_____	_____
LEGAL CONTRACTOR NAME	DBA, IF APPLICABLE
_____	_____
LINE OF BUSINESS	CONTRACT YEAR ENDING

The Contractor must complete all information requested below and in the attachments incorporated by reference. Do not leave any portion blank. If the Contractor believes that particular information is not applicable, the Contractor shall indicate "Not Applicable" in the inapplicable section and in a footnote include the legal and factual basis for its determination. Failure to provide all complete and accurate disclosures and an attestation signed by an individual with appropriate authority may result in the withholding of payments under the Contract and/or the recovery, recoupment, and/or offset of any monies remitted without limitation.

1. CERTIFICATION OF ACCURACY OF INFORMATION PROVIDED, NON-COERCION, AND COMPLIANCE - ANTI-KICKBACK / LABORATORY TESTING

I, _____ , certify that I have authority as specified in 42 CFR 438.606 and ACOM Policy 103 to sign this Certification on behalf of the Contractor.

By signing this certification the Contractor certifies, under penalty of law, that the information, documentation, and data provided in Attachments A and A-1, and all submissions made pursuant to this Attachment/Certification are true, correct and complete to the best of Contractor's knowledge, information and belief. The Contractor also acknowledges that should investigation at any time disclose any misrepresentation, omission, or falsification, any current or subsequent contract may be terminated by AHCCCS without penalty to or further obligation by AHCCCS.

By signing this certification the Contractor certifies, under penalty of law, that it has not made to any Provider any requests or inducements not to contract with another potential Contractor.

By signing this certification the Contractor certifies that it has not engaged and will not engage in any violation of the Medicare Anti-Kickback or the "Stark I" and/or "Stark II" laws governing any related-entity and any compensation therefrom. If the Contractor provides laboratory testing, it certifies that it has complied with and has sent to AHCCCS simultaneously with this certification, copies of the information required to be sent to the Centers for Medicare and Medicaid Services (CMS) [See 42 USC §1320a-7b, PL 101-239, PL 101-432, and 42 CFR 411.361].

By signing this certification the Contractor certifies that it has consulted with counsel prior to the submission of the disclosures in Attachments A and A-1 to ACOM Policy 103, is fully aware of the contents of these disclosures and of their legal effect, and has had the opportunity to consult with counsel of its choosing regarding the disclosure requirements set forth in the Contractor's contract with AHCCCS, AHCCCS policies, and State and Federal law, rules, regulations, and/or policies.

Signature of Authorized Representative	Job Title
Printed Name of Authorized Representative	Date

2. CONTRACTOR GENERAL INFORMATION

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

b. License/Certification: Attach a list of all licenses and certifications (e.g. Federal HMO status or State certifications) maintained by the Contractor organization over the last 10 years. On a separate sheet of paper list all license requirements and the renewal date(s) for each license and/or certification listed regardless of whether the license or certification is **currently** maintained.).

Has any license or certification been denied, revoked, or suspended within the past 10 years?

☐ **Yes** ☐ **No**

If yes, for each denial, revocation, or suspension provide the date of each action and explain the basis for each action:

c. Accessibility Assurance: Does the Contractor 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 Contractor's facilities (including the facilities of the Subcontractors) are inaccessible to or unusable by persons with disabilities? (Check Federal and State law, regulations, rules, and local zoning ordinances for accessibility requirements)

Yes ☐ **No** ☐

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

d. Prior Convictions: List all felony convictions within the past 15 years of any key personnel (e.g. Chief Executive Officer, Medical Director, financial officers, major stockholders and/or those with an ownership or control interest). The response should include convictions that are the result of plea agreements, no contest plea, nolo contendere actions, or trials.

