

## **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):**

<b>Provider Name(s)</b>	<b>Entity</b>	<b>DBA Name(s)</b>	<b>NPI(s)</b>	<b>TIN(S)</b>	<b>Medicaid ID Number</b>
Peach State Health Plan, Inc.		Peach State Health Plan, Inc.	1013034552	203174593	559695479A 559695479B 559695479C 559695479E 559695479D 559695479F

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

<b>Street Address/P.O Box</b>	<b>City/County/State</b>	<b>Zip Code (5+4)</b>	<b>Telephone Number</b>
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:

<b>Box Number and Address</b>
PO Box 419071 RANCHO CORDOVA, CA 95741
PO Box 419089 RANCHO CORDOVA, CA 95741
PO Box 14621 LEXINGTON, KY 40512
PO Box 419054 RANCHO CORDOVA, CA 95741
PO Box 419063 RANCHO CORDOVA, CA 95741
PO Box 276090 SACRAMENTO, CA 95827

<b>Box Number and Address</b>
PO Box 419069 RANCHO CORDOVA, CA 95741
PO Box 419021 RANCHO CORDOVA, CA 95741
PO Box 907 RANCHO CORDOVA, CA 95741
PO Box 10450 VAN NUYS, CA 91410
PO Box 2348 RANCHO CORDOVA, CA 95741
PO Box 2348 RANCHO CORDOVA, CA 95741

Box Number and Address
PO Box 10287 VAN NUYS, CA 91410
PO Box 2890 RANCHO CORDOVA, CA 95741
PO Box 2066 RANCHO CORDOVA, CA 95741
PO Box 2470 RANCHO CORDOVA, CA 95741
PO Box 1630 RANCHO CORDOVA, CA 95741
PO Box 1150 RANCHO CORDOVA, CA 95741
PO Box 10303 VAN NUYS, CA 91410
PO Box 10420 VAN NUYS, CA 91410
PO Box 10341 VAN NUYS, CA 91410
PO Box 8250 VAN NUYS, CA 91409
PO Box 10342 VAN NUYS, CA 91410
PO Box 10343 VAN NUYS, CA 91410
PO Box 279378 SACRAMENTO, CA 95827
PO Box 279377 SACRAMENTO, CA 95827
PO Box 550 RANCHO CORDOVA, CA 95741
PO Box 419105 RANCHO CORDOVA, CA 95741
PO Box 2470 RANCHO CORDOVA, CA 95741
PO Box 419101 RANCHO CORDOVA, CA 95741
PO Box 419004 RANCHO CORDOVA, CA 95741
PO Box 9003 TEMPE, AZ 85281
PO Box 989000 WEST SACRAMENTO, CA 95798
PO Box 10456 VAN NUYS, CA 91410
PO Box 985055 WEST SACRAMENTO, CA 95798
PO Box 33240 DETROIT, MI 48232
PO Box 989881 WEST SACRAMENTO, CA 95798
PO Box 10697 SAN RAFAEL, CA 94912
PO Box 10169 VAN NUYS, CA 91410
PO Box 9088 SAN RAFAEL, CA 94912
PO Box 276090 SACRAMENTO, CA 95827
PO Box 10407 VAN NUYS, CA 91410

