

# SNF Attachment 1 workflow

As part the 855A form updates and policy changes, PECOS will collect **ADDITIONAL DISCLOSABLE PARTY (ADP) of the SNF**. The definitions for ADP and other entities are provided in Attachment 1 of the 855A paper form and on PECOS Provider Interface as shown below. Providers can navigate to the 'GUIDANCE FOR SNF ATTACHMENT ON FORM CMS-855A' by selecting the link in the Organization and Individual Control page and click on the SNF PDF provided in the page. Here is the direct link to the page:

[SNF Attachment Subreg Guidance](#)

Home > My Associates > My Enrollments > Initial Enrollment > Organization Control > ADD

**Organizations with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

(\*) Red asterisk indicates a required field.

**Identification Information for Organization with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

- All entities will need to enter their (Personally Identifiable Information (PII) information if associating to this enrollment as an Owner or in a Managing Control role with the Skilled Nursing Facility (SNF).
- Additional Disclosable Parties associating to this enrollment that are not Owners of the SNF and do not have a managing control role with the SNF do not have to enter all PII. For more information about ADPs [select here.](#)

\* Legal Business Name

"Doing Business As" Name

Select here if you have less than 5% ownership interest or if you are an ADP without ownership or managing control of the SNF

\* Tax Identification Information (TIN)  
  
XX-XXXXXXX

National Provider Identifier (NPI) (of organization with ownership interest/managing control)  
  
10 Digits

PECOS has two workflows for Organizational Control and Individual Control with and without PII information. The TIN will not be required information for an associate if the entity has less than 5% ownership interest or associating as an ADP of the SNF. However, if an Entity is associating as an Ownership or Managing Control role, then PII will be required for all Owners and ADPs. Here is a sample of entities associating with SNF without the TIN information. Providers can select the check box: **'Select here if you have less than 5% ownership interest or if you are an ADP without ownership or managing control of the SNF' to associate with the SNF without the TIN information.**

Home > My Associates > My Enrollments > Initial Enrollment > Organization Control > ADD

**Organizations with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

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**Identification Information for Organization with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

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\* Legal Business Name

"Doing Business As" Name

Select here if you have less than 5% ownership interest or if you are an ADP without ownership or managing control of the SNF

Tax Identification Information (TIN)  
  
XX-XXXXXXX

National Provider Identifier (NPI) (of organization with ownership interest/managing control)  
  
10 Digits

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All entities associating with the SNFs will need to provide additional information as part of the new 855A form changes. Hence, Providers will need to **edit** their existing information in **Organization and Individual control** section prior to submitting their applications. Failure to provide this information could result in delays in processing your application. Providers will need to provide information on IRS business designation, type of Business Structure, type of Organization and answer additional questions on the existing ownership roles prior to submitting their revalidation applications. Here are the new workflows for Organization control and Individual control in PECOS PI where all the information from Attachment 1 in the paper form is captured.

### IRS business designation:

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Initial Enrollment](#) > [Organization Control](#) > ADD

**Organizations with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

(\*) Red asterisk indicates a required field.

**IRS Proprietary/Non-Profit Status**

**Note:** Identify how your business is registered with the IRS. (NOTE: If your business is a Federal and/or State government supplier, indicate "Non-Profit" and specify the level below. In addition, government-owned entities do not need to provide an IRS Form 501(c)(3)). Also, if a checkbox identifying how the business is registered with the IRS is not completed, the value will be defaulted to "Proprietary".

**Identify how your business is registered with the IRS**

Proprietary

Non-Profit (Submit IRS Form 501(c)(3))

Disregarded Entity (Submit IRS Form 8832, if applicable)

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### Type of Business Structure:

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Initial Enrollment](#) > [Organization Control](#) > ADD

**Organizations with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

(\*) Red asterisk indicates a required field.

**Type of Business Structure**

\* Type of Business Structure  
Select Organization Structure ▼

\* Other (specify)

\*Type of Federal and/or State Government  
Select Government Type ▼

\* Other Type of Federal and/or State Government (specify)

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### Type of Organization:

Note: Trust or Trustee is a new organization type.

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Initial Enrollment](#) > [Organization Control](#) > ADD

**Organizations with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

(\*) Red asterisk indicates a required field.

Type of Organization

\* Select the type of organization (Check all that apply):

- Bank or other Financial Institution
- Chain Home Office
- Consulting Firm
- Corporation
- For-profit
- Holding Company
- Investment Firm (other than private equity company)
- Limited Liability Company
- Management Services Company
- Medical Provider/Supplier
- Medical Staffing Company
- Non-profit
- Private Equity Company
- Real Estate Investment Trust
- Trust or Trustee
- Other

\* Other Organization Type (please specify)

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### Organizations associating with SNFs with PII information:

Note: All information provided in Attachment 1 of the paper form (page 55 to 63) is available in the Organization control topic in PECOS PI.

Any Entity associating with SNF in Ownership or Managing Control role will need to provide PII information as part of associating process. Once the PII information is provided a 'Full associate profile' is created for the associating entity. PECOS will navigate to the Ownership and Managing control page once the profile is created, and the address associated with the entity is validated. Here are the roles defined in Attachment 1 for associating entities with Ownership information. All questions need to be answered for the selected roles.

1) If the SNF is a corporation, organization have a 5% or greater direct ownership interest in the SNF.

**Organization's Relationship to the Applicant**

\* Check all roles that are applicable to this organization's relationship:

5% or greater direct ownership interest

\* Effective Date of 5% or greater direct ownership interest  
MM/DD/YYYY

Exact percentage of 5% or greater direct ownership interest the organization has in the provider  
Enter a number between 0 and 100 with a maximum of two decimal places

\* Was this organization with 5% or greater direct ownership interest solely created to acquire/buy the provider and/or the provider's assets?  
Not Answered

\* Is this organization the ultimate parent company in a multi-organizational group of entities?  
Not Answered

\* Is this organization itself owned by any other organization or by any individual?  
Not Answered

If this organization with 5% or greater direct ownership interest provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)

Maximum of 255 characters. You have 255 characters remaining.

2) If SNF is Limited Liability Company, organization have any direct ownership interest in the SNF regardless of the percentage?

Home > My Associates > My Enrollments > Initial Enrollment > Organization Control > ADD

**Organizations with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

(\*) Red asterisk indicates a required field.

**Managing Organization and Additional Disclosable Parties**

Direct ownership interest

\* Effective Date of direct ownership interest  
MM/DD/YYYY

\* Exact percentage of direct ownership interest the organization has in the provider

\* Was this organization with direct ownership interest solely created to acquire/buy the provider and/or the provider's assets?  
Not Answered

\* Is this organization the ultimate parent company in a multi-organizational group of entities?  
Not Answered

\* Is this organization itself owned by any other organization or by any individual?  
Not Answered

- 3) If SNF is a general partnership, Organization has any direct general partnership/ownership interest in the SNF.

