

**SECTION G. REPRESENTATIONS AND CERTIFICATIONS OF OFFEROR**

The Offeror must complete all information requested below. If more room is needed, the Offeror may attach additional sheets as desired.

**1. CERTIFICATION OF ACCURACY OF INFORMATION PROVIDED**

By signing this offer the Offeror certifies, under penalty of law, that the information provided herein is true, correct and complete to the best of Offeror's knowledge and belief. Offeror also acknowledges that should investigation at any time reveal any misrepresentation or falsification, any contract with the Offeror may be terminated by AHCCCS without penalty to or further obligation by AHCCCS.

**2. CERTIFICATION OF NON-COERCION**

By signing this offer the Offeror certifies, under penalty of law, that it has not made to any provider any requests or inducements not to contract with another potential Contractor in relation to this solicitation.

**3. CERTIFICATION OF COMPLIANCE - ANTI-KICKBACK / LABORATORY TESTING**

By signing this offer the Offeror certifies that it has not engaged and will not engage in any violation of the Federal Anti-Kickback Statute [42 U.S.C. § 1320a-7b], or any of the "Stark I" or "Stark II" laws [42 U.S.C. § 1395nn; 42 CFR §§ 411.350 – 411.389]. If the Offeror provides laboratory testing, it certifies that it has complied with and has sent to AHCCCS simultaneous copies of the information required to be sent to the Centers for Medicare and Medicaid Services [See 42 USC §1320a-7b, PL 101-239, PL 101-432, and 42 CFR §411.361].

**4. OFFEROR GENERAL INFORMATION**

a. If other than a government agency, when was your organization formed?

b. **License/Certification:** Attach a list of all licenses and certification (e.g. Federal HMO status or State certifications) your organization maintains. Use a separate sheet of paper listing the license requirements and the renewal dates.

Have any licenses been denied, revoked or suspended within the past 10 years?

Yes ☐

No ☐

If yes, please explain:

c. **Accessibility Assurance:** Does your organization provide assurance that no qualified person with a disability will be denied benefits of or excluded from participation in a program or activity because the Offeror's facilities (including subcontractors) are inaccessible to or unusable by persons with disabilities?

(Note: Check local zoning ordinances for accessibility requirements)

Yes ☐

No ☐

If yes, describe how such assurance is provided or how your organization is taking affirmative steps to provide assurance.

d. **Prior Convictions:** List all felony convictions within the past 15 years of any key personnel (i.e., Administrator, Medical Director, financial officers, major stockholders or those with controlling interest, etc.). Failure to make full and complete disclosure shall result in the rejection of your proposal.

e. Provide the name(s) and address(s) of the in-house or independent actuary, or actuarial firm used to assist in developing capitation rates and/or reviewing published capitation rate information.

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**Contract/RFP No. YH18-0001**

**f.** Did any other firm or organization provide the Offeror with any assistance in making this offer (to include developing capitation rates or providing any other technical assistance and/or reviewing published capitation rates)? **Yes** ☐ **No** ☐

If yes, what is the name and address of this firm or organization?

**g.** Has the Offeror contracted or arranged for Management Information Systems, software or hardware, for the term of the contract? **Yes** ☐ **No** ☐

If yes, is the Management Information System being obtained from a vendor? **Yes** ☐ **No** ☐

If yes, please provide the vendor's name, the vendor's background with AHCCCS, the vendor's background with other HMOs or managed care entities, and the vendor's background with other Medicaid programs.

**5. FINANCIAL DISCLOSURE STATEMENT**

Information to be furnished in 5.a. through 5.h. and 6.a. below should be inserted in the Excel spreadsheet Section G-2, Disclosure Information Template, tabs 5.a. through 5.h. and 6.a. The Disclosure Information Template is in the Bidders' Library.

**NOTE:** Information regarding Social Security Numbers and Dates of Birth will be maintained in a secure location and will only be used for the purposes as required by 42 CFR Part 455.

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42 CFR 455.101 and 455.102 Definitions refer to G1 Definitions

The Offeror must provide the following information as required by 42 CFR Part 455. This Financial Disclosure Statement shall be prepared as of September 30, 2016.

**a. Ownership:** List the Name, Address, Date of Birth, and Social Security Number of each person with an ownership or control interest, as defined by 42 CFR 455.101, in the entity submitting this offer. List the Name, TIN and Address of any organization, corporation or entity with an ownership or control interest as defined by 42 CFR 455.101, in the entity submitting this offer.

**b. Subcontractor Ownership:** List the Name, Address, Date of Birth and Social Security Number of each person with an ownership or control interest in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more. List the Name, TIN and Address of any organization, corporation or entity with an ownership or control interest in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more.

List the Names of above persons who are related to one another as spouse, parent, child or sibling.

**c. Managing Employees:** List the Name, Address, Date of Birth and Social Security Number of any managing employee as defined in 42 CFR 455.101 of the entity submitting this offer.

**d. Ownership in Other Entities:** List the name of any other entity in which a person with an ownership or control interest in the Offeror entity also has an ownership or control interest.

**e. Long-Term Business Transactions:** List any significant business transactions, as defined in 42 CFR 455.101, between the Offeror and any wholly-owned supplier or between the Offeror and any subcontractor during the five-year period ending on the Contractor's most recent fiscal year end.