Box Number and Address
PO Box 2890 RANCHO CORDOVA, CA 95741
PO Box 279378 SACRAMENTO, CA 95827
PO Box 1630 RANCHO CORDOVA, CA 95741
PO Box 3023 TACOMA, WA 98401
PO Box 10422 VAN NUYS, CA 91410
PO Box 8500 VAN NUYS, CA 91409
PO Box 419078 RANCHO CORDOVA, CA 95741
PO Box 419086 RANCHO CORDOVA, CA 95741
PO Box 419039 RANCHO CORDOVA, CA 95741
PO Box 980438 WEST SACRAMENTO, CA 95798
PO Box 10439 VAN NUYS, CA 91410
PO Box 989883 WEST SACRAMENTO, CA 95798
PO Box 10330 VAN NUYS, CA 91410
PO Box 10086 SAN RAFAEL, CA 94912
PO Box 9005 TEMPE, AZ 85281
PO Box 989882 WEST SACRAMENTO, CA 95798
PO Box 9008 TEMPE, AZ 85281
PO Box 9007 TEMPE, AZ 85281
PO Box 989732 WEST SACRAMENTO, CA 95798
PO Box 459090 FORT LAUDERDALE, FL 33345
PO Box 989729 WEST SACRAMENTO, CA 95798
PO Box 10200 VAN NUYS, CA 91410
PO Box 989731 WEST SACRAMENTO, CA 95798
PO Box 989730 WEST SACRAMENTO, CA 95798
PO Box 989727 WEST SACRAMENTO, CA 95798
PO Box 24010 LITTLE ROCK AR 72221
PO Box 25308 LITTLE ROCK AR 72221
PO Box 25228 LITTLE ROCK AR 72221
PO Box 25438 LITTLE ROCK AR 72221
PO Box 26440 LITTLE ROCK AR 72221

Box Number and Address
PO Box 10196 VAN NUYS, CA 91410
PO Box 9103 VAN NUYS, CA 91409
PO Box 10427 VAN NUYS, CA 91410
PO Box 10158 VAN NUYS, CA 91410
PO Box 10344 VAN NUYS, CA 91410
PO Box 10198 VAN NUYS, CA 91410
PO Box 10223 VAN NUYS, CA 91410
PO Box 10406 VAN NUYS, CA 91410
PO Box 10346 VAN NUYS, CA 91410
PO Box 279377 SACRAMENTO, CA 95827
PO Box 10348 VAN NUYS, CA 91410
PO Box 10350 VAN NUYS, CA 91410
PO Box 10413 VAN NUYS, CA 91410
PO Box 279410 SACRAMENTO, CA 95827
PO Box 279410 SACRAMENTO, CA 95827
PO Box 4504 WOODLAND HILLS, CA 91365
PO Box 170 BUFFALO, NY 14226
PO Box 9503 BUFFALO, NY 14226
PO Box 9525 BUFFALO, NY 14226
PO Box 26631 TAMPA FL 33623
PO Box 26632 TAMPA FL 33623
PO Box 24010 LITTLE ROCK AR 72221
PO Box 4080 FARMINGTON MO 63640
PO Box 22085 TAMPA FL 33622
PO Box 25308 LITTLE ROCK AR 72221
PO Box 25228 LITTLE ROCK AR 72221
PO Box 25438 LITTLE ROCK AR 72221
PO Box 31533 TAMPA FL 33631
PO Box 7548 ROCKY MOUNT NC 27804
PO Box 7548 ROCKY MOUNT NC 27804
PO Box 3040 FARMINGTON MO 63640
PO Box 25857 TAMPA FL 33622

Box Number and Address
PO Box 25538 LITTLE ROCK AR 72221
PO Box 25230 LITTLE ROCK AR 72221
PO Box 25408 LITTLE ROCK AR 72221
PO Box 25010 LITTLE ROCK AR 72221
PO Box 905 BUFFALO, NY 14226
PO Box 724 BUFFALO, NY 14226
PO Box 1206 BUFFALO, NY 14226
PO Box 1208 BUFFALO, NY 14226
PO Box 898 BUFFALO, NY 14226
PO Box 806 BUFFALO, NY 14226
PO Box 806 BUFFALO, NY 14226
PO Box 898 BUFFALO, NY 14226
PO Box 19167 LONG ISLAND CITY, NY 11101
PO Box 1205 BUFFALO, NY 14226
PO Box 19166 LONG ISLAND CITY, NY 11101
PO Box 1707 BUFFALO, NY 14226
PO Box 9040 FARMINGTON MO 63640
PO Box 270697 SAINT LOUIS MO 63127
PO Box 7600 FARMINGTON MO 63640
PO Box 50815 SAINT LOUIS MO 63105
PO Box 50816 SAINT LOUIS MO 63105
PO Box 4060 FARMINGTON MO 63640
PO Box 7500 FARMINGTON MO 63640
PO Box 3090 FARMINGTON MO 63640
PO Box 6300 FARMINGTON MO 63640
PO Box 5040 FARMINGTON MO 63640
PO Box 25538 LITTLE ROCK AR 72221
PO Box 26564 TAMPA FL 33623
PO Box 40320 ROCHESTER NY 14604
PO Box 1256 TROY MI 48099
PO Box 74600 CHICAGO IL 60675
PO Box 6900 FARMINGTON MO 63640