**General Partnership interest**

**\* Effective Date of General Partnership interest**  
  
MM/DD/YYYY

**Exact percentage of General Partnership interest the organization has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

**\* Was this organization with General Partnership interest solely created to acquire/buy the provider and/or the provider's assets?**

**\* Is this organization the ultimate parent company in a multi-organizational group of entities?**

**\* Is this organization itself owned by any other organization or by any individual?**

**If this organization with General Partnership interest provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)**

Maximum of 255 characters. You have 255 characters remaining.

4) If SNF is limited partnership, Organization has any direct limited partnership/ownership interest.

Limited Partnership interest

\* Effective Date of Limited Partnership interest  
  
MM/DD/YYYY

Exact percentage of Limited Partnership interest the organization has in the provider  
  
Enter a number between 0 and 100 with a maximum of two decimal places

\* Was this organization with Limited Partnership interest solely created to acquire/buy the provider and/or the provider's assets?

\* Is this organization the ultimate parent company in a multi-organizational group of entities?

\* Is this organization itself owned by any other organization or by any individual?

If this organization with Limited Partnership interest provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)

Maximum of 255 characters. You have 255 characters remaining.

- 5) If SNF is not a Corp, LLC, GP, LP structure, organization have a 5% or greater direct ownership interest in the SNF.

**5% or greater direct ownership interest**

**\* Effective Date of 5% or greater direct ownership interest**  
  
MM/DD/YYYY

**Exact percentage of 5% or greater direct ownership interest the organization has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

**\* Was this organization with 5% or greater direct ownership interest solely created to acquire/buy the provider and/or the provider's assets?**

**\* Is this organization the ultimate parent company in a multi-organizational group of entities?**

**\* Is this organization itself owned by any other organization or by any individual?**

**If this organization with 5% or greater direct ownership interest provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)**

Maximum of 255 characters. You have 255 characters remaining.

- 6) If SNF is not a LLC, GP, LP, organization have a 5% or greater indirect ownership interest in the SNF.



**5% or greater indirect ownership interest**

**\* Effective Date of 5% or greater indirect ownership interest**

MM/DD/YYYY

**Exact percentage of 5% or greater indirect ownership interest the organization has in the provider**

Enter a number between 0 and 100 with a maximum of two decimal places

**\* Was this organization with 5% or greater indirect ownership interest solely created to acquire/buy the provider and/or the provider's assets?**

Not Answered ▾

**\* Is this organization the ultimate parent company in a multi-organizational group of entities?**

Not Answered ▾

**\* Is this organization itself owned by any other organization or by any individual?**

Not Answered ▾

**If this organization with 5% or greater indirect ownership interest provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)**

Maximum of 255 characters. You have 255 characters remaining.

7) If SNF is LLC, GP, LP, organization have any indirect ownership interest in the SNF.

**5% or greater indirect ownership interest**

**\* Effective Date of 5% or greater indirect ownership interest**

MM/DD/YYYY

**Exact percentage of 5% or greater indirect ownership interest the organization has in the provider**

Enter a number between 0 and 100 with a maximum of two decimal places

**\* Was this organization with 5% or greater indirect ownership interest solely created to acquire/buy the provider and/or the provider's assets?**

**\* Is this organization the ultimate parent company in a multi-organizational group of entities?**

**\* Is this organization itself owned by any other organization or by any individual?**

**If this organization with 5% or greater indirect ownership interest provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)**

Maximum of 255 characters. You have 255 characters remaining.

8) If Organization has mortgage interest or security interest in SNF.

<input type="checkbox"/> <b>5% or greater mortgage interest</b>
<b>* Effective Date of 5% or greater mortgage interest</b> <input type="text"/> MM/DD/YYYY
<b>Exact percentage of 5% or greater mortgage interest the organization has in the provider</b> <input type="text"/> Enter a number between 0 and 100 with a maximum of two decimal places
<b>* Was this organization with 5% or greater mortgage interest solely created to acquire/buy the provider and/or the provider's assets?</b> <input type="text" value="Not Answered"/>
<b>* Is this organization the ultimate parent company in a multi-organizational group of entities?</b> <input type="text" value="Not Answered"/>
<b>* Is this organization itself owned by any other organization or by any individual?</b> <input type="text" value="Not Answered"/>
<input type="checkbox"/> <b>5% or greater security interest</b>
<b>* Effective Date of 5% or greater security interest</b> <input type="text"/> MM/DD/YYYY
<b>Exact percentage of 5% or greater security interest the organization has in the provider</b> <input type="text"/> Enter a number between 0 and 100 with a maximum of two decimal places
<b>* Was this organization with 5% or greater security interest solely created to acquire/buy the provider and/or the provider's assets?</b> <input type="text" value="Not Answered"/>
<b>* Is this organization the ultimate parent company in a multi-organizational group of entities?</b> <input type="text" value="Not Answered"/>
<b>* Is this organization itself owned by any other organization or by any individual?</b> <input type="text" value="Not Answered"/>

Questions 9 to 13 determine if the Organization is a "ADP"

9) If Organization is a trustee of the SNF.

<b>* Is this Organization a Trustee of the SNF?</b> <input type="text" value="Not Answered"/>
<b>* Effective Date of Trustee</b> <input type="text"/> MM/DD/YYYY

10) If Organization has Operational or Managerial Control on SNF - additional Control Type information is collected. (Operational, Managerial, Financial).

Operational/Managerial Control

\* Does the reported organization exercise any of the following types of control, either directly or indirectly, over the SNF or any part of the SNF?

Operational

\* Effective Date  
  
MM/DD/YYYY

\*Types of Control  
  
Maximum of 255 characters. You have 255 characters remaining.

\*Which part(s) of the SNF are under the said contract?  
  
Maximum of 255 characters. You have 255 characters remaining.

\*Is this control furnished under contract?  
  
Maximum of 255 characters. You have 255 characters remaining.

**Managerial**

**\* Effective Date**

MM/DD/YYYY

**\*Types of Control**

Maximum of 255 characters. You have **255** characters remaining.

**\*Which part(s) of the SNF are under the said contract?**

Maximum of 255 characters. You have **255** characters remaining.

**\*Is this control furnished under contract?**

Maximum of 255 characters. You have **255** characters remaining.

**Financial**

**\* Effective Date**  
  
MM/DD/YYYY

**\*Types of Control**  
  
Maximum of 255 characters. You have 255 characters remaining.

**\*Which part(s) of the SNF are under the said contract?**  
  
Maximum of 255 characters. You have 255 characters remaining.

**\*Is this control furnished under contract?**  
  
Maximum of 255 characters. You have 255 characters remaining.