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

f. Did any other firm or organization provide the Contractor with any assistance in making this certification (includes any firm or organization that provided any assistance with developing capitation rates or providing any other technical assistance and/or reviewing published capitation rates)? **Yes** ☐ **No** ☐

If yes, list all name(s) and address(es) of all firm(s) or organization(s) that provided the assistance:

g. Has the Contractor contracted or arranged for Health Information Systems as described in 42 CFR 438.242, software or hardware, for the term of the Contract? **Yes** ☐ **No** ☐

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

If yes, please provide the vendor's legal name and any d/b/a under which the vendor has conducted business, the vendor's background with AHCCCS, the vendor's background with other HMOs or managed care entities, and the vendor's background with any other Medicaid programs.

h. Has the Contractor complied with 42 CFR 438.242 and made all collected data available to AHCCCS upon its request? **Yes** ☐ **No** ☐

3. DISCLOSURE INFORMATION

Information required for 3.a. through 3.e. below should be inserted in the Excel spreadsheet Attachment A-1, Disclosure Information Template, Tabs 3.a. through 3.e.

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.

❖ **DISCLOSURE OF OWNERSHIP AND/OR CONTROL INTEREST [42 CFR 455.104 through 106] (SMDL 08-003 & 09-001) (Sections 1124(a)(2)(A) and 1903(m)(2)(A)(viii) of the Social Security Act)**:

a. The Contractor must obtain the following information regarding Ownership and Control and submit to AHCCCS annually as delineated below and as specified in Contract [42 CFR 455.104, 42 CFR 438.608(c)]

1. The legal Name, Address, Date of Birth and Social Security Number(s) of any individual: (1) with an ownership or control interest in the Contractor, including those individuals who have direct, indirect, or combined direct/indirect ownership interest of 5% or more of the Contractor's equity, (2) who owns 5% or more of any mortgage, deed of trust, note, or other obligation secured by the Contractor if that interest equals at least 5% of the value of the Contractor's assets, (3) who is an officer, member, or director of a Contractor organized as a for profit or nonprofit corporation, or (4) who

is a partner in a Contractor organized as a partnership (Sections 1124(a)(2)(A) and 1903(m)(2)(A)(viii) of the Social Security Act and 42 CFR 455.100-104),

2. The Name, Address, and Tax Identification Number(s) of the legal entity holding the Contract, including any profit or nonprofit corporation, (1) with an ownership or control interest in the Contractor, including those individuals who have direct, indirect, or combined direct/indirect ownership interest of 5% or more of the Contractor's equity, (2) that owns 5% or more of any mortgage, deed of trust, note, or other obligation secured by the Contractor if that interest equals at least 5% of the value of the Contractor's assets. The address for corporate entities must include the home situs and as applicable the primary business address, and every business location, P.O. Box address, and where the entity is incorporated/organized,

3. Whether the person (individual or corporation) with an ownership or control interest in the Contractor is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor of the Contractor has a 5% or more interest is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling,

4. The name of any other Contractor, disclosing entity, fiscal agent, or managed care entity, as defined in 42 CFR 455.101 in which an owner of the Contractor has an ownership or control interest, and

5. The Name, Address, Date of Birth and Social Security Number of a spouse, parent, child, or sibling of person with ownership or control interest in the Contractor and any agent or Managing mployee (including Key Staff personnel as noted in Contract) of the Contractor as defined in 42 CFR 455.101.

❖ **<u>DISCLOSURE OF BUSINESS TRANSACTIONS</u> [42 CFR 455.105]**

b. The Contractor must furnish to AHCCCS or CMS within 35 days of receiving a request, full and complete information, pertaining to business transactions [42 CFR 455.105]:

1. The ownership of any subcontractor with whom the Contractor has had business transactions totaling more than $25,000 during the 12-month period ending on the date of request, and
2. Any significant business transactions between the Contractor, any subcontractor, and wholly owned supplier, or between the Contractor and any subcontractor during the five year period ending on the date of the request.