Box Number and Address
PO Box 8020 FARMINGTON MO 63640
PO Box 6150 FARMINGTON MO 63640
PO Box 6000 FARMINGTON MO 63640
PO Box 6200 FARMINGTON MO 63640
PO Box 3000 FARMINGTON MO 63640
PO Box 3001 FARMINGTON MO 63640
PO Box 3003 FARMINGTON MO 63640
PO Box 3002 FARMINGTON MO 63640
PO Box 8030 FARMINGTON MO 63640
PO Box 20062 TAMPA FL 33622
PO Box 20132 TAMPA FL 33622
PO Box 20144 TAMPA FL 33622
PO Box 6500 FARMINGTON MO 63640
PO Box 6700 FARMINGTON MO 63640
PO Box 11756 EUGENE OR 97440
PO Box 5090 FARMINGTON MO 63640
PO Box 5080 FARMINGTON MO 63640
PO Box 7400 FARMINGTON MO 63640
PO Box 4030 FARMINGTON MO 63640
PO Box 4050 FARMINGTON MO 63640
PO Box 4090 FARMINGTON MO 63640
PO Box 11740 EUGENE OR 97440
PO Box 277610 SACRAMENTO CA 95827
PO Box 277610 SACRAMENTO CA 95827
PO Box 26440 LITTLE ROCK AR 72221
PO Box 5070 FARMINGTON MO 63640
PO Box 9010 FARMINGTON MO 63640
PO Box 9020 FARMINGTON MO 63640
PO Box 9030 FARMINGTON MO 63640
PO Box 52079 PHOENIX AZ 85072
PO Box 4070 FARMINGTON MO 63640
PO Box 4040 FARMINGTON MO 63640

Box Number and Address
PO Box 2010 FARMINGTON MO 63640
PO Box 3070 FARMINGTON MO 63640
PO Box 22377 TAMPA FL 33622
PO Box 20847 TAMPA FL 33622
PO Box 2030 FARMINGTON MO 63640
PO Box 6123 FARMINGTON MO 63640
PO Box 459087 FORT LAUDERDALE FL 33345
PO Box 459088 FORT LAUDERDALE FL 33345
PO Box 459086 FORT LAUDERDALE FL 33345
PO Box 459089 FORT LAUDERDALE FL 33345
PO Box 10500 FARMINGTON MO 63640
PO Box 10600 FARMINGTON MO 63640
PO Box 10700 FARMINGTON MO 63640
PO Box 2020 FARMINGTON MO 63640
PO Box 733 ELK GROVE VILLAGE IL 60009
PO Box 20262 TAMPA FL 33622
PO Box 25230 LITTLE ROCK AR 72221
PO Box 3030 FARMINGTON MO 63640
PO Box 25408 LITTLE ROCK AR 72221
PO Box 7001 FARMINGTON MO 63640
PO Box 5030 FARMINGTON MO 63640
PO Box 92050 CHICAGO IL 60675
PO Box 3050 FARMINGTON MO 63640
PO Box 4020 FARMINGTON MO 63640
PO Box 7300 FARMINGTON MO 63640
PO Box 20565 TAMPA FL 33622
PO Box 25974 TAMPA FL 33622
PO Box 25656 TAMPA FL 33622
PO Box 4000 FARMINGTON MO 63640
PO Box 7800 FARMINGTON MO 63640
PO Box 8010 FARMINGTON MO 63640
PO Box 20654 TAMPA FL 33622