11) If Organization provides any of the following services to the SNF, Service Provider:

- Policies or procedures for any of the SNF's operations (Question 11)
- Financial services
- Cash management services
- Management services
- Administrative services
- Clinical consulting services
- Accounting services

**\* Does the reported organization provide any of the following services, either directly or indirectly to the SNF or any part of the SNF?** Not Answered ▾

- Policies or procedures for any of the SNF's operations
- Financial services
- Cash management services
- Management services
- Administrative services
- Clinical consulting services
- Accounting services

12) Organization lease or sublease real property to SNF.

**\* Does the reported organization lease or sublease real property to the SNF?**  
Yes ▾

**\* Type of lease arrangement and the length of the lease**

Maximum of 255 characters. You have 255 characters remaining.

13) Does the reported organization directly or indirectly own at least 5 percent of the total value of the SNF's real property or the real property on/in which the SNF operates (e.g., 5 percent of the real property the SNF leases)?

**\* Does the reported organization directly or indirectly own at least 5 percent of the total value of the SNF's real property or the real property on/in which the SNF operates (e.g., 5 percent of the real property the SNF leases)?** Yes ▾

**\* Effective Date**  
  
MM/DD/YYYY

**Exact percentage of ownership**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

**\* Is the ownership of real property the SNF owns or whether it is of real property the SNF leases or subleases?**

Maximum of 255 characters. You have 255 characters remaining.

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Questions 14 to 19 determines if this entity is associated with other ADPs of the SNF:

14) If ADP is corporation, organization have a 5% or greater direct or indirect owner of any ADP of the SNF

**Additional Disclosable Party (ADP) to the SNF**

\* Check all roles that are applicable to this organization's relationship to other ADPs of the SNF:

5% or greater direct owner of ADP of the SNF

\*Name of the Organization

\* Effective Date of 5% or greater direct owner of ADP of the SNF  
  
MM/DD/YYYY

Exact percentage of 5% or greater direct owner of ADP of the SNF has in the provider  
  
Enter a number between 0 and 100 with a maximum of two decimal places

[ADD MORE](#)

5% or greater indirect owner of ADP of the SNF

\*Name of the Organization

\* Effective Date of 5% or greater indirect owner of ADP of the SNF  
  
MM/DD/YYYY

Exact percentage of 5% or greater indirect owner of ADP of the SNF has in the provider  
  
Enter a number between 0 and 100 with a maximum of two decimal places

[ADD MORE](#)



15) If ADP is LLC, organization have any direct or indirect ownership interest in any ADP of the SNF.

<input type="checkbox"/> Direct ownership interest of ADP of the SNF
<b>*Name of the Organization</b> <input type="text"/>
<b>* Effective Date of direct owner of ADP of the SNF</b> <input type="text"/> MM/DD/YYYY
<b>Exact percentage of direct owner of ADP of the SNF has in the provider</b> <input type="text"/> Enter a number between 0 and 100 with a maximum of two decimal places
<a href="#">ADD MORE</a>
<input type="checkbox"/> Indirect ownership interest of ADP of the SNF
<b>*Name of the Organization</b> <input type="text"/>
<b>* Effective Date of indirect owner of ADP of the SNF</b> <input type="text"/> MM/DD/YYYY
<b>Exact percentage of indirect owner of ADP of the SNF has in the provider</b> <input type="text"/> Enter a number between 0 and 100 with a maximum of two decimal places
<a href="#">ADD MORE</a>

16) If ADP has partnership, organization have any general partnership in the ADP

<input type="checkbox"/> General Partnership interest of the ADP
<b>*Name of the Organization</b> <input type="text"/>
<b>* Effective Date of General Partnership interest of the ADP</b> <input type="text"/> MM/DD/YYYY
<b>Exact percentage of General Partnership interest of the ADP has in the provider</b> <input type="text"/> Enter a number between 0 and 100 with a maximum of two decimal places

17) If ADP has limited partnership, does the Org have limited partnership in the ADP

**Limited Partnership interest of the ADP**

**\*Name of the Organization**

**\* Effective Date of Limited Partnership interest of the ADP**  
  
MM/DD/YYYY

**Exact percentage of Limited Partnership interest of the ADP has in the provider**


Enter a number between 0 and 100 with a maximum of two decimal places

18) If ADP is a trustee, is the org a Trustee in any ADP of the SNF.

**Trustee of any ADP of the SNF**

**\*Name of the Organization**

**\* Effective Date of Trustee of any ADP of the SNF**  
  
MM/DD/YYYY

[ADD MORE](#) 

19) If ADP owner/trustee/LLC manager (as indicated in question 14, 15, 16, 17, or 18) have any interest in the SNF itself OR in another ADP of the SNF. PECOS will summarize all the associations as shown below. The Provider can go back by clicking on the Previous page button and make edits to the associations.

