# 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 |
|---|---|---|---|---|
| Peach State Health Plan, Inc. | Peach State Health Plan, Inc. | 1013034552 | 203174593 | 559695479A<br>559695479B<br>559695479C<br>559695479E<br>559695479D<br>559695479F |

**(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 |
|---|---|---|---|
| 1100 Circle 75 Parkway Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556-2300 |

The following table is a list of P.O. Boxes of the entities in the CNC group of companies:

| | | |
|---|---|---|
| PO Box 10500 FARMINGTON MO 63640 | PO Box 3090 FARMINGTON MO 63640 | PO Box 4080 FARMINGTON MO 63640 |
| PO Box 10600 FARMINGTON MO 63640 | PO Box 4000 FARMINGTON MO 63640 | PO Box 410 NEWTOWN CT 06470 |
| PO Box 10700 FARMINGTON MO 63640 | PO Box 4020 FARMINGTON MO 63640 | PO Box 441548 INDIANAPOLIS IN 46244 |
| PO Box 11740 EUGENE OR 97440 | PO Box 4030 FARMINGTON MO 63640 | PO Box 441567 INDIANAPOLIS IN 46244 |
| PO Box 11756 EUGENE OR 97440 | PO Box 4040 FARMINGTON MO 63640 | PO Box 459086 FORT LAUDERDALE FL 33345 |
| PO Box 1256 TROY MI 48099 | PO Box 4050 FARMINGTON MO 63640 | PO Box 459087 FORT LAUDERDALE FL 33345 |
| PO Box 20062 TAMPA FL 33622 | PO Box 4060 FARMINGTON MO 63640 | PO Box 459088 FORT LAUDERDALE FL 33345 |
| PO Box 2010 FARMINGTON MO 63640 | PO Box 4070 FARMINGTON MO 63640 | PO Box 459089 FORT LAUDERDALE FL 33345 |
| PO Box 2020 FARMINGTON MO 63640 | PO Box 25538 LITTLE ROCK AR 72221 | PO Box 5000 FARMINGTON MO 63640 |