Box Number and Address
PO Box 92050 ELK GROVE VILLAGE IL 60009
PO Box 5060 FARMINGTON MO 63640
PO Box 6400 FARMINGTON MO 63640
PO Box 6800 FARMINGTON MO 63640
PO Box 3060 FARMINGTON MO 63640
PO Box 8050 FARMINGTON MO 63640

Box Number and Address
PO Box 22122 TAMPA FL 33622
PO Box 22687 TAMPA FL 33622
PO Box 25255 TAMPA FL 33622
PO Box 5000 FARMINGTON MO 63640
PO Box 5010 FARMINGTON MO 63640
PO Box 25010 LITTLE ROCK AR 72221

(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	7700 Forsyth Blvd.	St. Louis, MO	63105-3389	314-725-4477



			the Centene Corporation.				
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(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			1100 Circle 75 Parkway, Suite 1100	Atlanta, Cobb, GA	30339-3020	678-556-2300
Urcel Fields			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

<b>Name</b>	<b>Address</b>	<b>EIN</b>
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

<b>Name</b>	<b>Address</b>	<b>EIN</b>
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.

<b>Name</b>	<b>Address</b>	<b>EIN</b>
<b>Availity, LLC</b>	5555 Gate Pkwy #110, Jacksonville, FL 32256	Unavailable
<b>CIOX HEALTH, LLC</b>	925 North Point Parkway, Suite 350, Alpharetta, GA 3005-5214	611420068
<b>DIAMETER HEALTH INC</b>	10 Executive Drive, Farmington, CT 06032	Unavailable
<b>DIRECT TECHNOLOGIES, INC.</b>	600 Satellite Blvd, Suwanee, GA 30024	582563032
<b>HUGHESLEAHYKARLOVIC, INC - HLK</b>	1141 South 7 <sup>th</sup> Street, Saint Louis, MO 63104	Unavailable
<b>MPULSE MOBILE, INC.</b>	1625 Stanford Street, Santa Monica, CA 90404	Unavailable
<b>PAYSPAN INC.</b>	7751 Belfort Pkwy, Suite 200, Jacksonville, FL 32256	Unavailable
<b>PROVIDER HEALTH LINK, LLC.</b>	4427 Lake Chimney Pl, Roswell, GA 30075	08012014
<b>SHARECARE OPERATING COMPANY INC</b>	255 East Paces Ferry Rd NE, Atlanta GA 30305	Unavailable
<b>TELEPERFORMANCE USA, INC.</b>	1601 Washington Ave, Suite 400, Miami Beach, FL 33139-3164	460875671
<b>Optum Insight</b>	9900 Bren Rd. East, Minnetonka, MN 55343-9664	411321939
<b>NIA</b>	4801 E. Washington St, Phoenix AZ 85034	581076937
<b>Cotiviti</b>	50 Danbury Road, Wilton, CT 06897-4448	460571944
<b>Equian</b>	5975 Castle Creek Parkway, Suite 100, Indianapolis, IN 46250-4344	270083277
<b>Envolve Pharmacy</b>	5 River Park PL, #210, Fresno, CA 93720	Unavailable
<b>New Century Health</b>	915 W. Imperial Highway, Suite 200, Brea, CA	Unavailable

	92821	
<b>One Source Therapy</b>	3555 Koger Blvd, Suite 120, Duluth, GA 30096	Unavailable
<b>Translation Station</b>	1834 Independence Square, Atlanta, GA 30338	Unavailable

(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.