FROM SECTION 5: OWNERSHIP INTEREST, MANAGING CONTROL AND ADDITIONAL DISCLOSABLE PARTY INFO (ORGANIZATIONS)						
<b>ORGANIZATION CONTROL</b>						
<b>ORGANIZATIONS WITH OWNERSHIP INTEREST AND/OR MANAGING CONTROL AND/OR ADDITIONAL DISCLOSABLE PARTY (ADP): org control 1</b>						
<b>Identifying Information</b>						
<b>Legal Business Name</b> org control 1	<b>Tax ID Number(TIN)</b> 23-0235325 (EIN)	<b>NPI</b>				
<b>Doing Business As Name</b>	<b>Address</b> 123 Street Name City, VA 20121 United States	<b>IRS Proprietary/Non-Profit Status</b>	<b>Type of Organization</b> For-profit	<b>Chain Home Office of Business Structure</b>	<b>Provider Affiliation</b>	
<b>Telephone Number</b>	<b>Type of Business Structure</b>					
<b>Fax Number</b>	<b>Type of Federal and/or State Government</b>					
<b>E-mail Address</b>						
<b>Ownership/Managing Control and Additional Disclosable Party Information</b>						
<b>Role</b>	<b>Effective Date</b>	<b>Exact Percentage</b>	<b>Was the organization solely created to acquire/buy the provider and/or the provider's assets?</b>	<b>Is this organization the ultimate parent company in a multi-organizational group of entities?</b>	<b>Is this organization itself owned by any other organization or by any individual?</b>	<b>Types of services furnished</b>
5% OR GREATER DIRECT OWNERSHIP INTEREST	04/12/2019		No Data Provided	No Data Provided		
TRUSTEE OF THE SNF	04/12/2019					
<b>Operational/Managerial Control Role</b>						
<b>Control Type</b>	<b>Effective Date</b>	<b>End date</b>	<b>Type(s) of control</b>	<b>Part of SNF that has said control</b>	<b>Is this control furnished under contract?</b>	
OPERATIONAL	04/12/2019		No Data Provided	No Data Provided		
MANAGERIAL	04/12/2019		No Data Provided	No Data Provided		
FINANCIAL	04/12/2019		No Data Provided	No Data Provided		
<b>ADDITIONAL DISCLOSABLE PARTY INFORMATION</b>						
<b>Service Providers</b>	<b>Effective Date</b>	<b>End date</b>	<b>The type(s) of services</b>	<b>Are these services furnished under contract?</b>		
Policies or procedures for any of the SNF's operations	04/12/2019		test	Yes		
Financial services	04/12/2019		test	No		
Cash management services	04/12/2019		test	Yes		
Management services	04/12/2019		test	Yes		
Administrative services	04/12/2019		test	Yes		
Clinical consulting services	04/12/2019		test	Yes		
Accounting services	04/12/2019		test	Yes		
<b>Does the organization lease or sublease real property to the SNF?</b>				<b>Type of lease arrangement and the length of the lease</b>		
Yes				One year lease		
<b>Does the organization directly or indirectly own at least 5 percent of the total value of the the SNF's real Property?</b>		<b>Effective Date</b>	<b>End date</b>	<b>Exact Percentage</b>		
Yes		04/12/2019				
<b>Is the ownership of real property the SNF owns or whether it is of real property the SNF leases or subleases?</b>						
Subleases						
<b>ADDITIONAL DISCLOSABLE PARTY SUBROLES</b>						
<b>Role</b>	<b>Legal Business Name</b>	<b>Effective Date</b>	<b>End date</b>	<b>Exact Percentage</b>		
5% OR GREATER DIRECT OWNER OF ANY ADP OF THE SNF	ORG CONTROL 2	04/12/2019				
TRUSTEE OF ANY ADP OF THE SNF		04/12/2019				
<b>Managing Control Roles</b>						
<b>Roles</b>						
<b>Final Adverse Legal Actions</b>						
No Data Provided						

**Organizations associating with SNFs without PII information:**

Any Entity associating with SNF as an ADP or with less than 5% ownership interest has an option not to disclose their PII information as part of associating process. PECOS will require all entities to enter the address information and the address is validated. PECOS will then navigate the user to Questions 9, 11, 12 and 13. If the entity has Operational/Managerial Control, the user will need to enter PII information for the entity. Entities associating without a TIN will be navigated to the ADP page in PECOS PI shown below. They will not have access to Ownership roles.

### Organizations with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)

(\*) Red asterisk indicates a required field.

**Managing Organization and Additional Disclosable Parties**

**Direct ownership interest**

- \* Effective Date of direct ownership interest  
MMDDYYYY
- \* Exact percentage of direct ownership interest the organization has in the provider
- \* Was this organization with direct ownership interest solely created to acquire/buy the provider and/or the provider's assets?  
Not Answered
- \* Is this organization the ultimate parent company in a multi-organizational group of entities?  
Not Answered
- \* Is this organization itself owned by any other organization or by any individual?  
Not Answered

**Indirect ownership interest**

- \* Effective Date of indirect ownership interest  
MMDDYYYY
- \* Exact percentage of indirect ownership interest the organization has in the provider
- \* Was this organization with indirect ownership interest solely created to acquire/buy the provider and/or the provider's assets?  
Not Answered
- \* Is this organization the ultimate parent company in a multi-organizational group of entities?  
Not Answered
- \* Is this organization itself owned by any other organization or by any individual?  
Not Answered

For more information on the ADP Services [select here](#).

- \* Is this Organization a Trustee of the SNF? Not Answered
- \* Effective Date of Trustee  
MMDDYYYY
- \* Does the reported organization provide any of the following services, either directly or indirectly to the SNF or any part of the SNF? Not Answered
- Policies or procedures for any of the SNF's operations
- Financial services
- Cash management services
- Management services
- Administrative services
- Clinical consulting services
- Accounting services
- \* Does the reported organization lease or sublease real property to the SNF?  
Not Answered
- \* Does the reported organization directly or indirectly own at least 5 percent of the total value of the SNF's real property or the real property on/in which the SNF operates (e.g., 5 percent of the real property the SNF leases)? Not Answered

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#### Help

- [Five Percent \(5%\) or More Ownership Control](#)
- [Partner](#)
- [Managing Control](#)

#### Additional Resources

- [New! Medicare ID Search Tool](#)
- [How to Guide](#)
- [FAQs](#)
- [Glossary](#)
- [Who Should I Call? \(PDF, 214 KB\)](#)
- [Application Status Kiosk](#)
- [Additional Links](#)

The above page will allow Providers to enter the services they are providing as an ADP or less than 5% ownership information. These are questions 2, 9, 11, 12, 13 in the paper form.

Questions 14 to 19 will determine this entities relationship to other ADPs of the SNF. This information is captured in the 'Additional Disclosable Party (ADP) to the SNF' page in PECOS PI.

Home > My Associates > My Enrollments > Initial Enrollment > Organization Control > ADD

### Organizations with Ownership Interest and/or Managing Control

(\*) Red asterisk indicates a required field.

Additional Disclosable Party (ADP) to the SNF

\* Check all roles that are applicable to this organization's relationship to other ADPs of the SNF.

5% or greater direct owner of ADP of the SNF

\*Name of the Organization  
\_\_\_\_\_

\* Effective Date of 5% or greater direct owner of ADP of the SNF  
MMDDYYYY  
\_\_\_\_\_

Exact percentage of 5% or greater direct owner of ADP of the SNF has in the provider  
\_\_\_\_\_  
Enter a number between 0 and 100 with a maximum of two decimal places

[ADD MORE](#)

5% or greater indirect owner of ADP of the SNF

\*Name of the Organization  
\_\_\_\_\_

\* Effective Date of 5% or greater indirect owner of ADP of the SNF  
MMDDYYYY  
\_\_\_\_\_

Exact percentage of 5% or greater indirect owner of ADP of the SNF has in the provider  
\_\_\_\_\_  
Enter a number between 0 and 100 with a maximum of two decimal places

[ADD MORE](#)

General Partnership Interest of the ADP

\*Name of the Organization  
\_\_\_\_\_

\* Effective Date of General Partnership Interest of the ADP  
MMDDYYYY  
\_\_\_\_\_

Exact percentage of General Partnership Interest of the ADP has in the provider  
\_\_\_\_\_  
Enter a number between 0 and 100 with a maximum of two decimal places

[ADD MORE](#)

Limited Partnership Interest of the ADP

\*Name of the Organization  
\_\_\_\_\_

\* Effective Date of Limited Partnership Interest of the ADP  
MMDDYYYY  
\_\_\_\_\_

Exact percentage of Limited Partnership Interest of the ADP has in the provider  
\_\_\_\_\_  
Enter a number between 0 and 100 with a maximum of two decimal places

[ADD MORE](#)

Trustee of any ADP of the SNF

\*Name of the Organization  
\_\_\_\_\_

\* Effective Date of Trustee of any ADP of the SNF  
MMDDYYYY  
\_\_\_\_\_

[ADD MORE](#)

[PREVIOUS PAGE](#) [NEXT PAGE](#)

**Individuals associating with SNFs with PII information:**

Any individual associating with SNF in Ownership or Managing Control role will need to provide PII information as part of associating process. Once the PII information is provided a 'Full associate profile' is created for the associating individual. PECOS will navigate to the Ownership and Managing control page once the profile is created, and the address associated with the individual is validated. Here are the roles defined in Attachment 1 for associating individuals with Ownership information.

