**Form 8070001412-D** **BIDDER REPRESENTATIONS AND CERTIFICATIONS**

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| **Bidder Name:** |  |
| **Date Completed:** |  |

**GENERAL INSTRUCTIONS**

Answer all questions as of the date form was completed. Include supporting information from companion template file behind this form.

Carefully review any additional definitions and instructions provided in each section to ensure correct completion of this form. Additional reference to information requested can be found in the Code of Federal Regulations, Title 42, Subpart B – Disclosure of Information by Providers and Fiscal Agents, Sections 455.100 through 455.107.

Throughout this Document, the terms “Bidder”, “Entity” and “Organization” mean the Dental Benefit Manager, managed care organization, provider-led entity, institution, business, or agency that is submitting a proposal of which this Disclosure is a part.

*The Bidder must complete all information requested below. By including a signed copy of this form in its proposal, the Bidder attests to all applicable information contained on the form and to the truthfulness of information presented in the companion template file.*

A. General Organizational Information

**1. Certification of Information Provided**

Under penalty of law, the Bidder attests that all information provided in response is true, correct, and complete to the best of Bidder's knowledge and belief. The Bidder acknowledges that any misrepresentation or falsification of the information provided, whether discovered through investigation or other disclosure at any time, subjects any subsequent Contract to termination by the OHCA without penalty or further obligation to the OHCA.

**2. Certification of Non-Inducement**

Under penalty of law, the Bidder attests that it has not requested and has not induced any Provider to avoid contracting with another potential Contractor in relation to this solicitation.

**3. Certification of Compliance - Anti-Kickback**

Under penalty of law, the Bidder attests that it has not engaged and will not engage in any unlawful inducement, improper referral or prohibited compensation arrangement in violation of the Medicare Anti-Kickback (42 U.S.C. § 1320a-7b et seq.), “Stark I” (42 U.S.C. 1395nn et seq.), “Stark II” (42 CFR §411.350 -- 42 CFR §411.389) and any successor or amendatory provisions thereto.

**4. License/Certification**

List in the companion template, Tab A.4a, all active licenses and certifications maintained by your organization and their applicable renewal dates. Include information for any affiliates and parent company. List in the companion template, Tab A.4b, any licenses or certifications that were denied, revoked, or suspended within the last 10 years, and provide the required information.

**5. Assurance for Accessibility**

The Bidder attests that that no qualified person with a disability will be denied benefits of, or be excluded from, participation in any of Bidder's programs or activities and that Bidder's facilities (including subcontractor facilities) comply with Title II & III of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and the Affordable Care Act. The Bidder will provide a description of its process for demonstrating such assurances to members upon request.

**6. Actuary Identification**

Identify in the companion template, Tab A.6, the actuary used by Bidder to assist in reviewing published capitation rate information by name(s), address(s), and relationship (i.e., in-house, independent, or actuarial firm).

**7. Offer Preparation Assistance**

Identify in the companion template, Tab A.7, the individual, firm, or organization(s) providing outside assistance to Bidder in making this offer by name(s), address(s), and relationship (e.g., individual(s), independent consultant(s), consulting firm(s), etc.).

B. Disclosure of Ownership and Control Interest Information

***PRIVACY ACT STATEMENT: THIS PROVIDES INFORMATION AS REQUIRED BY THE PRIVACY ACT OF 1974.***

*The primary use of the Disclosure of Ownership and Controlling Interest Form is to meet federal requirements for the screening of entities wishing to participate in the Medicaid program. Accurate completion of this form is a requirement of receiving or renewing an agreement and receiving reimbursement from the Oklahoma Medicaid program.*

**SOCIAL SECURITY NUMBERS**

The OHCA understands that individuals and entities may have concerns about supplying Social Security numbers (SSNs) and Dates of Birth (DOBs). Federal regulations require collection of SSNs and DOBs as a critical part of the Medicaid provider screening process to prevent fraud and misuse of taxpayer funds. Information regarding SSNs and DOBs will be maintained in a secure location and used strictly for the purposes required by 42 CFR Part 455. SSNs and DOBs are handled by a limited number of enrollment staff who are trained to keep the information confidential. The level of treatment of disclosed SSNs and DOBs accords with the treatment assigned to member and provider identification numbers which are not disclosed to the public. OHCA’s computer system is highly secure and meets HIPAA requirements for the handling of personal health information. OHCA conducts regular security tests and audits of the system and access is only to a limited number of OHCA staff with security clearance within the system.

Failure to submit Social Security numbers and Dates of Birth means that OHCA must decline to contract with the Entity and/or terminate existing contracts.

The following information must be provided by the Bidder as required by 42 CFR Part 455. This Financial Disclosure Statement shall be prepared as of the date entered on page one of the form.

