



Ownership/Controlling Interest & Conviction Disclosure Completion Instructions for Enrollment using a Federal Employer Identification Number (EIN)

Field A must be completed listing all entities with direct or indirect ownership or control interest in the enrolling entity. Enter the requested information in the text area. In addition, corporate entities must list primary business address, every business location and P. O. Box address. Field A is incomplete if the text area is left blank or an entry is partially completed. (Checking the box regarding an individual (SSN) enrollment is inaccurate when enrolling using a tax identification number.)

Field B must be completed listing all entities with ownership or control interest in any subcontractor the enrolling entity has direct or indirect ownership. Either requested information is entered in the text area **OR** a check in the box indicating 'None' is required depending upon which is applicable. Field B is incomplete if both areas are left blank or an entry is partially completed.

Field C must be completed indicating relations of persons named in Field A and B. Either requested information is entered in the text area **OR** a check in the box indicating 'No' is required depending upon which is applicable. Field C is incomplete if both areas are left blank or an entry is partially completed.

Field D must be completed listing any managing employee(s) within the enrolling entity. Either requested information is entered in the text area **OR** a check in the box indicating 'None' is required depending upon which is applicable. Field D is incomplete if both areas are left blank or an entry is partially completed.

Field E must be completed indicating if any entity identified in Field A or B has ownership or controlling interest in any other provider, fiscal agent, or managed care entity. Either requested information is entered in the text area **OR** a check in the box indicating 'No' is required depending upon which is applicable. Field E is incomplete if both areas are left blank or an entry is partially completed.

Field F must be completed listing all entities (entities having ownership or control interest in the enrolling provider, an agent and/or managing employee of the enrolling provider) with criminal offense convictions *related specifically to* Medicare, Medicaid, Children's Health Insurance Program or the Title XX services since the inception of these programs. Either requested information is entered in the text area **OR** a check in the box indicating 'None' is required depending upon which is applicable. Field F is incomplete if both areas are left blank or an entry is partially completed.