

Attachment Q Supplemental Disclosure Form

The Contractor, as well as its Subcontractors, and any Network Providers shall comply with all federal requirements (42 CFR Part 455) on disclosure reporting, including but not limited to business transaction disclosure reporting (42 CFR § 455.104) and certain criminal convictions (42 CFR § 455.106) and shall further provide any additional information necessary for the DHS to perform its own exclusion status checks pursuant to 42 CFR § 455.436 if requested.

Any Provider failing to disclose in accordance with these requirements (or any Provider which otherwise fails any requirement of 42 CFR Part 455) shall not be part of the Contractor's Network.

The Dental Managed Care Organization (DMO) and its subcontractors must disclose the information required in Section 2.12 Administration and Management and at the following times:

- When the DO submits a proposal in accordance with DHS's procurement process
- When the DMO executes the Agreement with DHS
- When DHS renews or extends the Agreement
- Within thirty-five (35) calendar days after any change in ownership of the DMO

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients must be listed. Omission of a client will constitute a failure to complete this form.

1. Provide the name and address of all persons (individual or corporation) with an ownership or controlling interest in the DMO or its subcontractors. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box.

2. Provide the date of birth and Social Security Number (SSN) of any individual with an ownership or controlling interest in the DMO or its subcontractors.

3. Provide the tax identification number(s) of any corporation with an ownership or controlling interest in the DMO; and any subcontractor in which the DMO has a five percent (5%) or more interest.

4. Provide all information on whether an individual or corporation with an ownership or controlling interest in the DMO is related to another person with ownership or controlling interest in the DMO, such as a spouse, parent, child, or sibling.

5. Provide all information on whether a person or corporation with an ownership or controlling interest in any subcontractor in which the DMO has a five percent (5%) or more interest is related to another person with ownership or control interest in the DMO, such as a spouse, parent, child, or sibling.

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6. Provide the name of any other disclosing entity in which an owner of the DMO has an ownership or controlling interest.

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7. Provide the name, address, date of birth, and SSN of any managing employee of the DMO.

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The DMO and its subcontractors must disclose to DHS, any persons or corporations with an ownership or controlling interest in the DMO. Please check "Yes or No" whether any of the forementioned entities:

1. Have direct, indirect, or combined direct/indirect ownership interest of five percent (5%) or more of the DMO's equity	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Own five percent (5%) or more of any mortgage, deed of trust, note, or other obligation secured by the DMO if that interest equals at least five percent (5%) of the value of the DMO's assets.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Serve as an officer or director of the DMO, if the DMO is organized as a corporation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Serve as a partner in the DMO, if organized as a partnership.	Yes <input type="checkbox"/> No <input type="checkbox"/>

The DMO must report to the Arkansas Department of Human Services (DHS), Office of the Medicaid Inspector General (OMIG), and, upon request, to the Secretary of the Department of Health and Human Services (DHHS), the Inspector General of the DHHS, and the Comptroller General a description of transactions between the DMO and a party in interest (as defined in Section 1318(b) of the Public Health Service Act). Please provide the following information.

1. Has there been any sale or exchange, or leasing of any property between the DMO and such a party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Has there been any furnishing for consideration of goods, services (including management services), or facilities between the DMO and such a party, but not including salaries paid to employees for services provided in the normal course of their employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Has there been any lending of money or other extension of credit between the DMO and such a party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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The DMO must annually: measure and report to DHS on its performance, using the standard measures required by DHS; submit to DHS specified data that enables DHS to calculate the DMO's performance using the standard measures identified by DHS in Attachment C Performance Based Contracting; OR perform a combination of these activities as required by 42 CFR § 438.330(c)(1) and (2).

The DMO must retain, and require subcontractors to retain, as applicable, the following information: Enrolled Member Grievance and Appeal records in 42 CFR § 438.416, base data in 42 CFR § 438.5(c), MLR reports in 42 CFR § 438.8(k), and the data, information, and documentation specified in 42 CFR §§ 438.604, 438.606, 438.608, and 438.610 for a period of no less than ten (10) years.

Authorized Signature: _____ **Title:** _____

Use Ink Only.

Printed/Typed Name: _____ **Date:** _____