| | | |
|---|---|---|
| PO Box 2030 FARMINGTON MO 63640 | PO Box 25610 LITTLE ROCK AR 72221 | PO Box 5010 FARMINGTON MO 63640 |
| PO Box 20565 TAMPA FL 33622 | PO Box 25626 LITTLE ROCK AR 72221 | PO Box 5030 FARMINGTON MO 63640 |
| PO Box 20647 TAMPA FL 33622 | PO Box 25656 TAMPA FL 33622 | PO Box 5040 FARMINGTON MO 63640 |
| PO Box 20654 TAMPA FL 33622 | PO Box 25857 TAMPA FL 33622 | PO Box 5060 FARMINGTON MO 63640 |
| PO Box 20847 TAMPA FL 33622 | PO Box 25974 TAMPA FL 33622 | PO Box 5070 FARMINGTON MO 63640 |
| PO Box 21588 TAMPA FL 33622 | PO Box 26208 LITTLE ROCK AR 72221 | PO Box 5080 FARMINGTON MO 63640 |
| PO Box 22085 TAMPA FL 33622 | PO Box 26440 LITTLE ROCK AR 72221 | PO Box 50815 SAINT LOUIS MO 63105 |
| PO Box 22122 TAMPA FL 33622 | PO Box 26631 TAMPA FL 33623 | PO Box 50816 SAINT LOUIS MO 63105 |
| PO Box 22377 TAMPA FL 33622 | PO Box 26632 TAMPA FL 33623 | PO Box 5090 FARMINGTON MO 63640 |
| PO Box 22687 TAMPA FL 33622 | PO Box 270697 SAINT LOUIS MO 63127 | PO Box 52079 PHOENIX AZ 85072 |
| PO Box 23768 TAMPA FL 33623 | PO Box 277610 SACRAMENTO CA 95827 | PO Box 6000 FARMINGTON MO 63640 |
| PO Box 24010 LITTLE ROCK AR 72221 | PO Box 277610 SACRAMENTO CA 95827 | PO Box 6123 FARMINGTON MO 63640 |
| PO Box 25010 LITTLE ROCK AR 72221 | PO Box 3000 FARMINGTON MO 63640 | PO Box 6150 FARMINGTON MO 63640 |
| PO Box 25178 TAMPA FL 33622 | PO Box 3001 FARMINGTON MO 63640 | PO Box 6200 FARMINGTON MO 63640 |
| PO Box 25228 LITTLE ROCK AR 72221 | PO Box 3002 FARMINGTON MO 63640 | PO Box 6300 FARMINGTON MO 63640 |
| PO Box 25230 LITTLE ROCK AR 72221 | PO Box 3003 FARMINGTON MO 63640 | PO Box 6400 FARMINGTON MO 63640 |
| PO Box 25255 TAMPA FL 33622 | PO Box 3030 FARMINGTON MO 63640 | PO Box 6500 FARMINGTON MO 63640 |
| PO Box 25308 LITTLE ROCK AR 72221 | PO Box 3040 FARMINGTON MO 63640 | PO Box 6700 FARMINGTON MO 63640 |
| PO Box 25408 LITTLE ROCK AR 72221 | PO Box 3050 FARMINGTON MO 63640 | PO Box 6800 FARMINGTON MO 63640 |
| PO Box 25438 LITTLE ROCK AR 72221 | PO Box 3060 FARMINGTON MO 63640 | PO Box 6900 FARMINGTON MO 63640 |
| PO Box 25518 TAMPA FL 33622 | PO Box 3070 FARMINGTON MO 63640 | PO Box 7001 FARMINGTON MO 63640 |
| PO Box 7300 FARMINGTON MO 63640 | PO Box 8020 FARMINGTON MO 63640 | PO Box 92050 ELK GROVE VILLAGE IL 60009 |
| PO Box 733 ELK GROVE VILLAGE IL 60009 | PO Box 8030 FARMINGTON MO 63640 | |
| PO Box 7400 FARMINGTON MO 63640 | PO Box 8040 FARMINGTON MO 63640 | |
| PO Box 7500 FARMINGTON MO 63640 | PO Box 8050 FARMINGTON MO 63640 | |
| PO Box 7548 ROCKY MOUNT NC 27804 | PO Box 8060 FARMINGTON MO 63640 | |
| PO Box 7548 ROCKY MOUNT NC 27804 | PO Box 8080 FARMINGTON MO 63640 | |
| PO Box 7600 FARMINGTON MO 63640 | PO Box 84180 BATON ROUGE LA 70884 | |
| PO Box 7800 FARMINGTON MO 63640 | PO Box 8898 CAMP HILL PA 17001 | |
| PO Box 8001 FARMINGTON MO 63640 | PO Box 9010 FARMINGTON MO 63640 | |
| PO Box 8002 FARMINGTON MO 63640 | PO Box 9020 FARMINGTON MO 63640 | |
| PO Box 8003 FARMINGTON MO 63640 | PO Box 9030 FARMINGTON MO 63640 | |
| PO Box 8010 FARMINGTON MO 63640 | PO Box 9040 FARMINGTON MO 63640 | |

**(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: - N/A

□ 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?

**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** |
|---|---|---|---|---|---|---|---|
| Centene | N/A | N/A | Peach State Health Plan is a wholly owned subsidiary of the Centene Corporation. | 7700 Forsyth Blvd. | St. Louis, MO | 63105-3389 | 314-725-4477 |

