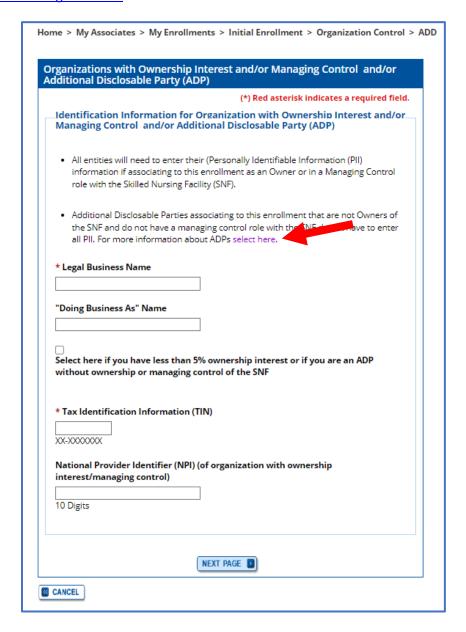
SNF Attachment 1 workflow

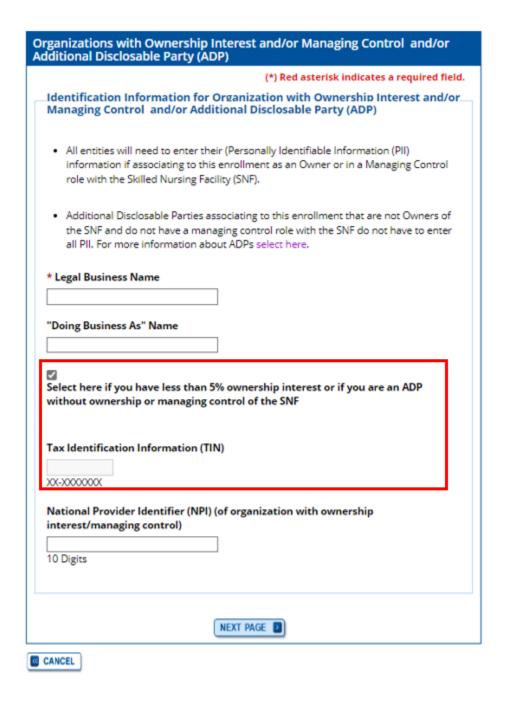
As part the 855A form updates and policy changes, PECOS will collect **ADDITIONAL DISCLOSABLE PARTY (ADP) of the SNF.** The definitions to ADP and other entities are provided in Attachment 1 of the 855A paper form and on PECOS Provider Interface as shown below. Providers can navigate to the 'GUIDANCE 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



PECOS has two workflows for Organizational Control and Individual Control, with and without PII information. 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 in an Ownership or Managing Control role, then PII will be required for all Owners and ADPs. 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' to associate with the SNF and without the TIN information.

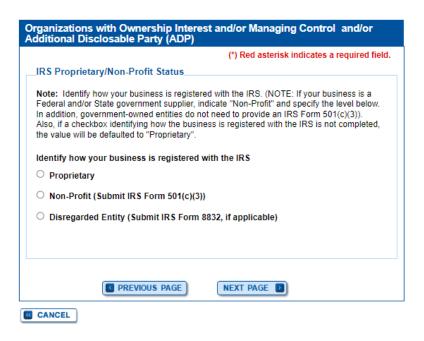


All entities associating with the SNFs will need to provide additional information as part of the new 855A form changes. Hence, Providers will need to edit their existing information in Organization and Individual control section prior to submitting their applications. Providers will need to provide

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 applications for Revalidations. 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:

<u>Home > My Associates > My Enrollments > Initial Enrollment > Organization Control > ADD</u>



Type of Business Structure:

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

* Type of Business Structure

* Other (specify)

* Other (specify)

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

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

Type of Organization:

Note: Trust or Trustee is a new organization type.

