

Alabama Medicaid Agency

Change of Ownership Information

Reporting Change of Ownership Information

Medicaid requires the owner of a Medicaid-enrolled facility or group to report any change of ownership (CHOW) to Medicaid within 30-days of the change or sale. Timely receipt of this information assists the Medicaid Agency in completing a provider's CHOW. Please note that a provider's enrollment must be active and in good standing to complete a change of ownership.

Providers who accept the previous owner's Medicaid agreement must complete the change of ownership form and submit the following documents: Electronic Funds Transmittal (EFT) Form; W-9; sales agreement/bill of sale; and Disclosure Forms for any owners, officers, directors, agents, managing employees, and shareholders with 5% or more controlling interest. Also, please attach a detailed statement of the course of action you are pursuing. The above mentioned forms are located on the Medicaid website at www.medicaid.alabama.gov in the Forms section under the Provider, Provider Enrollment tabs. The completed documentation must be mailed to the Enrollment & Sanctions Unit, Program Integrity Division, Alabama Medicaid Agency, 501 Dexter Avenue, P O Box 5624, Montgomery, Alabama 36104. If you are accepting the previous owner's agreement, it is not necessary for you to complete an application.

Providers who do not accept the previous owners Medicaid agreement must complete a new application. To submit a new application, visit our website at www.medicaid.alabama.gov.

Note: For all hospital CHOWs, please indicate in your detailed statement and on the form below whether the hospital will be a public or private entity after CHOW completion.

For questions concerning CHOWs, please contact the Enrollment & Sanctions Unit at (334) 242-5141.

CHECKLIST

Please make sure all documents are attached.

_____ **Change of Ownership Form**

_____ **Disclosure forms** (*For any owners, officers, directors, agents, managing employees and shareholders with 5% or more controlling interest.*)

_____ **EFT** (*Updates to EFT are not made by Medicaid until CHOW completion. Any EFT changes prior to CHOW completion to facilitate payment of funds directly to the new owner will have to be submitted via the Medicaid Interactive Web Portal by the old owner with agreement by the new owner.*)

_____ **W-9**

_____ **Sales Agreement or Bill of Sale**

_____ **Detailed statement of the course of action being taken**

_____ **Other** _____

