

FEDERALLY REQUIRED DISCLOSURES

INDIVIDUAL PRACTITIONERS

Please ensure that all sections of this form are completed before submission.

Federal law requires that individual practitioners providing or seeking to provide services to MassHealth members disclose certain information to MassHealth. See 42 CFR §§ 455.100 – 106, 42 CFR 455.436, and 42 CFR §1002.3. MassHealth requires the submission of tax identification numbers (TINs), e.g., social security numbers (SSNs) or employer identification numbers (EINs), for purposes necessary to properly administer the MassHealth program (see 42 U.S.C. § 1320a-3 and 42 U.S.C. § 405(c)(1)). Unless otherwise instructed by MassHealth, individual practitioners must use this form when disclosing such information to MassHealth.

SECTION 1: PRACTITIONER INFORMATION

Legal Name of Practitioner (Last, First, Middle Initial)

Date of Birth

National Provider Identifier Number (NPI)

SSN

Home Street Address

City

State

Zip

Tel. #

Fax #

E-mail

Preferred Contact Name (if different than above)

Preferred Contact E-mail (if different than above)

Tel. #

SECTION 2: PRIMARY SERVICE LOCATION (PSL) INFORMATION

DBA Name (Primarily applies to individuals who are sole proprietors and NOT to entities separately completing PE-FRD)

NONE

Is PSL address same as home address in Section 1? Yes No. If yes, practitioner need not complete remainder of Section 2.

PSL Street Address (street address only; P.O. Boxes are not acceptable)

City

State

Zip

Tel. #

Fax #

E-mail

SECTION 3: INDIVIDUALS AND ENTITIES RELATED TO PRACTITIONER

List any individual or entity with which the practitioner has one or more of the relationships described below, whether such relationship is defined by the practitioner's relationship to or interest in the other party, or by the other party's relationship to or interest in the practitioner (e.g., list entities in which the practitioner is a managing employee, AND managing employees of the practitioner). Although unusual, check "NONE" if none.

- i. Has a direct or indirect ownership interest (or any combination thereof) of five percent or more in the other party;
- ii. Is the owner of a whole or part interest in any mortgage, deed of trust, note, or other obligation secured (in whole or in part) by the other party or any of the property assets thereof, in which whole or part interest is equal to or exceeds five percent of the total property and assets of the other party;
- iii. Is an officer or director of the other party, if the other party is organized as a corporation;
- iv. Is partner in the other party, if the other party is organized as a partnership;
- v. Is an agent of the other party;
- vi. Is a managing employee—e.g., an individual (including a general manager, business manager, administrator, or director) who exercises operational or managerial control over the other party or part thereof, or directly or indirectly conducts the day-to-day operations of the other party or part thereof; or
- vii. Was formerly described in i. – vi. of this section, but is no longer so described because of a transfer of ownership or control interest to an immediate family member or a member of the person's household in anticipation of or following a conviction, assessment of a civil money penalty, or imposition of an exclusion.

Agent means any person who has express or implied authority to obligate or act on behalf of another party (e.g., office manager, billing agent, group practice).

Immediate family member means a person's husband or wife; natural or adoptive parent; child or sibling; stepparent, stepchild, stepbrother, or stepsister; father-, mother-, daughter-, son-, brother-, or sister-in-law; grandparent or grandchild; or spouse of a grandparent or grandchild.

Indirect ownership interest includes an ownership interest through any other entities that ultimately have an ownership interest in another party (e.g., an individual has a 10 percent ownership interest in an entity if he or she has a 20 percent ownership interest in a corporation that wholly owns a subsidiary that is a 50 percent owner of the entity in issue).

Member of household means, with respect to a person, any individual with whom they are sharing a common abode as part of a single family unit, including domestic employees and others who live together as a family unit. A roomer or boarder is not considered a member of household.

Ownership interest means an interest in

- the capital, the stock, or the profits of another party; or
- any mortgage, deed, trust, note, or other obligation secured in whole or in part by the property or assets of another party.

NONE (if NONE continue to Section 4)

Name of Individual (Last, First, Middle Initial) or Entity

Ownership/Controlling Interest Managing Employee Agent

NPI

% of Ownership (if applicable)

Title, Function, or Relationship to Practitioner

Address (Home Address if Individual; Business Address if Entity)

City

State

Zip

–

SSN (if Individual)

Date of Birth

EIN (if Entity)

PLEASE MAKE A COPY OF THIS PAGE IF YOU NEED TO LIST MORE THAN THREE INDIVIDUALS OR ENTITIES OR ADDITIONAL ADDRESSES.

(All business, corporate, and P.O. boxes must be listed.)

NUMBER OF

Please attach each such copy to the signed form. Please refer to all attached pages when answering the disclosure questions in Section 4.

Name of Individual (Last, First, Middle Initial) or Entity

Ownership/Controlling Interest Managing Employee Agent

NPI % of Ownership (if applicable)

Title, Function, or Relationship to Practitioner

Address (Home Address if Individual; Business Address if Entity)

City State Zip -

SSN (if Individual) Date of Birth EIN (if Entity)

Name of Individual (Last, First, Middle Initial) or Entity

Ownership/Controlling Interest Managing Employee Agent

NPI % of Ownership (if applicable)

Title, Function, or Relationship to Practitioner

Address (Home Address if Individual; Business Address if Entity)

City State Zip -

SSN (if Individual) Date of Birth EIN (if Entity)

SECTION 4: DISCLOSURES

For additional information, see 42 CFR § 455.106, 455.436, and §1002.3, and 130 CMR 450.212.

4A. DISCLOSURE INFORMATION

Respond to the following questions on behalf of the practitioner AND any individuals/entities identified in Section 3 (except for question 5, where your response may be limited to the practitioner). If you answer “yes” to any question, provide a detailed explanation in Section 4B, including the name of the individual/entity; nature, date, and forum of the action; and any case or record number.

- 1. Have any of the individuals/entities ever been convicted of a criminal offense related to any program under Medicare, Medicaid, or Title XX services?
 Yes No

- 2. Have any of the individuals/entities been convicted of a criminal offense as described in sections 1128(a) and 1128(b) (1), (2), or (3) of the Social Security Act?
 Yes No

- 3. Have any of the individuals/entities been excluded from participation in any federal or state health program (including, but not limited to, Medicare or Medicaid)? Yes No

- 4. Have any of the individuals/entities had civil money penalties or assessments imposed under section 1128A of the Social Security Act?
 Yes No

- 5. Has the practitioner ever been subject to any disciplinary action, sanction, or other limitation or restriction of any nature imposed with or without the consent of the provider, by any state or federal agency or board, including but not limited to, revocation, suspension, reprimand, censure, admonishment, fine, probation agreement, practice limitation, practice monitoring, or remedial training or other educational or public service activities? Yes No

- 6. Is there currently pending any proceeding(s) that could result in a conviction, sanction, or other action reportable in questions 1 – 5, above?
 Yes No

