



Ownership/Controlling Interest & Conviction Disclosure Completion Instructions for Enrollment using a Social Security Number (SSN)

Field A must be completed indicating ownership or control interest in the enrolling individual. Either a check in the box to indicate ownership/control interest is not applicable to the individual **OR** requested information entered in the text area is required. Field A is incomplete if both areas are left blank.

Field B must be completed listing all entities with ownership or control interest in any subcontractor the enrolling individual 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. If no entities are entered in Field A or B, check the box indicating 'No'. Field C is incomplete if both areas are left blank or an entry is partially completed.

Field D must be completed listing any managing employees of the enrolling individual. 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 the enrolling individual 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 (the enrolling individual, an agent and/or managing employee of the enrolling individual) 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.

Colorado Medicaid cannot advise providers on how to determine owner data and controlling interest requirements.