

## Provider Controlling Interest/Ownership Enrollment Step

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When completing a CHAMPS Provider Enrollment application or Provider Enrollment modification the ownership step is required. Listed below is some helpful information along with step-by-step instructions to completing the Provider Controlling Interest/Ownership Details step.

When completing the Provider Controlling Interest/Ownership Details step, completing a revalidation, or any change in ownership within 35 days; Providers (including fiscal agents and managed care entities) are required to disclose the following information:

- Individual Owner, any person with ownership or controlling interest:
  - Name
  - Address
  - Date of Birth
  - Social Security Number
  - Add any Relationship (self, spouse, parent, child, sibling, none, etc.) between:
    - The Individual with an ownership or controlling interest and another person with ownership or controlling interest in the entity. (e.g., from Owner to Owner it would be Self or Owner to Managing Employee could be Spouse or None); and/or
    - The Individual with an ownership or controlling interest of any subcontractor in which the disclosing entity has a 5% or more interest and to another person with ownership or controlling interest.
    - The name of any other fiscal agent or managed care entity in which an owner has an ownership or controlling interest in and is reimbursable by Medicaid and/or Medicare.
- Corporation:
  - Name
  - Address, including as applicable;
    - Primary business address
    - All business locations
    - P.O. Box address
  - Other Tax Identification Number (TIN), with an ownership or controlling interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
  - Add any Relationship (self, spouse, parent, child, sibling, none, etc.) between:
    - the Corporation with an ownership or controlling interest and another person with ownership or controlling interest; and/or
    - The Corporation with an ownership or controlling interest of any subcontractor in which the disclosing entity has a 5% or more interest and to another person with ownership or controlling interest.
    - The name of any other fiscal agent or managed care entity in which an owner has an ownership or controlling interest in and is reimbursable by Medicaid and/or Medicare.

MSA Policy information within the [Medicaid Provider Manual](#), General Information Chapter, Provider Enrollment section:

## 2.1 PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

Provider enrollment information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

### 2.1. A. REQUIRED DISCLOSURE INFORMATION

Providers (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation, and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location, and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of a corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or managed care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employees.

## **CHAMPS: Add Provider Controlling Interest/Ownership Details Steps**

1. Select the Add Owner option under the Actions drop-down menu
  - a. Select an Owner Type from the drop-down menu:
  - b. Complete all fields marked with an asterisk (\*)
  - c. Complete Address Line 1 and Zip Code, click Validate Address
  - d. Click Ok

(Please Note: if one of the below owner types is selected then the listed relationship(s) are required)

Owner Type	Required Relationship(s)
Agent	Managing Employee
Corporate - Charitable 501 [c]3	Managing Employee Board Of Director/Officer/Principles
Corporate - Non-Charitable	Managing Employee Board of Director/Officer/Principles

Owner Type	Required Relationship(s)
Foreign, Nonresidential Alien	Managing Employee Board Of Director/Officer/Principles
Government	Managing Employee
Holding Company	Managing Employee Board of Director/Officer/Principles
Indirect Owner	Managing Employee Board of Director/Officer/Principles
Individual	Managing Employee
Limited Liability Company	Managing Employee Board of Director/Officer/Principles
Partnership	Managing Employee
Sub-contractor	Managing Employee Board of Director/Officer/Principles

2. After entering all required Owner Types, select Owners Relationships from the Actions drop-down menu;
  - a. Select the Owner (Please Note: this process must be completed for each selected Owner)
  - b. Select the relationship between the selected 'Assoc. Owner' to the 'Selected Owner' using the drop-down menu under the 'Relation To' column
  - c. Select the relationship between the 'Selected Owner' to the selected 'Assoc. Owner' using the drop-down menu under the 'Relation to Assoc. Owner'
    - a. Click Save
    - b. Click Close
3. After entering all required relationships is for each Owner Type, select Owners Adverse Action from the Actions drop-down menu;
  - a. Read Final Adverse Legal Actions/Convictions statement, check Yes or No for each listed owner name
  - b. Click Ok
4. Once the Relationship Status column shows completed and the Adverse Action column shows either Yes or No, click Close

## Final adverse action:

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

### Convictions

1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries or recipients. Offenses include, but are not limited to: Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicaid program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any misdemeanor or felonies that may result in a mandatory or permissive exclusion under State or Federal law.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

### Exclusions, revocations, or Suspensions

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

Refer to step-by-step enrollment instructions on completing this step:

- [Provider Enrollment New Individual/Sole Proprietor Provider](#)
- [Provider Enrollment New Facility/Agency/Organization \(FAO\) Provider](#)
- [Provider Enrollment New Group Practice Provider](#)