	- 11461 US Highway 301 N, Suite 101 Thonotosassa, FL 33592 - [REDACTED]	- 47-4475268 - [REDACTED]
Skygen USA, LLC - Grambino Technologies LLC - MOA Investments LLC - Scion Holdings Inc.	- W140N8981 Lilly Rd. Menomonee Falls, WI 53051 - W140N8981 Lilly Rd. Menomonee Falls, WI 53051 W140N8981 Lilly Rd. Menomonee Falls, WI 53051	- 20-8448188 - 39-1865244 - 82-3326543
United Communications Inc. - Lee Kirkwood - Tom Clines	- 4410 Bishop Lane, Louisville, KY 40218 - 4410 Bishop Lane, Louisville, KY 40218	- [REDACTED] - [REDACTED]
O'Neil Digital Solutions, LLC - O'Neil Capital Management Inc.	- 12655 Beatrice St Los Angeles, CA 90066	- 95-2859453
Express Scripts - Evernorth Health Inc. - Cigna Corporation	- Once Express Way, St. Louis, MO 63121 - 900 Cottage Grove Rd, Bloomfield, CT 06002	- 45-2884094 - 82-4991898
NantHealth, Inc. - California Capital Equity, LLC - Kuwait Investment Authority - Kuwait Investment Office	- 10182 Culver Blvd, Culver City, CA 90232 - Ministries Complex, Block 3, Safat, Kuwait 13001 - 15 Carter Lane, London United Kingdom, EC4V5EY	- 27-2824115 - N/A - N/A
National Imaging Associates Inc. - Magellan Healthcare, In	- 8621 Robert Fulton Drive, Columbia, MD 21046	- 52-2135463
The Northridge Group, Inc.		

<ul style="list-style-type: none"> - GreatBanc Trust (Trustee of the Northridge Group Employee Stock Ownership Plan) - Therese Fauerbach - Marriann Cole - Daren Moore - Leo Lanzillo - Pam Plyler 	<ul style="list-style-type: none"> - 801 Warrenville Road, Suite 500, Lisle, IL 60352 - [REDACTED] - [REDACTED] - [REDACTED] - [REDACTED] - [REDACTED] 	<ul style="list-style-type: none"> - None - [REDACTED] - [REDACTED] - [REDACTED] - [REDACTED] - [REDACTED]
<p>Versant</p> <ul style="list-style-type: none"> - Block Vision Holdings Corp. - Superior Vision Holdings, Inc - Versant Health Consolidations Corp - Versant Health Holdco, Inc. - Versant Health, Inc. - MetLife, Inc. 	<ul style="list-style-type: none"> - 881 Elkridge Landing Rd., Suite 300, Linthicum Heights, MD 21090 - 881 Elkridge Landing Rd., Suite 300, Linthicum Heights, MD 21090 - 881 Elkridge Landing Rd., Suite 300, Linthicum Heights, MD 21090 - 881 Elkridge Landing Rd., Suite 300, Linthicum Heights, MD 21090 - 881 Elkridge Landing Rd., Suite 300, Linthicum Heights, MD 21090 - 881 Elkridge Landing Rd., Suite 300, Linthicum Heights, MD 21090 - 200 Park Avenue, New York, NY 10166 	<ul style="list-style-type: none"> - 51-0418587 - 20-8963174 - 80-0769466 - 81-0711451 - 81-0706365 - 13-4075851

(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)
Avalon Client Services, LLC			61-1760119	3405 W. Dr. Martin Luther King Jr. Blvd. Suite 200	Tampa, FL	33607

CSS Health			30-1007532	701 Seneca Street, Suite 205	Buffalo, NY	14210
Express Scripts			43-1420563	1 Express Way	St. Louis, MO	63121
NantHealth, Inc.			27-3019889	3000 RDU Center Drive, Suite 200	Morrisville, NC	27560
National Imaging Associates Inc.			22-3428367	4801 E. Washington St., Suite 100	Phoenix, AZ	85034
The Northridge Group			36-4271881	9700 W. Higgins Road, Suite 600	Rosemont, IL	60018
O'Neil Digital Solutions LLC			45-2255219	12655 Beatrice Street	Los Angeles, CA	90066
Skygen USA, LLC			81-0762694	W140N8981 Lilly Rd.	Menomonee Falls, WI	53051
United Communications Inc			61-1359442	4410 Bishop Lane, Suite 100	Louisville, KY	40218
Versant			13-3741352	11090 White Roack Road Suite 175	Rancho Cordova, CA	95670

(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
2022	CareSource Management Services LLC	\$60,103,054 (Jan. through May)
2021	CareSource Management Services LLC	\$115,945,282
2020	CareSource Management Services LLC	\$86,552,950
2019	CareSource Management Group Co.	\$69,135,312
2018	CareSource Management Group Co.	\$66,528,561

(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
None								

(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): _____ and/or the County name of Conviction for State offense(s): _____.

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

(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:

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.

Lawrence R. Smart / Chief Financial Officer
Name of Authorized Representative (Printed) Title

DocuSigned by:
Lawrence Smart / 6/23/2022
Signature ID: EB02CE57C22B43B... Date

Remarks (add additional sheets of necessary):