

INSTRUCTIONS FOR THE MANAGEMENT COMPANY MGT-CR INFORMATION FORM

Who Must File: All Massachusetts Nursing Facilities that utilize a management company. **This form must be submitted whenever there is a change in any of this information.**

Assistance: If you need help or have any questions relevant to completing this worksheet, please contact CHIA's Pricing Help Desk at (617) 701-8297 or send an email to CHIAcostreports.LTCF@State.MA.US .

Where to File: Mail to: Pricing Operations
Center for Health Information and Analysis
501 Boylston Street, 5th floor
Boston, MA 02116

or email in PDF to CHIAcostreports.LTCF@state.ma.us.

I. Management / Central Office Information

All sections must be completed or mark N/A (Not Applicable).

Section 1 - General Information

Enter name, address, telephone number, Federal Employer Identification Number (FEIN) and legal status.

Section 2 – Management Company Ownership Information

Enter the names of all direct and indirect owners, as defined below, with an interest of 5% or more in this facility.

A Direct owner is the legal entity or individual of record. Enter the name of the individual, corporation, trust, partnership, government agency, sole proprietor or other legal entity that is the legal owner of record.

An Indirect owner is any individual or entity that holds a 5% or greater financial interest in the nursing facility direct owner. Enter the name of each stockholder, trust beneficiary, partner or any other individual or entity with such an interest.

1. Enter the names of the direct owners in the top part of Section 2. The address, telephone number, email address and ownership % share must be completed. The percentage of ownership must accurately reflect the entity.
2. Enter the name of the indirect owners in the bottom part of Section 2. The address, telephone number, email address and ownership % share must be completed. The percentage of ownership must accurately reflect the entity. In addition, please identify which entity the indirect owner is related to.

Attach additional pages if required or an organization chart with the appropriate information listed below.

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Section 3 – Related Massachusetts Facilities

Enter names and MassHealth provider IDs of all Massachusetts Nursing or Residential Care Facility which expenses are allocated from this management company.

Section 4 – CHIA Submissions Access

Identify the name and organization of the people requiring access to the MGT-CR. If a User Agreement is already on file for the designated person, a new user agreement is not required. Click appropriate box.

Section 5 – Management Company Contact Information

Identify the name, title, name of affiliated organization, mailing address, telephone number and email address of the person designated as the management company contact.

Sections 6 & 7 must be completed if rent is paid to a related party.

Section 6 – Realty Company Information

Enter name, address, telephone number, and legal status.

Section 7 – Realty Company Ownership Information

Enter the names of all direct and indirect owners, as defined below, with an interest of 5% or more in this facility.

A Direct owner is the legal entity or individual of record. Enter the name of the individual, corporation, trust, partnership, government agency, sole proprietor or other legal entity that is the legal owner of record.

An Indirect owner is any individual or entity that holds a 5% or greater financial interest in the nursing facility direct owner. Enter the name of each stockholder, trust beneficiary, partner or any other individual or entity with such an interest.

1. Enter the names of the direct owners in the top part of Section 7. The address, telephone number, email address and ownership % share must be completed. The percentage of ownership must accurately reflect the entity.
2. Enter the name of the indirect owners in the bottom part of Section 7. The address, telephone number, email address and ownership % share must be completed. The percentage of ownership must accurately reflect the entity. In addition, please identify which entity the indirect owner is related to. Attach additional pages if required or an organization chart with the appropriate information listed below.

Section 8 – Management Company Representative Signature

1. Type the name of the name and title of the management company representative completing this form.

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2. Click the box as the representative who is acknowledging the forms information is true, accurate and prepared in accordance with regulations and instructions.