**1. Ownership or Control Interest**

Enter in the companion template, Tab B.1, the required Bidder ownership and control information for any persons whose ownership in the owning corporation would give them an indirect ownership in the entity of more than five percent. (For example, if the Entity is “Good DBM” and it is 50 percent owned by “Great Corporation”, list “Great Corporation” and also list any person or corporation that owns 10 percent or more of “Great Corporation” as that person/corporation would have a five percent or greater indirect ownership of Good DBM). Also list ALL of Bidder’s corporate officers and directors and all general and limited partners regardless of whether they meet the five percent test.

**2. Ownership or Control Interest – Related Party Identification**

Enter in the companion template, Tab B.2, the required information for any persons with ownership or control interests identified in Tab B.1 who are related to each other (spouse, parent, child, or sibling).

**3. Subcontractor Ownership or Control Interest**

Enter in the companion template, Tab B.3, the required information for any subcontractor in which the disclosing entity, including the disclosing entity's general and limited partners and all corporate officers and directors, has a direct or indirect ownership or control interest of five percent or more.

**4. Subcontractor Ownership or Control Interest – Related Party Identification**

Enter in the companion template, Tab B.4, the required information for any persons with ownership or control interests identified in Tab B.3 who are related to each other (spouse, parent, child, or sibling).

**5. Managing Employees**

Enter in the companion template, Tab B.5, the required information for any managing employee (defined in 42 CFR 455.101) of the entity submitting this offer.

**6. Ownership in Other Entities**

Enter in the companion template, Tab B.6, the required information for any other entity in which a person with an ownership or control interest in the Bidder entity also has an ownership or control interest.

**7. Long-Term Business Transactions**

List in the companion template, Tab B.7, for the five-year period ending on the Contractor’s most recent fiscal year end, any significant business transactions (defined in 42 CFR 455.101) between the Bidder and any wholly-owned supplier or subcontractor, a description of the listed transaction(s) and the dollar amount(s).

**8. Prior Convictions of Key Personnel**

Enter in the companion template, Tab B.8, the required information for all key personnel (e.g., Administrator, Medical Director, financial/fiduciary officers, major stockholders, or those with controlling interest) with felony convictions occurring within the past 15 years. Failure to make full and complete disclosure shall result in the rejection of your proposal.

**9. Criminal Offenses and Suspension/Exclusion or Debarment**

Enter in the companion template, Tab B.9, the required information for each officer and/or individual who has ownership or controlling interest in the Bidder, or is an agent or managing employee of the Bidder, and has been:

1. Convicted of a criminal offense related to that person's involvement in any program under Medicaid or the Title XX services program since the inception of those programs; or
2. Suspended or debarred from participating in Medicare, Medicaid, or the Title XX services program since the inception of those programs.

**10. Certification of Ownership or Control Interest Information**

The Bidder attests that it has made a full disclosure of all applicable ownership interests in its proposal as required by 42 CFR 455 and that any applicable change in ownership of the managed care entity required by 42 CFR 455.104(c)(3)(iv) will be brought to the attention of the OHCA as soon as a change occurs.

**11. Creditors**

Enter in the companion template, Tab B.11, the name and address of each creditor whose loans or mortgages exceed five percent of the total of Bidder's equity and is secured by the assets of the Bidder’s company.

**12. Legal Actions**

Enter in the companion template, Tab B.12, the required information for lawsuits, judgments, tax deficiencies and claims against your organization.

**13. Payment of Taxes and Fees**

Under penalty of law, the Bidder attests that neither it nor any of its principal(s) is presently in arrears in payment of taxes, permit fees or other statutory, regulatory, or judicially required payments to the State of Oklahoma.

**14. Insolvency Filing**

Enter in the companion template, Tab B.14, the required information if Bidder has previously filed for bankruptcy or other action of protection against creditors.

C. RELATED PARTY TRANSACTIONS

**1. Board of Directors**

Enter in the companion template, Tab C.1, the required information for each member of the Bidder's Board of Directors. These should be the same individuals as identified in the response to proposal submission item 4.

**2. Related Party Transactions**

Enter in the companion template, Tab C.2a, the required information for any transaction between the Bidder and any related party in which a transaction or series of transactions during any one fiscal year exceeds the lesser of $10,000 or two percent of the total operating expenses of the disclosing entity. For each transaction identified, also include in the template a justification as to the reasonableness of the transaction; its potential adverse impact on the fiscal soundness of the disclosing entity; and the absence of any conflict of interest related to the transaction.

Also enter in the companion template, Tab C.2b, the required information for any transaction between the Bidder and any related party which includes the lending of money, extension of credit or any investment in a related party. For each transaction identified, also include in the template a justification as to the reasonableness of the transaction; its potential adverse impact on the fiscal soundness of the disclosing entity; and the absence of any conflict of interest related to the transaction.

**Companion Templates**

Complete Form 8070001412-D companion templates and include behind this page in your proposal. If there is not information to be provided in a template, enter “N/A” on the first row of the table and include with your proposal.

**Form 8070001412-D-Representations and Certifications Acceptance**

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| --- | --- |
| Authorized Signature | Date |
| Print Name | Title |