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 ☐ Private Equity Company ☐ Real Estate Investment Trust ☐ Trust or Trustee □ Other * Other Organization Type (please specify) PREVIOUS PAGE NEXT PAGE [3] CANCEL

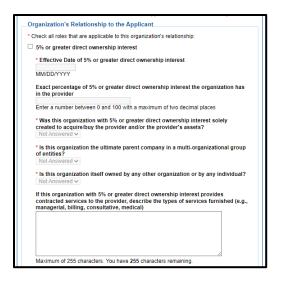
Home > My Associates > My Enrollments > Initial Enrollment > Organization Control > ADD

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 by Spectrum. Here are the roles defined in Attachment 1 for associating entities with Ownership information. All questions need to be answered for the selected roles.

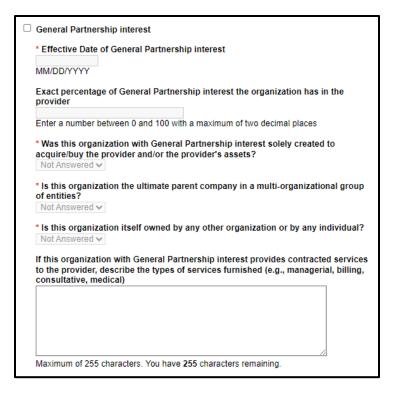
1. If the SNF is a corporation, organization has a 5% or greater direct ownership interest in the SNF.



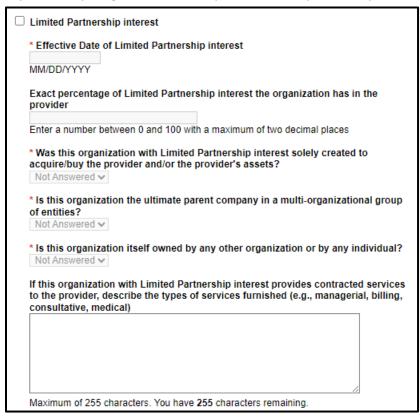
2. If SNF is Limited Liability Company, organization has any direct ownership interest in the SNF regardless of the percentage.



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



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



5. If SNF is not a Corp, LLC, GP, LP structure, organization has 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? 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.

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.

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

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

5% or greater indire	ect ownership interest
* Effective Date of 5	% or greater indirect ownership interest
MM/DD/YYYY	
Exact percentage o has in the provider	f 5% or greater indirect ownership interest the organization
Enter a number betw	een 0 and 100 with a maximum of two decimal places
created to acquire/b	tion with 5% or greater indirect ownership interest solely buy the provider and/or the provider's assets?
Not Answered ✓	
* Is this organizatio of entities?	n the ultimate parent company in a multi-organizational group
Not Answered ✓	
* Is this organizatio	n itself owned by any other organization or by any individual?
Not Answered ✓	
contracted services	with 5% or greater indirect ownership interest provides to the provider, describe the types of services furnished (e.g., consultative, medical)
Maximum of 255 cha	racters. You have 255 characters remaining.

8. If Organization 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 organization has in the Enter a number between 0 and 100 with a maximum of two decimal places * Was this organization with 5% or greater mortgage 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 ✓ 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 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 security 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?

Questions 9 to 13 determine if the Organization is an "ADP":

9. If an Organization is a trustee of the SNF.

Not Answered ✓

* Is this Organization a Trustee of the SNF? Not Answered >	
* Effective Date of Trustee	
MM/DD/YYYY	

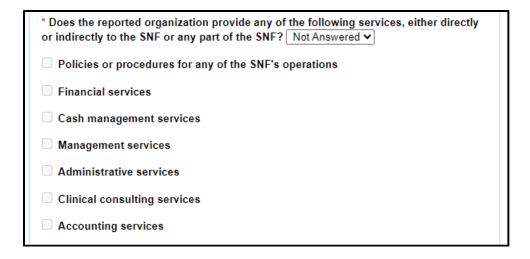
10. If an Organization has Operational or Managerial Control of the SNF - Additional control type information is collected. (Operational, Managerial, Financial).

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? No v
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.

