



## Transportation Provider Entity Disclosure of Ownership and Control Interest Form

Veyo is required to collect disclosure of ownership, controlling interest and management information from providers that participate in the Medicaid and/or the Children’s Health Insurance Program (CHIP) managed care network pursuant to the federal regulations set forth in 42 CFR 455.100-106. Required information includes

- The identity of all owners with a control interest of 5% or greater;
- Certain business transactions as described in 42 CFR 455.105;
- The identity of managing employees, agents or others in a position of influence or authority; and
- Criminal conviction information for the provider, owners, officers, directors, agents and managing employees.

The information required includes but is not limited to name, address, date of birth, social security number (SSN) and tax identification (TIN). Completion and submission of this form is a condition of participation in the Medicaid and/or CHIP managed care network and is a contractual obligation with Veyo for services to members under Medicaid and CHIP benefit plans. Failure to submit the requested information may result in denial of a claim, a refusal to enter into a provider contract, or termination of existing provider contracts.

If there are any changes to the information disclosed on this form, please complete, submit and send this form to Veyo at [compliance@veyo.com](mailto:compliance@veyo.com) within 30 days of the change. Please attach a separate sheet if necessary to provide complete information and email to [compliance@veyo.com](mailto:compliance@veyo.com).

| GENERAL INFORMATION                    |  |
|--|--|
| <b>Legal Name of Entity</b>            |  |
| <b>DBA Name (if applicable)</b>        |  |
| <b>Address</b>                         |  |
| <b>Federal Tax ID Number</b>           |  |
| <b>Provider CAQH # (if applicable)</b> |  |

Please list the primary owner and then all others who own or control more than 5% of the organization.

| SECTION I – PRIMARY OWNERSHIP  |  |
|--|--|
| For an <b>individual</b> , list the name, title, address, date of birth (DOB) and Social Security Number (SSN) for each individual having an ownership or control interest in this entity of 5% or greater. For an <b>entity</b> , list the name, Tax Identification Number (TIN), business address of each organization, corporation, or entity having an ownership or control interest of 5% or greater. Please attach a separate sheet if necessary. (42 CFR 455.104) |  |
| <b>Name of Individual or Entity<br/>(e.g. Company or trust)</b>  |  |



|  |  |
|--|--|
| <b>Date of Birth (if individual)</b>           |  |
| <b>Address</b>                                 |  |
| <b>Social Security Number (for individual)</b> |  |

**SECTION II – OTHER OWNER**

List each individual with more than a 5% ownership

|                               |  |
|-------------------------------|--|
| <b>Name of Individual</b>     |  |
| <b>Date of Birth</b>          |  |
| <b>Address</b>                |  |
| <b>Social Security Number</b> |  |

**SECTION II – OTHER OWNER**

List each individual with more than a 5% ownership

|                               |  |
|-------------------------------|--|
| <b>Name of Individual</b>     |  |
| <b>Date of Birth</b>          |  |
| <b>Address</b>                |  |
| <b>Social Security Number</b> |  |

**SECTION II – OTHER OWNER**

List each individual with more than a 5% ownership

|                               |  |
|-------------------------------|--|
| <b>Name of Individual</b>     |  |
| <b>Date of Birth</b>          |  |
| <b>Address</b>                |  |
| <b>Social Security Number</b> |  |

**SECTION III**

Are any of the individuals listed above related to each other?  Yes  No  
If yes, list the individuals named above who are related to each other (spouse, sibling, parent, child). (42 CFR 455.104)

|                         |  |
|-------------------------|--|
| <b>Name(s)</b>          |  |
| <b>Type of Relation</b> |  |
| <b>Address</b>          |  |



### SECTION IV

Are there any other Medicare/Medicaid Providers that any owner has direct or indirect ownership of 5% or more?

Yes  No

If yes, list the name and address of each person with an ownership or controlling interest in any subcontractor used in which the Individual or Entity has direct or indirect ownership of 5% or more. (42 CFR 455.104)

**Name of Owner**

**Name of other Medicaid/Medicare Provider**

**Address**

**Tax ID Number for other Provider**

### SECTION V

Has any person who has an ownership or control interest in the entity, or is an agent or managing employee of the entity ever convicted of a crime related to that person's involvement in any program under Medicaid, Medicare, or Title XX program?

Yes  No

If yes, please list those persons below. (42 CFR 455.106)

**Name/Title**

**Date of Birth**

**Address**

**Social Security Number (for individual)**

### SECTION VI

Business Transactions: Has the entity had any financial transaction with any subcontractors totaling more than \$25,000 or any significant business transactions with any other Medicare/Medicaid Provider?  Yes  No

If yes, list the ownership of any subcontractor with whom this provider has had business transactions totaling more than \$25,000 during the previous twelve-month period; and any significant business transactions between this provider and any wholly owned supplier, or between the provider and any subcontractor, during the past 5-year period. (42 CFR 455.105)?

Attach a separate sheet if necessary.

**Name of Subcontractor**

**Address**

**Transaction Amount**

### SECTION VII

If an entity, has the entity identified as having (i) owners with a control interest of 5% or greater; (ii) conducted certain business transactions as described in 42 CFR 455.105; and/or (iii) an excluded individual or entity with an ownership or control interest in the entity or anyone who is an agent or managing employee of the entity.  Yes  No

If yes, for an entity, list each member of the Board of Directors or Governing Board, including the name, date of birth (DOB), Address, Social Security Number (SSN), and percent of interest

**Name / Title**

**Date of Birth**



|   |              |
|---|--------------|
| <b>Address</b>  |              |
| <b>Social Security Number</b>   |              |
| <b>Percentage (%) Interest</b>  |              |
| <p>I certify that the information provided herein is true and accurate. Additions or revisions to the information above will be submitted immediately upon revision. Additionally, I understand that misleading, inaccurate, or incomplete data may result in termination of existing provider contracts.</p> |              |
|   |              |
| <b>Signature</b>  | <b>Title</b> |
|   |              |
| <b>Name (Please Print Clearly)</b>  | <b>Date</b>  |

**Federally Required Disclosures**

Federal law requires fiscal agents, managed care entities (MCEs) to disclose some or all of the following: business ownership and control, business transactions, and criminal convictions. See 42 CFR §§ 455.100-106.

Definitions for the following terms that are used in this form are provided here for your convenience. The source of these definitions is 42 CFR § 455.101.

- **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, as defined by 42 CFR §455.101.
- **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 five percent or more in a disclosing entity; (b) has an indirect ownership interest equal to five percent or more in a disclosing entity; (c) has a combination of direct and indirect ownership interests equal to five percent or more in a disclosing entity; (d) owns an interest of five percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least five 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.
- **Significant business transaction** means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and five percent of a provider's total operating expenses.
- **Subcontractor** means (a) an individual, agency, or organization to which an MCE 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.