If the individual has less than 5% ownership interest or associating as an ADP of the SNF they do not have to disclose their TIN information. Here is sample of entities associating with SNF without the TIN information. Providers can select the check box:

**'Select here if you have less than 5% ownership interest or if you are an ADP without ownership or managing control of the SNF' as shown in the screenshot below.**

**Individuals with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

(\*) Red asterisk indicates a required field.

**Personal Information for Individual with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

- All entities will need to enter their (Personally Identifiable Information (PII) information if associating to this enrollment as an Owner or in a Managing Control role with the Skilled Nursing Facility (SNF)
- Additional Disclosable Party associating to this enrollment that are not Owners of the SNF and do not have a managing control role with the SNF do not have to enter all PII. For more information about ADPs [select here](#).

**Note:** Please enter the individual name associated with the SSN/ITIN and Date of Birth. Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application **must now upload their signature documents**.

\* **First Name**  
john

**Middle Name**

\* **Last Name**  
smith

**Suffix**  
Select Suffix ▼

Select here if you have less than 5% ownership interest or if you are an ADP without ownership or managing control of the SNF

**TIN Type**  
Select TIN Type ▼

**Tax Identification Number (TIN)**  
XXX-XX-XXXX

**Date of Birth**  
MM/DD/YYYY

**Telephone** x **Extension**  
7032274518 x  
No Format Required

**Fax**  
No Format Required

**E-mail Address**  
sulekha.edara@cgifederal.com

**National Provider Identifier (NPI) (of individual with ownership interest/managing control)**  
10 Digits

**NEXT PAGE** ▶

Any individual associating with SNF in Ownership or Managing Control role will need to provide PII information as part of associating process. Once the PII information is provided a 'Full associate profile' is created for the associating entity. PECOS will navigate to the Ownership and Managing control page once the profile is created, and the address associated with the entity is validated. Here are the roles defined in Attachment 1 for Individuals with Ownership information. All questions need to be answered for selected roles.



- 1) If SNF is a corporation, Individual has 5% or greater direct ownership interest in the SNF.

**Individuals with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

(\*) Red asterisk indicates a required field.

**Individual's Relationship to the Applicant**

\* Check all roles that are applicable to this individual's relationship:

**5% or greater direct ownership interest**

\* **Effective Date of 5% or greater direct ownership interest**

MM/DD/YYYY

**Exact percentage of 5% or greater direct ownership interest the individual has in the provider**

Enter a number between 0 and 100 with a maximum of two decimal places

**Title (if applicable)**

**If this individual provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)**

Maximum of 255 characters. You have **255** characters remaining.

- 2) If SNF is Limited Liability Company, Individual has direct ownership.

**Direct ownership interest**

\* **Effective Date of Direct ownership interest**

MM/DD/YYYY

\* **Exact percentage of direct ownership interest the individual has in the provider**

3) If SNF is a general partnership, Individual has general partnership interest.

**General Partnership interest**

**\* Effective Date of General Partnership interest**  
  
MM/DD/YYYY

**Exact percentage of General Partnership interest the individual has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

**Title (if applicable)**

**If this individual provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)**  
  
Maximum of 255 characters. You have **255** characters remaining.

4) If SNF is a limited partnership, Individual has limited partnership interest.

**Limited Partnership interest**

**\* Effective Date of Limited Partnership interest**  
  
MM/DD/YYYY

**Exact percentage of Limited Partnership interest the individual has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

**Title (if applicable)**

**If this individual provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)**  
  
Maximum of 255 characters. You have **255** characters remaining.

5) If SNF is not a Corp, LLC, GP, LP structure, Individual has 5% direct ownership.

**Individuals with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

(\*) Red asterisk indicates a required field.

**Individual's Relationship to the Applicant**

\* Check all roles that are applicable to this individual's relationship:

**5% or greater direct ownership interest**

**\* Effective Date of 5% or greater direct ownership interest**  
  
MM/DD/YYYY

**Exact percentage of 5% or greater direct ownership interest the individual has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

**Title (if applicable)**

**If this individual provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)**  
  
Maximum of 255 characters. You have **255** characters remaining.

6) If SNF is not a LLC, GP, LP, Individual has indirect ownership.

**5% or greater indirect ownership interest**

**\* Effective Date of 5% or greater indirect ownership interest**  
  
MM/DD/YYYY

**Exact percentage of 5% or greater indirect ownership interest the individual has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

**Title (if applicable)**

**If this individual provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)**

Maximum of 255 characters. You have **255** characters remaining.

7) If SNF is LLC, GP, LP, Individual has indirect ownership.

**Indirect ownership interest**

**\*Effective Date of Indirect ownership interest**  
  
MM/DD/YYYY

**\*Exact percentage of indirect ownership interest the individual has in the provider**

8) If SNF is a Corporate, Individual has an Corporate Officer or Corporate Director role.

Corporate Officer

**\* Effective Date of Corporate Officer**  
  
MM/DD/YYYY

**Exact percentage of control as an Corporate Officer this individual has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

**Title (if applicable)**

**If this individual provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)**  
  
Maximum of 255 characters. You have 255 characters remaining.

Corporate Director

**\* Effective Date of Corporate Director**  
  
MM/DD/YYYY

**Exact percentage of control as a Corporate Director this individual has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

**Title (if applicable)**

**If this individual provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)**  
  
Maximum of 255 characters. You have 255 characters remaining.

- 9) If SNF has a business structure other than that of a corporation, and individual is a member of the SNF's governing body.

**Managing Control - Governing Body**

**\* Effective Date of Managing Control - Governing Body**  
  
MM/DD/YYYY

**Title (if applicable)**

**Type Of Governing Body**

Maximum of 255 characters. You have 255 characters remaining.

Questions 10 to 16 determine if the Individual is a "ADP of the SNF"

10) If Individual has mortgage interest or security interest in SNF.

