

Appendix E
Community Health Plan of Washington (CHPW)
Ownership and Control Interest Statement Form (CMS-1513)

Frequently Asked Questions (FAQs)

1. Why is an Ownership and Control Form required?

Community Health Plan of Washington (CHPW) to obtain this information on its behalf. It is a federal and state requirement and a condition of participating in Medicare and Medicaid reimbursement.

2. What information is on this form?

The required information pertains to ownership and/control interest in your organization (Section II). The required information also pertains to your subcontractors (Section III). Definitions of ownership, control interest, managing employee, and subcontractor may be found in 42 CFR § 455.101. Information on determining ownership or control percentages may be found in 42 CFR § 455.102.

3. What is the source for these requirements?

The Code of Federal Regulations (CFR) outlines these regulatory requirements are in the following sections: 42 CFR § 455.104 42, CFR § 455.105, CFR § 455.106, 42 CFR § 1002.3 and 42 CFR § 1002.203.

4. Who is responsible for completing the Disclosure of Ownership and Controlling Interest Statement?

This requirement includes all providers who render Medicare or Medicaid services. No provider may be excluded from complying with the federal requirement. If there are no individuals or entities with 5% or more ownership/control interest, complete this form for the managing employee. If you have another current copy of this form, you may submit that in lieu of the attached form.

5. Do I have to use the CHPW form?

If you have another current copy of this form, you may submit that in lieu of the form provided by CHPW. Please include your contract number on your O&C document.

6. How often is the form required?

Prior to final execution of a contract with CHPW and at the time of initial enrollment, upon initial credentialing of a new provider, upon re-credentialing (at least every three years), and whenever there is a change in information required by the form (i.e. change in owners, persons with control interest, agents and managing employees of the provider entity.)

7. What happens if the form is not completed and returned?

Your contract or application will not be processed until we have a completed form. Should we receive a contract or application without a completed disclosure form, CHPW will contact you. If you do not comply with submitting the form, disciplinary action may be taken.

8. Where can I get more information?

On our website at www.chpw.org

Should you have any questions, please contact our customer service department at 800 440-1561.

9. Do I have to sign and re-date an O&C form for every provider?

CHPW will accept a current O&C form if it was signed within 180 days and if all the information is correct and current.

10. What does CHPW do with this information?

CHPW is required to verify prior to executing a new provider contract and monthly thereafter that none of the owners have been sanctioned or excluded from participating in Medicare, Medicaid.

Note: Ownership & Control screening is performed monthly on or around the 15th day the month. Screenings are performed against the List of Excluded Individuals/Entities (LEIE) database, maintained by the Office of Inspector General (OIG), and the System for Award Management (SAM) database, which is a compendium of all sanction databases maintained by federal agencies. The current lists of excluded individuals and entities can be found at: <http://exclusions.oig.hhs.gov/search.aspx> and <https://sam.gov>.