

## MEMORANDUM

**To:** Providers Enrolling with North Dakota Medicaid

**From:** ND Medicaid Provider Enrollment

**Subject:** Social Security Number and Date of Birth Requirement on the Ownership/Controlling Interest and Conviction Form (SFN 1168)

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The Centers for Medicare and Medicaid Services (CMS) has mandated via a Code of Federal Regulation that Medicare and Medicaid Agencies obtain the social security number (SSN) and date of birth (DOB) for owners as well as managing employees. This requirement affords the states (and Medicare) a screening mechanism in order to ensure that federal funds are not distributed to a person or entity that employees someone who is a managing employee, owner, etc. that has been excluded or terminated from Medicare or another State Medicaid program. The requirement for obtaining both the DOB and SSN became effective March of 2011. Prior to that, the requirement was to obtain one or the other (DOB or SSN) for the individuals in ownership and managing positions.

The Department is required to obtain that information in order to process any Medicaid provider (facility) application. The Department is in the process of updating the Ownership/Controlling Interest and Conviction Information (SFN 1168) to indicate the requirement for both the SSN and DOB. The form currently asks for one or the other.

### **Title 42: Public Health**

#### **§ 455.104 Disclosure by Medicaid providers and fiscal agents: Information on ownership and control.**

(a) *Who must provide disclosures.* The Medicaid agency must obtain disclosures from disclosing entities, fiscal agents, and managed care entities.

(b) *What disclosures must be provided.* The Medicaid agency must require that disclosing entities, fiscal agents, and managed care entities provide the following disclosures:

(1)(i) The name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent, or managed care entity. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address.

(ii) Date of birth and Social Security Number (in the case of an individual).

(iii) Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) or in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest.

(2) Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.

(3) The name of any other disclosing entity (or fiscal agent or managed care entity) in which an owner of the disclosing entity (or fiscal agent or managed care entity) has an ownership or control interest.

(4) The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity (or fiscal agent or managed care entity).

(c) *When the disclosures must be provided.*

(1) *Disclosures from providers or disclosing entities.* Disclosure from any provider or disclosing entity is due at any of the following times:

(i) Upon the provider or disclosing entity submitting the provider application.

(ii) Upon the provider or disclosing entity executing the provider agreement.

(iii) Upon request of the Medicaid agency during the re-validation of enrollment process under §455.414.