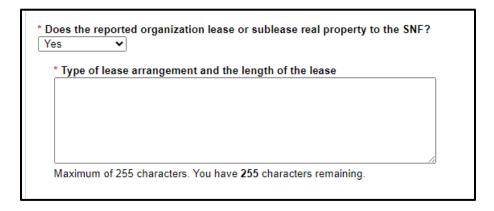
☐ Managerial		
* Effective Date		
MM/DD/YYYY		
*Types of Control		
	//	
Maximum of 255 characters. You have 25	55 characters remaining.	
*Which part(s) of the SNF are under th	e said contract?	
	//	
Maximum of 255 characters. You have 25	55 characters remaining.	
*Is this control furnished under contra	ict?	
	<i>h</i>	
Maximum of 255 characters. You have 25	55 characters remaining.	

Financial	
* Effective D)ate
MM/DD/YYY	Υ
*Types of Co	ontrol
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 cont	trol furnished under contract?
.5 (110 0011	. or rainford disast contract
Maximum of	255 characters. You have 255 characters remaining.

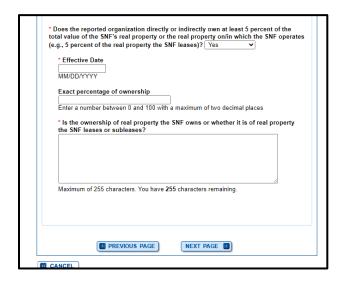
- 11. If an Organization provides any of the following services to the SNF, the following Service Provider options are presented:
 - i. Policies or procedures for any of the SNF's operations (Question 11)
 - ii. Financial services
 - iii. Cash management services
 - iv. Management services
 - v. Administrative services
 - vi. Clinical consulting services
 - vii. Accounting services



12. If an Organization lease or sublease real property to SNF.

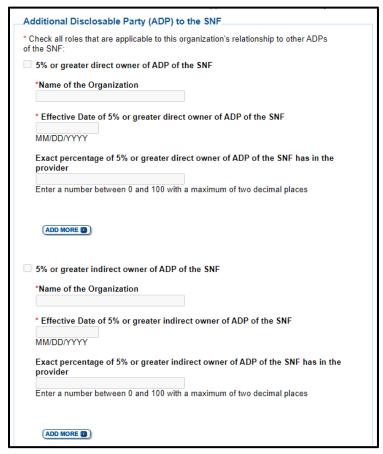


13. Does the reported organization directly or indirectly own at least 5 percent of the total value of the SNF's real property or the real property on/in which the SNF operates (e.g., 5 percent of the real property the SNF leases)?

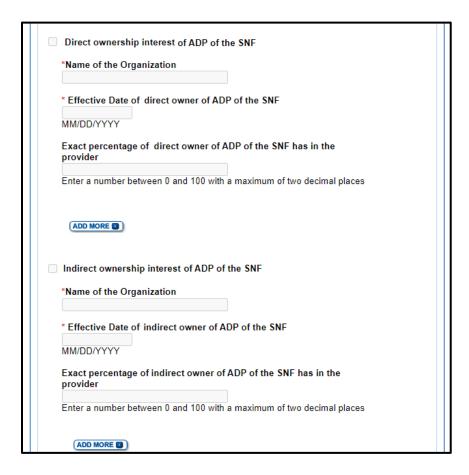


Questions 14 to 19 determines if this entity is associated with other ADPs of the SNF:

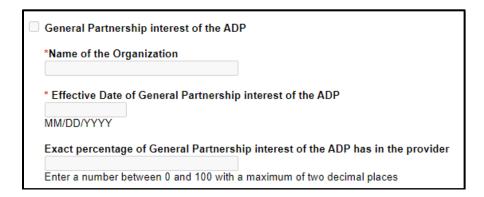
14. If an ADP is a corporation, organization has a 5% or greater direct or indirect owner of any ADP of the SNF



