

Managed Care Entity (MCE) Disclosure of Ownership and Control Information Addendum



This online submission is an addendum to the Federally Required Disclosures Form (FRDF) for Managed Care Entities and is designed to collect information suitable to be posted on the MassHealth website as required by federal regulations at 42 CFR §438.602(g)(3).

For the purposes of this Addendum, Managed Care Entity (MCE) shall mean:

- Accountable Care Organizations (Accountable Care Partnership Plans and Primary Care ACOs);
- Managed Care Organizations;
- Behavioral Health Vendor;
- One Care Plans; and
- Senior Care Organizations

Please complete this form in its entirety before submitting. An MCE must complete a separate form for itself and for each of the MCE's material subcontractors. In addition, please note that you must update your responses to this form whenever changes occur that render your prior responses inaccurate or incomplete, and as otherwise required by your MCE contract with EOHHS.

Name of Managed Care Entity (MCE): _____

I am submitting this form for:

MCE (as named above)

MCE Material Subcontractor

Name of MCE Material Subcontractor _____

Pursuant to 42 CFR §438.602(g)(3), the following list identifies the names and titles of all individuals disclosed in Section II of the above-named MCE's or MCE's Material Subcontractor's FRDF submitted to MassHealth in accordance with all instructions.

▶ Name: _____

Title: _____

▶ Name: _____

Title: _____

▶ Name: _____

Title: _____

▶ Name: _____

Title: _____

If additional space is needed, make a copy of this page and submit it with this form. PAGE NUMBER ____ OF ____

By submitting this form, I certify that the information that I have provided is true, accurate, complete, and consistent with the information provided in the above-mentioned FRDF submitted to MassHealth to the best of my knowledge.

Name: _____

Date: _____