**(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 |
|---|---|---|---|---|---|---|
| Wade Rakes | [redacted] | | 1100 Circle 75 Parkway, Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556-2300 |
| Clyde White | | | 1100 Circle 75 Parkway, Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556-2300 |
| Rayshawn Clay | | | 1100 Circle 75 Parkway, Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556-2300 |
| Robert Friedrichs | | | 1100 Circle 75 Parkway, Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556-2300 |
| Annette Zerbe | | | 1100 Circle 75 Parkway, Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556- |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | 2300 |
| James Richardson, MD | | 1100 Circle 75 Parkway, Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556-2300 |
| Jason Skipper | | 1100 Circle 75 Parkway, Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556-2300 |
| Laquanda Brooks | | 1100 Circle 75 Parkway, Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556-2300 |
| Michael Brooks, MD | | 1100 Circle 75 Parkway, Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556-2300 |
| Cheryl Franklin, MD | | 7700 Forsyth Blvd | Clayton, St. Louis, MO | 63105-3389 | 314-725-4477 |
| Christopher Koster | | 7700 Forsyth Blvd | Clayton, St. Louis, MO | 63105-3389 | 314-725-4477 |
| Duane Kavka | | 1100 Circle 75 Parkway, Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556-2300 |
| Terry England | | 7700 Forsyth Blvd | Clayton, St. Louis, MO | 63105-3389 | 314-725-4477 |
| Joel Samson | | 7700 Forsyth Blvd | Clayton, St. Louis, MO | 63105-3389 | 314-725-4477 |
| Jeffrey Schwaneke | | 7700 Forsyth Blvd | Clayton, St. Louis, MO | 63105-3389 | 314-725-4477 |
| Gwelda Swiley | | 1100 Circle 75 Parkway, Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556-2300 |
| David Williams, MD | | 1100 Circle 75 Parkway, Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556-2300 |
| Roland Bailey | | 1100 Circle 75 Parkway, Suite 1100 | Atlanta, Cobb, GA | 30339-3020 | 678-556-2300 |

**(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? □ 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 | 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? □ Yes □ No ✓ N/A
(If yes, list Name, Address or Corporation and EIN).

| 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 |
|---|---|---|
| **Aunt Bertha, Inc. (findhelp.org)** | 3616 Far West Blvd STE 117-454, Austin TX 78731 | 273354421 |
| **Availity, LLC** | 5555 Gate Pkwy #110, Jacksonville, FL 32256 | 593715944 / 141849741 |

| | | |
|---|---|---|
| **Centauri Health Solutions, Inc.** | 2010 W Whispering Wind Dr, STE 101, Phoenix, AZ 85085 | 611765637 |
| **Cotiviti** | 50 Danbury Road, Wilton, CT 06897-4448 | 460571944 |
| **Dane Street** | 3815 Washington St STE 4, Boston, MA 02130 | 263738108 |
| **DIRECT TECHNOLOGIES, INC.** | 600 Satellite Blvd, Suwanee, GA 30024 | 582563032 |
| **Equian** | 5975 Castle Creek Parkway, Suite 100, Indianapolis, IN 46250-4344 | 270083277 |
| **Faneuil** | 2 Eaton St, STE 1002, Hampton, VA 23669 | 043253864 |
| **MEU Care, LLC** | 620 Newport Center Drive, Suite 1100, Newport Beach, CA 92660 | 131685039 |
| **MPULSE MOBILE, INC.** | 21255 Burbank Blvd, Suite 120, Woodland Hills, CA 91367 | 471633761 |
| **MRO Corporation** | 1000 Madison Avenue, Suite 100, Norristown, PA 19403 | 010661910 |
| **New Century Health** | 675 Placentia Avenue, Suite 300, Brea, CA 92821 | 260014405 |
| **NIA (Evolent)** | 4801 E. Washington St, Phoenix AZ 85034 | 581076937 |
| **One Source Therapy Review, LLC** | 3555 Koger Blvd, Suite 120, Duluth, GA 30096 | 462001445 |
| **Optum Insight** | 9900 Bren Rd. East, Minnetonka, MN 55343-9664 | 411321939 |
| **PAYSPAN INC.** | 7751 Belfort Pkwy, Suite 200,Jacksonville, FL 32256 | 593259342 |
| **Princeton Institute of Languages (Inlingua)** | 323 South 600 East STE 150, Salt Lake City, UT 84102 | 222479458 |
| **Pyx Health, Inc.** | 4625 E. Fort Lowell Rd, Tucson AZ 85712 | 820639239 |
| **Rawlings** | 510 Maryville University Dr, STE | 254889119 |
| **Ricoh USA, Inc.** | 40 Broad Street, Room 600, New York, NY 10004-2710 | 230334400 |
| **SHARECARE OPERATING COMPANY INC** | 255 East Paces Ferry Rd NE, Atlanta GA 30305 | 270876664 |
| **Translation Station** | 1834 Independence Square, Atlanta, GA 30338 | 582441768 |
| **Turningpoint Healthcare Solutions LLC** | 1000 Primera Blvd, Suite 3160, Lake Mary, FL 32746 | 464787338 |