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



16. If an ADP has partnership, organization has any general partnership in the ADP.



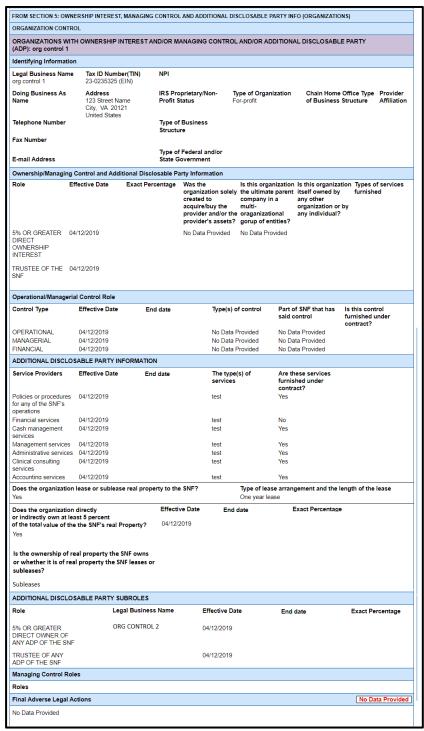
17. If an ADP has limited partnership, does the organization has limited partnership in the ADP.

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 an ADP is a trustee, is the organization a Trustee in any ADP of the SNF.

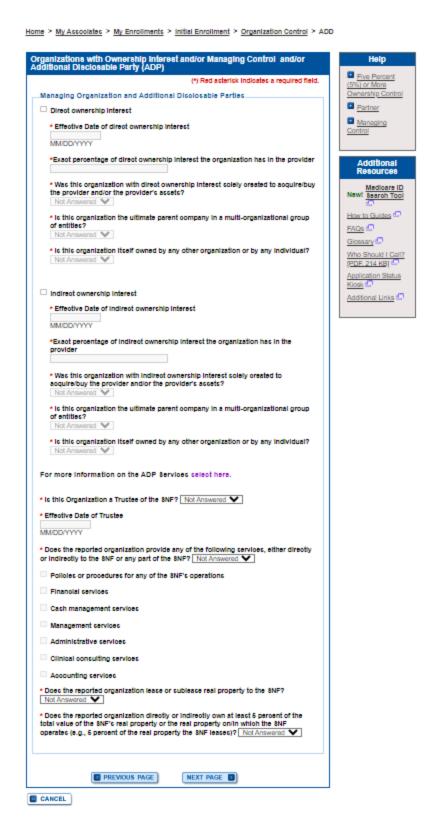
☐ Trustee of any ADP of the SNF	
*Name of the Organization	
* Effective Date of Trustee of any ADP	of the SNF
MM/DD/YYYY	
ADD MORE [3]	

19. If an ADP owner/trustee/LLC manager (as indicated in questions 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 to the previous page by clicking on the 'Previous Page' button and can make edits to the associations.



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 by Spectrum. 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 TIN will be navigated to the ADP page in PECOS PI shown below. They will not have access to Ownership roles.



The page above 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.



Individuals associating with SNFs with PII information:

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 by Spectrum. Here are the roles defined in Attachment 1 for associating entities with Ownership information for Individuals.

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.

