

## **INSTRUCTIONS FOR THE NURSING FACILITY INFORMATION FORM**

**Who Must File:** All Massachusetts Nursing Facilities that file an HCF-1 cost report with the Center for Health Information and Analysis. **This form must be submitted whenever there is a change in any of this information under the current provider ID.**

**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](mailto:CHIAcostreports.LTCF@State.MA.US) .

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

**or email in PDF to** [CHIAcostreports.LTCF@State.ma.us](mailto:CHIAcostreports.LTCF@State.ma.us).

### **I. NURSING FACILITY INFORMATION**

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

#### **Section A - General Information**

Effective Date: Enter effective date of this new or change in information.

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

#### **Section B - Ownership Information**

1. Enter the effective date of this new or change in information.
2. Click one box on the right side of the section:  
 New – New ownership is detailed below  
 Update - Change to ownership below  
 No change to this section
3. 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.*

4. Enter the names of the direct owners in the top part of Section B. The address, telephone number, email address and ownership % share must be completed. The percentage of ownership must accurately reflect the entity.

## **INSTRUCTIONS FOR THE NURSING FACILITY INFORMATION FORM**

5. Enter the name of the indirect owners in the bottom part of Section B. 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 C - Nursing Facility Rate Contact Information**

Identify the name, title, mailing address, telephone number and email address of the person designated by the facility to receive rate reimbursement notifications.

Click one box on the right side of the section:

- New – New ownership is detailed below
- Update - Change to ownership below
- No change to this section

## **II. REALTY COMPANY INFORMATION**

1. Effective Date: Enter effective date of this new or change in information.
2. Does the nursing facility pay rent to Realty Company? Click "yes" or "no" box.

If "no", skip to Management Company Information.

If yes, complete the following:

Click one box on the right side of the section:

- New – New ownership is detailed below
- Update - Change to ownership below
- No change to this section

### **Section A - General Information**

Enter name, address, telephone number, contact name and contact email address.

### **Section B - Ownership Information**

1. 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.*

## **INSTRUCTIONS FOR THE NURSING FACILITY INFORMATION FORM**

*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.*

2. Enter the names of the direct owners in the top part of Section B. The address, telephone number, email address and ownership % share must be completed. The percentage of ownership must accurately reflect the entity.
3. Enter the name of the indirect owners in the bottom part of Section B. 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.

### **III. MANAGEMENT COMPANY INFORMATION**

1. Effective Date: Enter effective date of this new or change in information.
2. Are you managed by a management company or central office? Click "yes" or "no" box.

If "no", skip to representative signature.

If yes, complete the following:

Click one box on the right side of the section:

- New – New ownership is detailed below
- Update - Change to ownership below
- No change to this section

3. Enter name, address, and management company contact name and email address.

**If the nursing facility utilizes a management company, the management company ownership form must also be completed.**

### **IV. NURSING FACILITY REPRESENTATIVE SIGNATURE**

1. Type the name of the name and title of the facility representative completing this form.
2. Click the box as the facility representative who is acknowledging the forms information is true, accurate and prepared in accordance with regulations and instructions.