5% or greater mortgage interest

**\* Effective Date of 5% or greater mortgage interest**  
  
MM/DD/YYYY

**Exact percentage of 5% or greater mortgage interest the individual has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

**Title (if applicable)**

**If this individual provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)**  
  
Maximum of 255 characters. You have 255 characters remaining.

5% or greater security interest

**\* Effective Date of 5% or greater security interest**  
  
MM/DD/YYYY

**Exact percentage of 5% or greater security interest the individual has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

**Title (if applicable)**

**If this individual provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)**  
  
Maximum of 255 characters. You have 255 characters remaining.

11) If Individual is a trustee of the SNF.

**\*Is this Individual a Trustee of the SNF?**

**Effective Date**   
MM/DD/YYYY

12) If Individual has Operational or Managerial Control on SNF, additional information on the Control Type is collected. (Operational, Managerial, Financial).

Operational/Managerial Control

\* Does the reported organization exercise any of the following types of control, either directly or indirectly, over the SNF or any part of the SNF?

Operational

\* Effective Date  
  
MM/DD/YYYY

\*Types of Control  
  
Maximum of 255 characters. You have 255 characters remaining.

\*Which part(s) of the SNF are under the said contract?  
  
Maximum of 255 characters. You have 255 characters remaining.

\*Is this control furnished under contract?  
  
Maximum of 255 characters. You have 255 characters remaining.

**Managerial**

**\* Effective Date**

MM/DD/YYYY

**\*Types of Control**

Maximum of 255 characters. You have 255 characters remaining.

**\*Which part(s) of the SNF are under the said contract?**

Maximum of 255 characters. You have 255 characters remaining.

**\*Is this control furnished under contract?**

Maximum of 255 characters. You have 255 characters remaining.

**\*Is the Individual a W-2 or contracted employee of any organization listed in this attachment?**

Maximum of 255 characters. You have 255 characters remaining.



Financial

**\* Effective Date**  
  
MM/DD/YYYY

**\*Types of Control**  
  
Maximum of 255 characters. You have 255 characters remaining.

**\*Which part(s) of the SNF are under the said contract?**  
  
Maximum of 255 characters. You have 255 characters remaining.

**\*Is this control furnished under contract?**  
  
Maximum of 255 characters. You have 255 characters remaining.

**\*Is the Individual a W-2 or contracted employee of any organization listed in this attachment?**  
  
Maximum of 255 characters. You have 255 characters remaining.

- 13) If Individual provides any of the following services to the SNF,
- Policies or procedures for any of the SNF's operations
  - Financial services
  - Cash management services
  - Management services
  - Administrative services
  - Clinical consulting services
  - Accounting services

\*Does the reported individual provide any of the following services, either directly or indirectly to the SNF or any part of the SNF?

- POLICIES OR PROCEDURES FOR ANY OF THE SNF'S OPERATIONS
- FINANCIAL SERVICES
- CASH MANAGEMENT SERVICES
- MANAGEMENT SERVICES
- ADMINISTRATIVE SERVICES
- CLINICAL CONSULTING SERVICES
- ACCOUNTING SERVICES

13) Leaseholder relationship to SNF

\* Does the reported individual lease or sublease real property to the SNF?

\*Type of lease arrangement and the length of the lease

Maximum of 255 characters. You have 255 characters remaining.

14) Does the reported individual directly or indirectly own at least 5 percent of the total value of the SNF's real property or the real property on/in which the SNF operates.

\* Does the reported individual directly or indirectly own at least 5 percent of the total value of the SNF's real property on/in which the SNF operates (e.g., 5 percent of the real property the SNF leases)?

\* Effective Date  
  
MM/DD/YYYY

Exact percentage of ownership  
  
Enter a number between 0 and 100 with a maximum of two decimal places

\* Is this ownership of real property the SNF owns or whether it is of real property the SNF leases or subleases?

Maximum of 255 characters. You have 255 characters remaining.

15) Is the Individual SNF Medical Director or SNF Administrator?

\* Is the individual a medical director or administrator of the SNF?

SNF Medical Director  SNF Administrator

Questions 17 to 23 determine if entity is associated with other ADPs of the SNF:

17) If ADP is corporation, individual have a 5 percent or greater direct or indirect ownership interest in any ADP of the SNF.

5% or greater direct owner of any ADP of the SNF

**\*Name of the Organization**

**\* Effective Date of 5% or greater direct owner of any ADP of the SNF**  
  
MM/DD/YYYY

Exact percentage of 5% or greater direct owner of any ADP of the SNF has in the provider  
  
Enter a number between 0 and 100 with a maximum of two decimal places

18) If ADP is LLC, individual have a direct or indirect ownership interest in any ADP of the SNF.

Direct ownership interest of ADP of the SNF

**\*Name of the Organization**

**\* Effective Date of direct owner of ADP of the SNF**  
  
MM/DD/YYYY

Exact percentage of direct owner of ADP of the SNF has in the provider  
  
Enter a number between 0 and 100 with a maximum of two decimal places

[ADD MORE](#)

Indirect ownership interest of ADP of the SNF

**\*Name of the Organization**

**\* Effective Date of indirect owner of ADP of the SNF**  
  
MM/DD/YYYY

Exact percentage of indirect owner of ADP of the SNF has in the provider  
  
Enter a number between 0 and 100 with a maximum of two decimal places

19) If ADP is partnership, individual have any general partnership/ownership interest in any ADP.

**General Partnership interest in any ADP of the SNF**

**\*Name of the Organization**

**\* Effective Date of General Partnership interest in any ADP of the SNF**  
  
MM/DD/YYYY

**Exact percentage of General Partnership interest in any ADP of the SNF has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

20) If ADP is limited partnership, individual have any limited partnership interest in any ADP of the SNF.

**Limited Partnership interest in any ADP of the SNF**

**\*Name of the Organization**

**\* Effective Date of Limited Partnership interest in any ADP of the SNF**  
  
MM/DD/YYYY

**Exact percentage of Limited Partnership interest in any ADP of the SNF has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

[ADD MORE](#)

21) If ADP is a trust, is individual a trustee of any ADP of the SNF?.

**Trustee of any ADP of the SNF**

**\*Name of the Organization**

**\* Effective Date of Trustee of any ADP of the SNF**  
  
MM/DD/YYYY

**Title (if applicable)**

[ADD MORE](#)

22) If Individual is a Corporate Director/Corporate Officer/LLC manager of another ADP of the SNF.