(*) 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/TIN 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 there 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) 2000/00000000 Date of Birth MM/DD/YYYY Telephone x Extension 7032274518 x No Format Required E-mail Address Sulekha.edara@cgriederal.com National Provider Identifier (NPI) (of individual with ownership interest/managing control) 10 Digits	ndividuals with Ownership Interest and/or Managing Control and/or dditional Disclosable Party (ADP)	
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/TIN 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 TiN Type Select TiN Type ▼ Tax Identification Number (TIN)	(*) Red asterisk indicates a required fie	ld
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 Emith Select Suffix Select Suffix Select TiN Type Select TiN Type Tax Identification Number (TIN) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
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 Suffix Select first jou 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 Select TIN Type Tax Identification Number (TIN) 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)	information if associating to this enrollment as an Owner or in a Managing Control	
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 [ohn Middle Name * Last Name [smith Suffix Select Suffix Select Suffix Select Tin Type Select Tin Type Select Tin Type Tax Identification Number (TIN) 2000-000-00000 Date of Birth MM/DD/YYYY Telephone x Extension 7032274518 x No Format Required Fax No Format Required E-mail Address gulekha.edara@cgifederal.com National Provider Identifier (NPI) (of individual with ownership interest/managing control)	the SNF and do not have a managing control role with the SNF do not have to enter	
signatures. Authorized or Delegated Officials with an ITIN entered on this application must now upload their signature documents. * First Name	Note: Please enter the individual name associated with the SSN/ITIN and Date of Birth.	
# First Name john Middle Name * Last Name smith Suffix Select Suffix Select Suffix Select Tin Type Select Tin Type Tax Identification Number (TIN) Date of Birth MM/DD/YYYY Telephone x Extension 7032274518 x No Format Required Fax No Format Required F-mail Address sulekha.edara@cgifederal.com National Provider Identifier (NPI) (of individual with ownership interest/managing control)		
* First Name john Middle Name * Last Name smith Suffix Select Suffix Select Suffix Select Suffix Tin Type Select Tin Type Select Tin Type Tax Identification Number (TIN) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
John	must now upload their signature documents.	
John	# Flora Morro	
*Last Name smith Suffix Select Suffix Select suffix Select there 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 Select TIN Type Tax Identification Number (TIN) XXXX-XXX-XXXXXX Date of Birth MM/DD/YYYY Telephone		
* Last Name smith Suffix Select Suffix Select Suffix Select Suffix Select Suffix Select Suffix Select Suffix Select Suffix Select Suffix Select Suffix Select Suffix Select Suffix Select Suffix IN Type Select TIN Type Select TIN Type Tax Identification Number (TIN) Date of Birth MM/DD/YYYY Telephone	John	
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) XXXX-XXX-XXXXXXXXXXXXXXXXXXXXXXXXXXX	Middle Name	
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) XXXX-XXX-XXXXXXXXXXXXXXXXXXXXXXXXXXX		
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) XXXX-XXX-XXXXXXXXXXXXXXXXXXXXXXXXXXX	* Lart Name	
Suffix Select Suffix Select 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 Select TIN Type V Tax Identification Number (TIN) 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)		
Select Suffix V 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 V Tax Identification Number (TIN) XXXX-XXX-XXXXX Date of Birth MIM/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)	SITIUT	
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) 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)	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) Date of Birth MM/DD/YYYY Telephone	Select Suffix ▼	
Tax Identification Number (TIN) 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)	without ownership or managing control of the SNF TIN Type	
Date of Birth MM/DD/YYYY Telephone x Extension 7032274518 x No Format Required Fax Lemail Address Sulekha.edara@cgifederal.com National Provider Identifier (NPI) (of individual with ownership interest/managing control)		
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)	Tax Identification Number (TIN)	
Telephone x Extension 7032274518 x No Format Required Fax Lemail Address Sulekha.edara@cgifederal.com National Provider Identifier (NPI) (of individual with ownership interest/managing control)	X00x-00x-0000X	
Telephone x Extension 7032274518 x No Format Required Fax Lemail Address Sulekha.edara@cgifederal.com National Provider Identifier (NPI) (of individual with ownership interest/managing control)		
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)	Date of Birth	
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)	MAUDDOWN	
To 32274518 x No Format Required X No Format Required Yes No Format Required Yes No Format Required Yes No Format Required Yes Yes	WINV DD/TTTT	
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)	Telephone x Extension	
Fax No Format Required E-mail Address Sulekha.edara@cgifederal.com National Provider Identifier (NPI) (of individual with ownership interest/managing control)		
No Format Required E-mail Address sulekha.edara@cgifederal.com National Provider Identifier (NPI) (of individual with ownership interest/managing control)	No Format Required	
E-mail Address sulekha.edara@cgifederal.com National Provider Identifier (NPI) (of individual with ownership interest/managing control)	Fax	
E-mail Address sulekha.edara@cgifederal.com National Provider Identifier (NPI) (of individual with ownership interest/managing control)		
Sulekha.edara@cgifederal.com National Provider Identifier (NPI) (of individual with ownership interest/managing control)	No Format Required	
National Provider Identifier (NPI) (of individual with ownership interest/managing control)	E-mail Address	
National Provider Identifier (NPI) (of individual with ownership interest/managing control)	sulekha.edara@cgifederal.com	
10 Digits	National Provider Identifier (NPI) (of individual with ownership interest/managing	
10 Digits		;
		;
	control)	,