❖ **DISCLOSURE OF INFORMATION ON PERSONS CONVICTED OF CRIMES [42 CFR 455.104 through 106; 436] (SMDL09-001)**

c. The Contractor shall do the following:

1. Identify and determine the exclusion status of any person with an ownership or control interest in the Contractor, and any person who is an agent or Managing Employee of the Contractor (including Key Staff personnel as noted in Contract) as defined in 42 CFR 455.101, through routine checks of Federal databases including but not limited to those identified herein,
2. Disclose the identity of any of these excluded persons, including but not limited to, those who have ever 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. The disclosure should include convictions that are the result of plea agreements, no contest plea, nolo contendere actions, or trials.

   The Contractor shall, on a monthly basis, confirm the identity and determine the exclusion status through checks of:

   a. The List of Excluded Individuals and Entities (LEIE),
   b. The System for Award Management (SAM) formerly known as the Excluded Parties List (EPLS),
   c. Any other databases as directed by AHCCCS or CMS, and
   d. List of excluded individuals from any Single State Medicaid agency in which that individual or entity provides services

   The Contractor shall provide the above-listed disclosure information to AHCCCS at any and all of the following times (Sections 1124(a)(2)(A) and 1903(m)(2)(A)(viii) of the Social Security Act, and 42 CFR 455.104(c)(3)):

   1. Upon the Contractor submitting the Proposal in accordance with the State's procurement process,
   2. Upon the Contractor executing the Contract with the State,
   3. Upon renewal or extension of the Contract. Refer to ACOM Policy 103 for further information,
   4. 45 days prior to the effective date of commencement of operations for a change in Contractor Organizational Structure as specified in Contract. Refer to ACOM Policy 317 for more information,
   5. Within 35 days after any change in ownership as specified in Contract, and
   6. Upon request by AHCCCS.

❖ ADDITIONAL DISCLOSURE INFORMATION

d. Creditors: List the legal name and address of each creditor whose loans or mortgages exceed 5% of total Contractor equity and are secured by assets or property of the Contractor's organization. For each creditor provide the following:

1. Legal name,
2. Primary business address,
3. Every business location,
4. PO Box, and
5. Relationship, if any.

Additionally, if the creditor is an individual, provide the following:

1. Date of Birth, and
2. Social Security Number

e. Outstanding Legal Actions:

1. Are there any lawsuits, judgments, tax deficiencies or claims pending or contingent against the Contractor organization or any related individual or entity with an ownership or control interest in the Contractor organization? **Yes** ☐ **No** ☐

If yes, for each legal action provide details including the court in which the action is pending, the case caption and case number along with a summary of the allegations and the dollar amount at issue.

2. Has the Contractor organization ever filed for, or received a discharge through, bankruptcy or bankruptcy related reorganization proceeding? **Yes** ☐ **No** ☐

If yes, for each bankruptcy related proceeding provide the jurisdiction, case name, case caption, year of filing and disposition, if available:

4. RELATED PARTY TRANSACTIONS

Information required for 4.a. below should be inserted in the Excel spreadsheet Attachment A-1, Disclosure Information Template, Tab 4.a.

a. **Board of Directors**: List the legal Name, Social Security Number(s), Date of Birth, and primary place of residence and business address of each member of the Board of Directors of the Contractor:

b. **Related Party Transactions**: Describe transactions between the Contractor and any related party in which a single transaction or series of transactions during any one fiscal year exceeds 2% of the total operating expenses of the Contractor. List property, goods, services, and facilities in detail, noting the dollar amounts or other consideration for each transaction or series of transactions and the date(s) thereof. Include a justification as to (1) the reasonableness of the transaction or series of transactions, (2) its potential adverse impact on the fiscal soundness of the disclosing entity, and (3) that the transaction or series of transactions is/are without conflict of interest as defined in section 1902(a)(4)(c) of the Social Security Act and 42 CFR 438.58.

Describe all transactions between Contractor 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:

The Contractor shall sign, date, and Submit Attachments A and A-1 via SharePoint with Appropriate Disclosure Information as specified in Contract and Policy.