

Supplemental Ownership & Controlling Interest Disclosure Form

(For Existing SD Medicaid Servicing Only Individual Enrollment Types)

Provider Name: _____

Provider NPI (only 1 per form): _____

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The online enrollment record does not currently capture all necessary information. This form is an extension of the online enrollment record and does not replace the online enrollment data under the ownership step.

Part A. Disclosure Questions

Instructions: Circle “Y” for each “yes” response and “N” for each “no” response. Any “Yes” response requires additional documentation explaining the situation by item number, the resolution if any, and any related timeframes.

- | | | |
|---|---|---|
| 1. Have you ever had an assessment taken against you? | Y | N |
| 2. Have you ever had an administrative sanction taken against you? | Y | N |
| 3. Have you ever had a suspension of payment taken against you? | Y | N |
| 4. Have you ever had a restitution order taken against you? | Y | N |
| 5. Have you ever had a program exclusion taken against you? | Y | N |
| 6. Have you ever had program debarment taken against you? | Y | N |
| 7. Have you ever had a criminal judgment taken against you or is there a pending criminal judgment? | Y | N |
| 8. Have you ever had a civil judgment taken against you or is there a pending civil judgment? | Y | N |
| 9. Have you ever had a judgment under the False Claims Act or is there a pending judgment? | Y | N |
| 10. Have you ever had a criminal fine taken against you? | Y | N |
| 11. Have you ever had a civil monetary penalty taken against you? | Y | N |
| 12. Have you ever been placed on the MED, LEIE, SAM, or other exclusionary database? | Y | N |
| 13. Have you ever been charged with or convicted of any theft or fraud type crime(s)? | Y | N |
| 14. Has any state or federal health care program ever taken any type of administrative action against you? | Y | N |
| 15. Have you ever been charged with or convicted of any health related crime(s)? | Y | N |
| 16. Have you ever been charged with or convicted of a crime involving the abuse of a child or an elderly adult? | Y | N |
| 17. 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? | Y | N |

I declare and affirm under the penalties of perjury that this document has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further declare and affirm under the penalties of perjury that any claim to be submitted pursuant to this document will be examined by me, and to the best of my knowledge and belief, will be in all things true and correct. Failure to appropriately disclose information is reason to deny an application to be a provider with South Dakota Medicaid or terminate an existing provider agreement with South Dakota Medicaid.

Provider Signature: _____ Date: _____