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 by Spectrum. Here are the roles defined in Attachment 1 for Individual entities with Ownership information. All questions need to be answered for selected roles.

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)

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

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

Maximum of 255 characters. You have 255 characters remaining.

☐ Direct ownership interest	
*Effective Date of Direct ownership interest	
MM/DD/YYYY	
*Exact percentage of direct ownership interest the individual has in the pro	vider

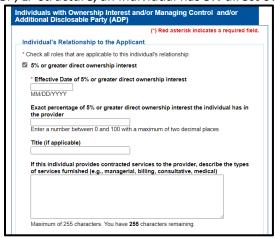
3. If SNF is a general partnership, an Individual has general partnership interest.

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
litle (if applicable)
f this individual provides contracted services to the provider, describe the type: of services furnished (e.g., managerial, billing, consultative, medical)

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

Limited Partner	ship interest
* Effective Date	of Limited Partnership interest
MM/DD/YYYY	
Exact percentag	ge of Limited Partnership interest the individual has in the provide
Enter a number l	between 0 and 100 with a maximum of two decimal places
Title (if applicab	ole)
	I provides contracted services to the provider, describe the types ished (e.g., managerial, billing, consultative, medical)

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



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

□ 5% or g	reater indirect ownership interest
* Effecti	ve Date of 5% or greater indirect ownership interest
MM/DD/	YYYY
Exact point the point	ercentage of 5% or greater indirect ownership interest the individual has rovider
Enter a	number between 0 and 100 with a maximum of two decimal places
Title (if	applicable)
	idividual provides contracted services to the provider, describe the types ces furnished (e.g., managerial, billing, consultative, medical)
Maximur	m of 255 characters. You have 255 characters remaining.

7. If SNF is LLC, GP, LP, an 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, an Individual has a 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 a corporation, and an individual is a member of the SNF's 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.		<i>'</i>
MM/DD/YYYY Title (if applicable) Type Of Governing Body	Mana	ging Control - Governing Body
Title (if applicable) Type Of Governing Body	* Effe	ctive Date of Managing Control - Governing Body
Type Of Governing Body	MM/D	D/YYYY
	Title (if applicable)
Maximum of 255 characters. You have 255 characters remaining.	Туре	Of Governing Body
Maximum of 255 characters. You have 255 characters remaining.		
Maximum of 255 characters. You have 255 characters remaining.		
Maximum of 255 characters. You have 255 characters remaining.		
	Maxin	num of 255 characters. You have 255 characters remaining.

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

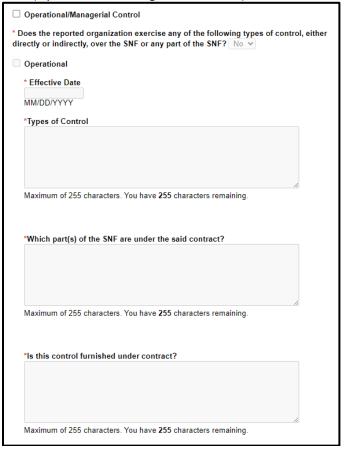
10. If an Individual has mortgage interest or security interest in the SNF.

· · · · · · · · · · · · · · · · · · ·
□ 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.
7
□ 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)
Title (ii 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.