<input type="checkbox"/> Corporate Officer in any ADP of the SNF
*Name of the Organization <input type="text"/>
* Effective Date of Corporate Officer in any ADP of the SNF <input type="text"/> MM/DD/YYYY
Title (if applicable) <input type="text"/>
<input type="button" value="ADD MORE"/>
<input type="checkbox"/> Corporate Director in any ADP of the SNF
*Name of the Organization <input type="text"/>
* Effective Date of Corporate Director in any ADP of the SNF <input type="text"/> MM/DD/YYYY
Title (if applicable) <input type="text"/>
<input type="button" value="ADD MORE"/>
<input type="checkbox"/> LLC Manager
*Name of the Organization <input type="text"/>
* Effective Date of LLC Manager <input type="text"/> MM/DD/YYYY
Title (if applicable) <input type="text"/>

23) If ADP owner/trustee/LLC manager (as indicated in question 17, 18, 19, 20, 21, 22 or 23) have any interest in the SNF itself OR in another ADP of the SNF. This question will summarize all the associations of the individual with the SNF. If the individual needs to make any updates, they can navigate using the previous button and make the necessary updates.

FROM SECTION 6: OWNERSHIP INTEREST, MANAGING CONTROL AND ADDITIONAL DISCLOSABLE PARTY INFO (INDIVIDUALS)						
INDIVIDUAL CONTROL						
INDIVIDUAL WITH OWNERSHIP INTEREST AND/OR MANAGING CONTROL AND/OR ADDITIONAL DISCLOSABLE PARTY (ADP): John Smith						
Identifying Information						
Name	Date of Birth	State of Birth		Country of Birth		
John Smith	03/31/XXXX					
Tax ID Number(TIN) XXX-XX-XXXX (SSN)		NPI 1295705051				
Telephone Number	Fax Number	E-mail Address				
Ownership/Managing Control and Additional Disclosable Party Information						
Role	Effective Date	Exact Percentage	Title	Types of services furnished	Type of Governing Body	
AUTHORIZED OFFICIAL	04/12/2019					
MANAGING CONTROL - GOVERNING BODY	04/08/2019		Member of Governing Body	Test	Test	
SOLE OWNER	04/12/2019					
5% OR GREATER DIRECT OWNERSHIP INTEREST	04/12/2019					
TRUSTEE OF THE SNF	04/12/2019					
Operational/Managerial Control Role						
Control Type	Effective Date	End date	Type(s) of control	Part of SNF that has said control	Is this control furnished under contract?	Is this individual a W-2 or contracted employee of any Org?
OPERATIONAL	04/12/2019		No Data Provided	No Data Provided		
MANAGERIAL	04/12/2019		No Data Provided	No Data Provided		
FINANCIAL	04/12/2019		No Data Provided	No Data Provided		
ADDITIONAL DISCLOSABLE PARTY INFORMATION						
Service Providers	Effective Date	End date	The type(s) of services	Are these services furnished under W-2 or contracted employee?	Part of the SNF to which the Services are	Is this individual a W-2 or contracted employee of any ORG?
Policies or procedures for any of the SNF's operations	04/12/2019		test	Yes		
Financial services	04/12/2019		test	No		
Cash management services	04/12/2019		test	Yes		
Management services	04/12/2019		test	Yes		
Administrative services	04/12/2019		test	Yes		
Clinical consulting services	04/12/2019		test	Yes		
Accounting services	04/12/2019		test	Yes		
Does the individual lease or sublease real property to the SNF?			Type of lease arrangement and the length of the lease			
Yes			One year lease			
Does the individual directly or indirectly own at least 5 percent of the total value of the the SNF's real Property?		Effective Date	End date	Exact Percentage		
Yes		04/12/2019				
Is the ownership of real property the SNF owns or whether it is of real property the SNF leases or subleases?						
Subleases						
Is the reported individual SNF's Medical Director or Administrator?						
SNF Medical Director						
ADDITIONAL DISCLOSABLE PARTY ASSOCIATIONS						
Role	Legal Business Name	Effective Date	End date	Exact Percentage		
5% OR GREATER DIRECT OWNER OF ANY ADP OF THE SNF	ORG CONTROL 2	04/12/2019				
TRUSTEE OF ANY ADP OF THE SNF		04/12/2019				
Indicate if individual is Authorized or Delegated official:			Telephone Number	Is the delegated official a W-2 employee?		
AUTHORIZED OFFICIAL				N/A		
Final Adverse Legal Actions						No Data Provided
No Data Provided						

**Individuals associating with SNFs without PII information:**

Any individual associating with SNF with less than 5% ownership interest or is an ADP of the SNF will not be required to disclose PII information as part of the associating process. PECOS will prompt to enter the address information which will be validated. PECOS will then navigate the user to Questions 11, 13, 14 and 15. If the individual has Operational/Managerial Control or Security/Mortgage interest, the user will need to enter PII information of the entity.

Questions 11 to 16 determine if the Individual is a “ADP of the SNF”

**Individuals with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

(\*) Red asterisk indicates a required field.

Managing Control and Additional Disclosable Parties

Direct ownership interest

\*Effective Date of Direct ownership interest  
MM/DD/YYYY

\*Exact percentage of direct ownership interest the individual has in the provider

Indirect ownership interest

\*Effective Date of Indirect ownership interest  
MM/DD/YYYY

\*Exact percentage of indirect ownership interest the individual has in the provider

For more information on the ADP Services [select here.](#)

\*Is this Individual a Trustee of the SNF? [No]

Effective Date  
MM/DD/YYYY

\*Does the reported individual provide any of the following services, either directly or indirectly to the SNF or any part of the SNF? [No]

- POLICIES OR PROCEDURES FOR ANY OF THE SNF'S OPERATIONS
- FINANCIAL SERVICES
- CASH MANAGEMENT SERVICES
- MANAGEMENT SERVICES
- ADMINISTRATIVE SERVICES
- CLINICAL CONSULTING SERVICES
- ACCOUNTING SERVICES

\* Does the reported individual lease or sublease real property to the SNF?  
[No]

\* Does the reported individual directly or indirectly own at least 5 percent of the total value of the SNF's real property on/in which the SNF operates (e.g., 5 percent of the real property the SNF leases)? [No]

\* Is the individual a medical director or administrator of the SNF? [Yes]

SNF Medical Director  SNF Administrator

- 11) If Individual is a trustee of the SNF.
- 13) If Individual provides any of the following services to the SNF,
  - Policies or procedures for any of the SNF's operations
  - Financial services
  - Cash management services
  - Management services
  - Administrative services
  - Clinical consulting services
  - Accounting services
- 14) Does Individual lease or sublease real property to the SNF?
- 15) Does Individual directly or indirectly own at least 5 percent of the total value of the SNF's real property or the real property on/in which the SNF operates?.
- 16) Is Individual a SNF Medical Director or SNF Administrator?

Questions 17 to 23 determine if individual is associated with other ADPs of the SNF:

- 17) If ADP is corporation, does individual have a 5 percent or greater direct or indirect ownership interest in any ADP of the SNF?

**Individuals with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)**

(\*) Red asterisk indicates a required field.

