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| STATUS1 | DOCUMENT  REVISION2 | EFFECTIVE  DATE | DESCRIPTION3 |
| Baseline | 1.0 | January 1, 2012 | Initial version Uniform Managed Care Manual Chapter 5.3.2.1, “MCO Disclosure Statement Change Notification.” |
| Revision | 2.0 | August 25, 2015 | “Applicability of Chapter 5.3.2.1” is modified to add the Medicare-Medicaid Dual Demonstration  Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, 529-13-0071, and 529-15-0001; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration. |
| Revision | 2.1 | December 1, 2023 | Added Section H. Prohibited Affiliations to determine if MCO has any prohibited affiliations as defined by 42 CFR § 438.610.  “H. Signed Attestation” changed to “I. Signed Attestation” |

Document History Log

1 Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions

2 Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision.

3 Brief description of the changes to the document made in the revision.

**Applicability of Chapter 5.3.2.1**

This statement is to be completed by each Managed Care Organization (MCO) that contracts with HHSC to provide Medicaid and or CHIP services in Texas. The term “MCO” includes health maintenance organizations (HM0s), exclusive provider organizations (EPOs), insurers, Dental Contractors, Medicare-Medicaid Plans (MMPs), and any other entities licensed or approved by the Texas Department of Insurance. If an MCO contracts with HHSC under more than one legal name, then the MCO should complete a separate statement for each such legal entity. The statement discloses information about the MCO, including ownership, type of entity, Affiliates (as defined in HHSC’s managed care contracts), and other related parties. The statement also discloses transactions with such parties, subcontracts, provider fraud, solvency, any criminal convictions, etc.

The statement must be submitted *only for interim reporting of changes that have occurred since the last annual filing*. All annual filings should use the full *MCO Disclosure Statement* form (UMCM Chapter 5.3.2).

Note that HHSC’s request for information regarding the existence of possible transactions, arrangements, relationships, etc., does not confer or imply allowability or unallowability of the issue under inquiry. Unless otherwise instructed, the signed statement should be submitted to HHSC as a PDF file, showing written signature. Please fill-in the date this form is submitted in the designated space at the top of Page 1 of the form.

Per Federal regulations: *A Medicaid agency shall not approve a contract, and must terminate an existing contract, if certain contractors fail to disclose certain ownership and control information* (42 CFR 455.104).

*This form is only for interim reporting of changes that have occurred since the last annual filing*.

All annual filings should use the full *MCO Disclosure Statement* form (UMCM Chapter 5.3.2).

Full legal name of MCO that contracts with HHSC:

Date of filing of this Change Notification:

Date of filing of last prior full MCO Disclosure Statement:

*Note:* Section headings below reference the last prior filed full *MCO Disclosure Statement*. If there have been one or more changes in a given Section, indicate them under that Section heading below, in the same format as in the full form, starting with the item number (and sub-number, if any) from the full form. Each Section must be checked either Yes or No; do not leave any Section blank.

# **Section A: MCO Identification and Ownership.**

1. Have there been any changes to this Section, outside of Exhibits A-1 and A-2?

Yes  No

If YES, report all changed information here (starting with the item #):

1. Has any information regarding item 14.b, or in Exhibit A-1, changed?

Yes  No

If YES, attach a revised Exhibit A-1 (*Chain of Ownership*).

1. Has any information supplied in Exhibit A-2 (excluding items 8, 9, and 10) changed?

Yes  No

If YES, report these changes to *Description of Ultimate Owner* here:

# **Section B: Parties-in-Interest.**

I. Have there been any changes to this Section, with respect to:

* Exhibit B-1, *Leasing or Sale of Property*?

Yes  No

* Exhibit B-2, *Mortgages, Notes, & the Lending of Money or Extension of Credit*?   
   Yes  No
* Exhibit B-3, *Rights to a Percentage of Profits*?   
   Yes  No

II. If YES to any of the above, attach a revised version of the corresponding Exhibit(s).

# **Section C: Criminal Convictions, or Debarment/Suspension.**

I. Have there been any changes to this Section?   
 Yes  No

If YES, report which item numbers here, and which YES/NO box for each item should be checked:

II. If YES, also attach a revised Exhibit C.

# **Section D: Largest Non-Affiliate Subcontractors.**

I. Have there been any changes to this Section?   
 Yes  No

If YES, report all changed information here:

# **Section E: Affiliate Subcontractors.**

I. Have there been any changes to this Section?   
 Yes  No

If YES, report all changed information here:

# **Section F: Solvency & Other Issues.**

I. Have there been any changes to items 1 through 3 in this Section?   
 Yes  No

If YES, report all changed information here (starting with the item #):

II. Have there been any changes to item 4 in this Section (or Exhibit F)?   
 Yes  No

If YES, attach a revised Exhibit F (*Other Disclosures*).

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# **G. Exhibits.**

As specified above, attach any required updated Exhibits following the Attestation section below.

# **Section H: Prohibited Affiliations.**

Has there been any change to the MCOs status with regards to prohibited affiliations, 42 CFR § 438.610, since the last annual filing of the 5.3.2 MCO Disclosure Statement?  
 Yes  No

If YES, please describe each incidence and steps to be taken to ensure compliance with 42 CFR 438.610:

# **I.** **Signed Attestation.**

This *MCO Disclosure - Change Notification Short Form* amends and updates the previously filed full *MCO Disclosure Statement*, as filed by this MCO. I hereby attest that the information contained in this *Change Notification Short Form*, when combined with the most recent previously-filed *MCO Disclosure Statement*, including all attached exhibits, is complete, comprehensive, accurate, up-to-date, and not misleading, to the best of my knowledge.

Legal Signature:

Printed name:       Date signed:

Title:

*(must be Chief Executive Officer, or the MCO’s equivalent)*

On behalf of:

*(MCO’s legal name)*

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE, OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY.