

# North Dakota Health and Human Services

SFN 1168

Ownership/Controlling Interest and Conviction Information

Rev 8-2020

## Section I – Identifying Information – Required for All Applications

- Legal Name
  - Enter the legal name of your business
  - Your entry must match what is on file with the IRS and be entered on line one of the W-9 you submit with this form
- Doing Business As (DBA)
  - Enter the Doing Business As name of your business
  - Your entry must match what you enter on line two of the W-9 you submit with this form
- Service Address
  - The address where your business is physically providing services (cannot be a PO Box)
  - Enter the street address, city, state, and zip code.
- Mailing Address
  - The address where you would like to receive mail for your North Dakota Medicaid record.
  - Enter the street address or PO Box, city, state, and zip code
  - Remittance Advices (RAs) are not sent to the Mailing Address
- Billing Address
  - The address where you would like to receive paper checks (until the requested EFT is established in the system)
  - And/or the address where you would like to receive Remittance Advices (RAs) – if paper RAs were requested
- Facility Telephone Number = The phone number listed should be for someone who is able to answer any questions regarding this form
- Provider Number
  - Enter the 7-digit North Dakota Medicaid ID of the record this form is being submitted to update/enroll/revalidate.
  - If this form is submitted for a new application to enroll a new record, leave blank or write: "Pending".
- NPI Number: Enter the NPI for the provider the form is being submitted to update/enroll/revalidate.
- This is the NPI of the Group. DO NOT use the NPI of an individual.
- Email Address: Enter the Email address that should be contacted if there are any issues with the form or the record

Section II – Direct/Indirect Ownership Information – Required for All Group (facility) Applications/Owner Updates/Revalidations (Government entities are not exempt)

- Required per CFR 42 455.436
- This Section is for the individuals and businesses who have ownership of 5% or more in the provider who is listed in Section I (the record that is being enrolled/updated/revalidated)
  - List all Owners (individuals and businesses who own the business) with 5% or more ownership in in the provider who is listed in Section I (the record that is being enrolled/updated/revalidated)
  - Please read the instructions on Page four (4) of the SFN 1168 to see who qualifies as an owner
- **For individual owners:** Enter the first and last legal name of the business owner, percentage of ownership, relation to the provider who is listed in Section I (direct owner/indirect owner, etc.), TIN (Tax ID Number), and , and Date of Birth
- **For owners that are businesses:** Enter the legal business name, TIN (Tax ID Numbers), and corporate address of the business
- **If you have more than three 5% or more owners:**
  - Mark “Yes” to the “Additional owners attached” question at the bottom of this section
  - Attach a sheet with the names, DOBs, SSNs/Tax IDs of each individual/group with ownership interest of 5% or more
- **If the enrolling provider does not have owners:** Add the business’ own information in this section. The business will be treated as its own owner

Section III – Managing Employee/Control Interest – Required for All Applications (Government entities are not exempt)

- Required per CFR 42 455.436
- Include all of the following in this section:
  - Managing Employees
  - Authorized Signers (authorized to sign on behalf of the business)
  - Board Members/Trustees for Corporations or Non-Profit Corporations
- **If you have more than three to enter in this section:**
  - Mark “Yes” to the “Additional managing employees/person with controlling interest attached” question at the bottom of this section
  - Attach a sheet with the first and last legal names, DOBs, and SSNs of each additional entry
- The person/s who signed the W-9, EFT form (SFN 661), and the Provider Agreement (SFN 615), and any other documents submitted for enrolling/updating/or revalidating this provider must be included in this section

Section IV – Ownership/Controlling Interest Information – Required for All Applications

- Check either Yes or No
- If No, move on to the next section
- If Yes, fill out the rest of the fields in this section

Section V – Conviction Information – Required for All Applications

- Check either Yes or No
- If No, move on to the next section
- If Yes, fill out the rest of the fields in this section

Section X – Signature – Required for All Applications

- Fill out all fields
- If any field in this section is left blank or illegible, the form will be considered incomplete, an email will be sent to the contact identified as submitting this form, and the form will be deleted from our system
- Electronic signatures are accepted.

**If the Group is organized as a Corporation or Non-Profit Corporation:**

Attach a list of your Board of Directors/Trustees if they are not all listed on the SFN 1168. Include each Director/Trustee's first and last name, Date of Birth, and SSN. Please make sure the group's organization type is showing on the W-9.