(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) |
|---|---|---|---|---|---|---|
| **Aunt Bertha, Inc. (findhelp.org)** | | | 273354421 | 3616 Far West Blvd STE 117-454, | Austin, TX | 78731 |
| **Availity, LLC** | | | 593715944 / 141849741 | 5555 Gate Pkwy #110, | Jacksonville, FL | 32256 |
| **Centauri Health Solutions, Inc.** | | | 611765637 | 2010 W Whispering Wind Dr, STE 101, | Phoenix, AZ | 85085 |
| **Cotiviti** | | | 460571944 | 50 Danbury Road, | Wilton, CT | 06897-4448 |
| **Dane Street** | | | 263738108 | 3815 Washington St STE 4, | Boston, MA | 02130 |
| **DIRECT TECHNOLOGIES, INC.** | | | 582563032 | 600 Satellite Blvd, | Suwanee, GA | 30024 |
| **Equian** | | | 270083277 | 5975 Castle Creek Parkway, Suite 100, | Indianapolis, IN | 46250-4344 |
| **Faneuil** | | | 043253864 | 2 Eaton St, STE 1002, | Hampton, VA | 23669 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Human Arc Corporation** | | | 341458781 | 1457 East 40th St, | Cleveland, OH | 44103 |
| **Magellan Healthcare Inc.** | | | 522135463 | 6303 Cowboys Way, | Frisco, TX | 75034 |
| **MEU Care, LLC** | | | 131685039 | 620 Newport Center Drive, Suite 1100, | Newport Beach, CA | 92660 |
| **MPULSE MOBILE, INC.** | | | 471633761 | 1625 Stanford Street, Santa | Monica, CA | 90404 |
| **MRO Corporation** | | | 010661910 | 1000 Madison Avenue, Suite 100, Norristown, PA 19403 | Norristown, PA | |
| **New Century Health** | | | 260014405 | 675 Placentia Avenue, Suite 300, | Brea, CA | 92821 |
| **NIA (Evolent)** | | | 581076937 | 4801 E. Washington St, | Phoenix, AZ | 85034 |
| **One Source Therapy Review, LLC** | | | 462001445 | 3555 Koger Blvd, Suite 120, | Duluth, GA | 30096 |
| **Optum Insight** | | | 411321939 | 9900 Bren Rd. East, | Minnetonka, MN | 55343-9664 |
| **PAYSPAN INC.** | | | 593259342 | 7751 Belfort Pkwy, Suite 200, | Jacksonville, FL | 32256 |
| **Princeton Institute of Languages (Inlingua)** | | | 222479458 | 323 South 600 East STE 150, | Salt Lake City, UT | 84102 |
| **Pyx Health, Inc.** | | | 820639239 | 4625 E. Fort Lowell Rd, | Tucson, AZ | 85712 |
| **The Rawlings Group** | | | 254889119 | 1 Eden Pkwy | La Grange, KY | 40031 |
| **Ricoh USA, Inc.** | | | 230334400 | 40 Broad Street, Room 600, | New York, NY | 10004-2710 |
| **SHARECARE OPERATING COMPANY INC** | | | 270876664 | 255 East Paces Ferry Rd NE, | Atlanta, GA | 30305 |
| **Translation Station** | | | 582441768 | 1834 Independence Square, | Atlanta, GA | 30338 |
| **Turningpoint Healthcare Solutions LLC** | | | 464787338 | 1000 Primera Blvd, Suite 3160 | Lake Mary, FL | 32746 |

(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 |
|---|---|---|
| Year 2024 | Centene Management Company LLC | $190,498,498 |
| Year 2023 | Centene Management Company LLC | $203,700,891 |
| Year 2022 | Centene Management Company LLC | $302,030,347 |
| Year 2021 | Centene Management Company LLC | $217,497,073 |
| Year 2020 | Centene Management Company LLC | $114,727,589 |

(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 **X** 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 **X** 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 | | | | | | | | |

(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 **X** 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** |
|---|---|---|---|---|---|---|---|
| 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:**
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.

Annette Zerbe / Vice President, Compliance
Name of Authorized Representative (Printed) Title

*Annette Zerbe* / 06/26/2025
Signature Date

Remarks (add additional sheets of necessary):