**Additional Disclosable Party (ADP) of the SNF**

\* Check all roles that are applicable to this individual's relationship:

5% or greater direct owner of any ADP of the SNF

\*Name of the Organization

\* Effective Date of 5% or greater direct owner of any ADP of the SNF  
  
MM/DD/YYYY

Exact percentage of 5% or greater direct owner of any ADP of the SNF has in the provider  
  
Enter a number between 0 and 100 with a maximum of two decimal places



18) If ADP is LLC, does individual have direct or indirect ownership interest in any ADP of the SNF?

Direct ownership interest of ADP of the SNF

**\*Name of the Organization**

**\* Effective Date of direct owner of ADP of the SNF**  
  
MM/DD/YYYY

**Exact percentage of direct owner of ADP of the SNF has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

[ADD MORE](#)

Indirect ownership interest of ADP of the SNF

**\*Name of the Organization**

**\* Effective Date of indirect owner of ADP of the SNF**  
  
MM/DD/YYYY

**Exact percentage of indirect owner of ADP of the SNF has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

[ADD MORE](#)

19) If ADP is general partner, does the individual have general partnership in any ADP of the SNF?

General Partnership interest in any ADP of the SNF

**\*Name of the Organization**

**\* Effective Date of General Partnership interest in any ADP of the SNF**  
  
MM/DD/YYYY

**Exact percentage of General Partnership interest in any ADP of the SNF has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

[ADD MORE](#)

20) If ADP is limited partner, does the individual have limited partnership in any ADP of the SNF?

Limited Partnership interest in any ADP of the SNF

**\*Name of the Organization**

**\* Effective Date of Limited Partnership interest in any ADP of the SNF**  
  
MM/DD/YYYY

**Exact percentage of Limited Partnership interest in any ADP of the SNF has in the provider**  
  
Enter a number between 0 and 100 with a maximum of two decimal places

[ADD MORE](#)

21) If ADP is a trustee, is the individual a trustee of any ADP of the SNF?

Trustee of any ADP of the SNF

**\*Name of the Organization**

**\* Effective Date of Trustee of any ADP of the SNF**  
  
MM/DD/YYYY

**Title (if applicable)**

[ADD MORE](#)

22) If Individual is a Corporate Director/Corporate Officer/LLC manager of another ADP of the SNF

<input type="checkbox"/> Corporate Officer in any ADP of the SNF
<b>*Name of the Organization</b> <input type="text"/>
<b>* Effective Date of Corporate Officer in any ADP of the SNF</b> <input type="text"/> MM/DD/YYYY
<b>Title (if applicable)</b> <input type="text"/>
<a href="#">ADD MORE</a>
<input type="checkbox"/> Corporate Director in any ADP of the SNF
<b>*Name of the Organization</b> <input type="text"/>
<b>* Effective Date of Corporate Director in any ADP of the SNF</b> <input type="text"/> MM/DD/YYYY
<b>Title (if applicable)</b> <input type="text"/>
<a href="#">ADD MORE</a>
<input type="checkbox"/> LLC Manager
<b>*Name of the Organization</b> <input type="text"/>
<b>* Effective Date of LLC Manager</b> <input type="text"/> MM/DD/YYYY
<b>Title (if applicable)</b> <input type="text"/>

23) If ADP owner/trustee/LLC manager (as indicated in question 17,18 ,19, 20, 21, 22 or 23) have any interest in the SNF itself OR in another ADP of the SNF.

FROM SECTION 6: OWNERSHIP INTEREST, MANAGING CONTROL AND ADDITIONAL DISCLOSEABLE PARTY INFO (INDIVIDUALS)						
INDIVIDUAL CONTROL						
INDIVIDUAL WITH OWNERSHIP INTEREST AND/OR MANAGING CONTROL AND/OR ADDITIONAL DISCLOSEABLE PARTY (ADP): John Smith						
Identifying Information						
Name	Date of Birth	State of Birth	Country of Birth			
John Smith	03/31/XXXX					
Tax ID Number(TIN)	NPI					
XXX-XX-XXXX (SSN)	1296705051					
Telephone Number	Fax Number	E-mail Address				
Ownership/Managing Control and Additional Disclosable Party Information						
Role	Effective Date	Exact Percentage	Title	Types of services furnished	Type of Governing Body	
AUTHORIZED OFFICIAL	04/12/2019					
MANAGING CONTROL - GOVERNING BODY	04/08/2019		Member of Governing Body	Test	Test	
SOLE OWNER	04/12/2019					
5% OR GREATER DIRECT OWNERSHIP INTEREST	04/12/2019					
TRUSTEE OF THE SNF	04/12/2019					
Operational/Managerial Control Role						
Control Type	Effective Date	End date	Type(s) of control	Part of SNF that has said control	Is this control furnished under contract?	Is this individual a W-2 or contracted employee of any Org?
OPERATIONAL	04/12/2019		No Data Provided	No Data Provided		
MANAGERIAL	04/12/2019		No Data Provided	No Data Provided		
FINANCIAL	04/12/2019		No Data Provided	No Data Provided		
ADDITIONAL DISCLOSEABLE PARTY INFORMATION						
Service Providers	Effective Date	End date	The type(s) of services	Are these services furnished under W-2 or contracted employee?	Part of the SNF to which the Services are	Is this individual a W-2 or contracted employee of any ORG?
Policies or procedures for any of the SNF's operations	04/12/2019		test	Yes		
Financial services	04/12/2019		test	No		
Cash management services	04/12/2019		test	Yes		
Management services	04/12/2019		test	Yes		
Administrative services	04/12/2019		test	Yes		
Clinical consulting services	04/12/2019		test	Yes		
Accounting services	04/12/2019		test	Yes		
Does the individual lease or sublease real property to the SNF?			Type of lease arrangement and the length of the lease			
Yes			One year lease			
Does the individual directly or indirectly own at least 5 percent of the total value of the SNF's real Property?			Effective Date	End date	Exact Percentage	
Yes			04/12/2019			
Is the ownership of real property the SNF owns or whether it is of real property the SNF leases or subleases?						
Subleases						
Is the reported individual SNF's Medical Director or Administrator?						
SNF Medical Director						
ADDITIONAL DISCLOSEABLE PARTY ASSOCIATIONS						
Role	Legal Business Name	Effective Date	End date	Exact Percentage		
5% OR GREATER DIRECT OWNER OF ANY ADP OF THE SNF	ORG CONTROL 2	04/12/2019				
TRUSTEE OF ANY ADP OF THE SNF		04/12/2019				
Indicate if individual is Authorized or Delegated official:			Telephone Number	Is the delegated official a W-2 employee?		
AUTHORIZED OFFICIAL				N/A		
Final Adverse Legal Actions						
No Data Provided						