<b>Name</b>	<b>SSN</b>	<b>DOB</b>	<b>TIN(s)</b>	<b>Address (no P.O. Boxes)</b>	<b>City/State</b>	<b>Zip (5+4)</b>
<b>Availity, LLC</b>	NA	NA	Unavailable	<b>5555 Gate Pkwy #110,</b>	<b>Jacksonville, FL</b>	<b>32256</b>
<b>CIOX HEALTH, LLC</b>	NA	NA	<b>582659941</b>	<b>925 North Point Parkway, Suite 350,</b>	<b>Alpharetta, GA</b>	<b>3005-5214</b>
<b>DIAMETER HEALTH INC</b>	NA	NA	Unavailable	<b>10 Executive Drive,</b>	<b>Farmington, CT</b>	<b>06032</b>
<b>DIRECT TECHNOLOGIES, INC.</b>	NA	NA	Unavailable	<b>600 Satellite Blvd,</b>	<b>Suwanee, GA</b>	<b>30024</b>
<b>HUGHESLEAHYKARLOVIC, INC - HLK</b>	NA	NA	Unavailable	<b>1141 South 7th Street,</b>	<b>Saint Louis, MO</b>	<b>63104</b>
<b>MPULSE MOBILE, INC.</b>	NA	NA	Unavailable	<b>1625 Stanford Street,</b>	<b>Santa Monica, CA</b>	<b>90404</b>
<b>PAYSPAN INC.</b>	NA	NA	Unavailable	<b>7751 Belfort Pkwy, Suite 200,</b>	<b>Jacksonville, FL</b>	<b>32256</b>
<b>PROVIDER HEALTH LINK, LLC.</b>	NA	NA	Unavailable	<b>4427 Lake Chimney Pl,</b>	<b>Roswell, GA</b>	<b>30075</b>
<b>SHARECARE OPERATING COMPANY INC</b>	NA	NA	Unavailable	<b>255 East Paces Ferry Rd NE,</b>	<b>Atlanta, GA</b>	<b>30305</b>
<b>TELEPERFORMANCE USA, INC.</b>	NA	NA	Unavailable	<b>1601 Washington Ave, Suite 400,</b>	<b>Miami Beach, FL</b>	<b>33139-3164</b>
<b>Optum Insight</b>	NA	NA	Unavailable	<b>9900 Bren Rd. East,</b>	<b>Minnetonka, MN</b>	<b>55343-9664</b>
<b>NIA</b>	NA	NA	<b>581076937</b>	<b>4801 E. Washington St,</b>	<b>Phoenix, AZ</b>	<b>85034</b>
<b>Cotiviti</b>	NA	NA	Unavailable	<b>50 Danbury Road,</b>	<b>Wilton, CT</b>	<b>06897-4448</b>
<b>Equian</b>	NA	NA	Unavailable	<b>5975 Castle Creek Parkway, Suite 100,</b>	<b>Indianapolis, IN</b>	<b>46250-4344</b>
<b>Envolve Pharmacy</b>	NA	NA	Unavailable	<b>5 River Park PL, #210,</b>	<b>Fresno, CA</b>	<b>93720</b>
<b>New Century Health</b>	NA	NA	Unavailable	<b>915 W. Imperial Highway, Suite 200,</b>	<b>Brea, CA</b>	<b>92821</b>
<b>One Source Therapy</b>	NA	NA	Unavailable	<b>3555 Koger Blvd, Suite 120,</b>	<b>Duluth, GA</b>	<b>30096</b>

<b>Translation Station</b>	NA	NA	Unavailable	1834 Independence Square,	Atlanta, GA	30338
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(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.

<b>Date of Transaction</b>	<b>Person or Entity Name</b>	<b>Amount of Transaction</b>
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
Year 2019	Centene Management Company LLC	\$114,878,089
Year 2018	Centene Management Company LLC	\$109,289,601

(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.

<b>Name</b>	<b>Home Address</b>	<b>SSN</b>	<b>DOB</b>	<b>Time Frame of the Offense</b>	<b>Matter of the Offense</b>	<b>Jurisdiction and Date of the Conviction</b>	<b>Program Area of the Offense</b>	<b>Sanction Period of the Offense</b>
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): \_\_\_\_\_ 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 / 08/24/2023  
 Signature Date

Remarks (add additional sheets of necessary):  
**GA Disclosure of Ownership, Control Interest, and Criminal Conviction Information**