**f. Criminal Offenses:** List the Name, Title, Social Security Number (SSN), Date of Birth (DOB) and Address of any person who has ownership or control interest in the Offeror, or is an agent or managing employee of the Offeror and 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.

**g. Suspension/Exclusion or Debarment:** List the Name, Title, SSN, DOB and Address of any person who has ownership or control interest in the Offeror, or is an agent or managing employee of the Offeror and has been suspended or debarred from participating in Medicare, Medicaid or the Title XX services program since the inception of those programs.

**h. Creditors:** List name and address of each creditor whose loans or mortgages exceed 5% of total Offeror equity and are secured by assets of the Offeror's company.

**i. Outstanding Legal Actions:**

1. Are there any lawsuits, judgments, tax deficiencies or claims pending against your organization?

If yes, provide details including the dollar amount.

Yes ☐ No ☐

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2. Has your organization ever gone through bankruptcy?

Yes ☐ No ☐

If yes, provide the year:

**6. RELATED PARTY TRANSACTIONS**

**a. Board of Directors:** List the Names, SSN, DOB, and Addresses of the Board of Directors of the Offeror:

**b. Related Party Transactions:** Describe transactions between the Offeror and any related party in which a transaction or series of transactions during any one fiscal year exceeds 2% of the total operating expenses of the disclosing entity. List property, goods, services and facilities in detail noting the dollar amounts or other consideration for each transaction and the date thereof. Include a justification as to (1) the reasonableness of the transaction, (2) its potential adverse impact on the fiscal soundness of the disclosing entity, and (3) that the transaction is without conflict of interest:

Describe all transactions between Offeror and any related party which includes the lending of money, extensions of credit or any investment in a related party. This type of transaction requires review and approval in advance by the Office of the Director:

Justification:

A large, empty rectangular box with a thin black border, intended for the offeror to provide representations and certifications. The box occupies the upper half of the page below the header.

G-1 42 CFR 455 - DEFINITIONS

§ 455.101 Definitions.

**Agent** means any person who has been delegated the authority to obligate or act on behalf of a provider.

**Disclosing entity** means a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent.

**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; and

(c) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.

**Fiscal agent** means a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

**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).

**Health insuring organization (HIO)** has the meaning specified in § 438.2.

**Indirect ownership interest** 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.

**Managed care entity (MCE)** means managed care organizations (MCOs), PIHPs, PAHPs, PCCMs, and HIOs.

**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.

**Ownership interest** means the possession of equity in the capital, the stock, or the profits of the disclosing entity.

**Person with an ownership or control interest** means a person or corporation that—

(a) Has an ownership interest totaling 5 percent or more in a disclosing entity;

(b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;

(c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;

**(d)** Owns an interest of 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 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.

***Prepaid ambulatory health plan (PAHP)*** has the meaning specified in § 438.2.

***Prepaid inpatient health plan (PIHP)*** has the meaning specified in § 438.2.

***Primary care case manager (PCCM)*** has the meaning specified in § 438.2.



**§ 455.101 Definitions continued**

**Significant business transaction** means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of a provider's total operating expenses.

**Subcontractor** means—

(a) An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; 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.

**Supplier** means an individual, agency, or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds, or a pharmaceutical firm).

**Termination** means—

(1) For a—

(i) Medicaid or CHIP provider, a State Medicaid program or CHIP has taken an action to revoke the provider's billing privileges, and the provider has exhausted all applicable appeal rights or the timeline for appeal has expired; and

(ii) Medicare provider, supplier or eligible professional, the Medicare program has revoked the provider or supplier's billing privileges, and the provider has exhausted all applicable appeal rights or the timeline for appeal has expired.

(2) (i) In all three programs, there is no expectation on the part of the provider or supplier or the State or Medicare program that the revocation is temporary.

(ii) The provider, supplier, or eligible professional will be required to reenroll with the applicable program if they wish billing privileges to be reinstated.

(3) The requirement for termination applies in cases where providers, suppliers, or eligible professionals were terminated or had their billing privileges revoked for cause which may include, but is not limited to—

(i) Fraud;

(ii) Integrity; or

(iii) Quality.

**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.

**§ 455.102 Determining Ownership or Control Percentages**

**(a) Indirect ownership interest.** The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if A owns 10 percent of the stock in a corporation which owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership interest in the disclosing entity and must be reported. Conversely, if B owns 80 percent of the stock of a corporation which owns 5 percent of the stock of the disclosing entity, B's interest equates to a 4 percent indirect ownership interest in the disclosing entity and need not be reported.

**(b) Person with an ownership or control interest.** 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 A owns 10 percent of a note secured by 60 percent of the provider's assets, A's interest in the provider's assets equates to 6 percent and must be reported. Conversely, if B owns 40 percent of a note secured by 10 percent of the provider's assets, B's interest in the provider's assets equates to 4 percent and need not be reported.

**G-2- DISCLOSURE INFORMATION TEMPLATE**

The Template is located in the Bidders' Library.

[END OF SECTION G:REPRESENTATIONS AND CERTIFICATIONS OF OFFEROR]