

## Step-by-step guide to complete the *Disclosure of Ownership* form

This guide is designed to walk you through each section of the *Disclosure of Ownership* (DOO) form with detailed instructions, ensuring accuracy and completeness. Please remember, the completed DOO form should be submitted exclusively in PDF format.

### Section I — identifying information

(W-9 needed to complete this section)

- **Care provider entity name** — name listed on W-9
- **Care provider DBA name** — only required if name is different than above
- **Care provider federal tax ID number (TIN)** — must match TIN on W-9, application, and contract. Note: This may be an individual's social security for providers with no federal tax identification number.
- **Care provider NPI number** — must be organizational NPI, not the individual provider NPI, unless it is a provider group that only has one NPI – Must include all organizational NPIs (i.e. billing NPIs) covered under the ownership arrangement, or an Individual NPI if contracted as a solo provider. Providers may attach a complete list of organizational NPIs, as necessary,
- **Medicaid ID number** — required, cannot be pending or in progress
- **Care provider telephone number** — required, cannot be left blank
- **Care provider address** — must include at least one full street address

### Section II — ownership and control information

Master list:

- **Full name** — legal name, no initials
- **Address**
- **DOB** — month, day, year; date of birth is required for individuals or TIN/EIN for business entities
- **Social Security Number (SSN) for individuals or tax ID for business entities** — must match TIN on W-9, application, and contract
- **Percent of ownership** — owners with 5% or more should be included; ownership should add up to 100%. If listed as a non-profit, the entity can have either 0% or N/A listed
- **Title** — can be listed as controller, owner, agent, or managing employee
  - Must have at least one person listed as managing employee or administrator; managing employee may make day-to-day decisions, such as an office or billing manager, head of accounting, director, or corporate officers (such as CEO). For solo providers, there may be only one owner working under the tax identification or social security number and no managing employees.

Specific questions — respond yes or no accordingly:

1) Relationship:

- Yes — Complete table
- No — Go to question 2

- 2) Ownership or control interest of provider entity:
  - Yes — Complete table
  - No — Go to question 3
- 3) Conviction of criminal offense:
  - Yes — Complete table
  - No — Go to question 4
- 4) Debarred from participation in federal government contracts:
  - Yes — Complete table
  - No — Go to question 5
- 5) Excluded from participation in federal healthcare programs:
  - Yes — Complete table
  - No — Go to question 6
- 6) Terminated from participation due to program integrity:
  - Yes — Complete table
  - No — Go to question 7
- 7) Civil monetary penalties:
  - Yes — Complete table
  - No — Go to question 8
- 8) Ownership acquirement:
  - Yes — Complete table
  - No — Go to question 9
- 9) Subcontractor ownership details:
  - Yes — Complete table
  - No — Go to *Section III*
    - a. Subcontractor ownership details:
      - Complete the table for all subcontractor(s) listed in question 9; list individuals with ownership or controlling interest in the subcontractor and provide details identified in the table
    - a. Relationships (Providers **must** select one of the following responses):
      - Yes — Complete table
      - No — Go to *Section III* (If “NO,” providers **must** complete *Section III*)

**Section III — business transactions** This section must be completed if provider answered “NO” on question 9(b) above.

Wholly owned — respond yes or no:

- Yes — Complete the table
- No — Go to *Section IV*

**Section IV — signature**

- **Name of person (printed)** — person with signing authority to legally bind this document
- **Signature of person** — signature stamps and typed signatures are **not** acceptable
- **Title** — should reflect one of the titles listed above in *Section II*
- **Date** - required
- **Name of person completing form** - required
- **Phone number of person completing form** — required