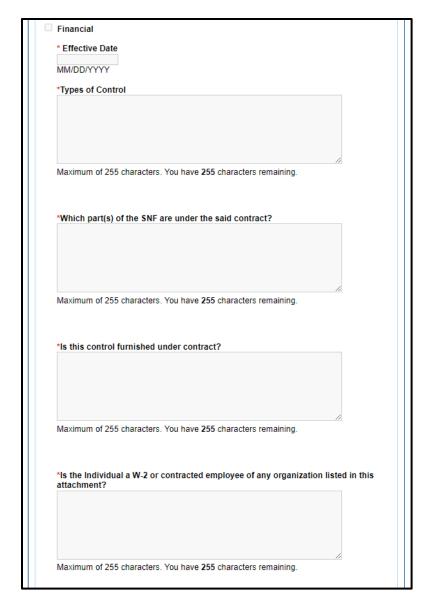
11. If an Individual is a trustee of the SNF.

*Is this Individual a Trustee of th	e SNF? Not Answered ✓
Effective Date MM/DD/YYYY	

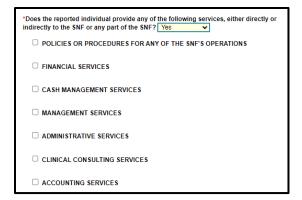
12. If an Individual has Operational or Managerial Control of the SNF, additional information on the control type is collected. (Operational, Managerial, Financial).



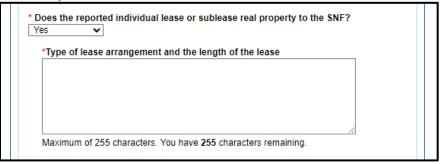
Managerial
* Effective Date
MM/DD/YYYY
*Types of Control
Maximum of 255 characters. You have 255 characters remaining.
*Which part(s) of the SNF are under the said contract?
Which parts of the SNI are all of the Sua contract.
Maximum of 255 characters. You have 255 characters remaining.
*Is this control furnished under contract?
<i>b</i>
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.
Maximum of 255 characters. Tournave 255 characters remaining.



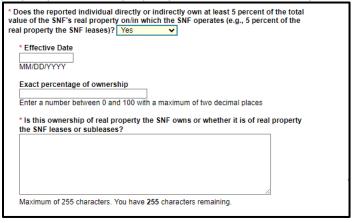
- 13. If an Individual provides any of the following services to the SNF, the following Service Provider options are presented:
 - i. Policies or procedures for any of the SNF's operations
 - ii. Financial services
 - iii. Cash management services
 - iv. Management services
 - v. Administrative services
 - vi. Clinical consulting services
 - vii. Accounting services



14. Leaseholder relationship to the SNF



15. 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.



16. Is the Individual of the SNF Medical Director or SNF Administrator?



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

17. If an ADP is a corporation, individual has 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 an ADP is an LLC, individual has a direct or indirect ownership interest in any ADP of the SNF.

l:I	Direct ownership interest of ADP of the SNF
*	Name of the Organization
*	Effective Date of direct owner of ADP of the SNF
N	MM/DD/YYYY
	xact percentage of direct owner of ADP of the SNF has in the provider
E	Inter a number between 0 and 100 with a maximum of two decimal places
I	ndirect ownership interest of ADP of the SNF
*	Name of the Organization
*	Effective Date of indirect owner of ADP of the SNF
N	MM/DD/YYYY
	xact percentage of indirect owner of ADP of the SNF has in the
p	provider

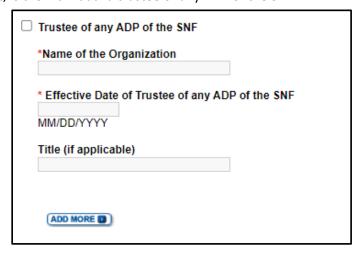
19. If an ADP is partnership, individual has any general partnership/ownership interest in any ADP.

General Partner	ship interest in any ADP of the S	NF
*Name of the O	ganization	
* Effective Date	of General Partnership interest i	n any ADP of the SNF
MM/DD/YYYY		
Exact percentag	je of General Partnership interes	t in any ADP of the SNF has in the
E-4		a of horal de sincel places
Enter a number i	oetween 0 and 100 with a maximun	i oi two decimai piaces

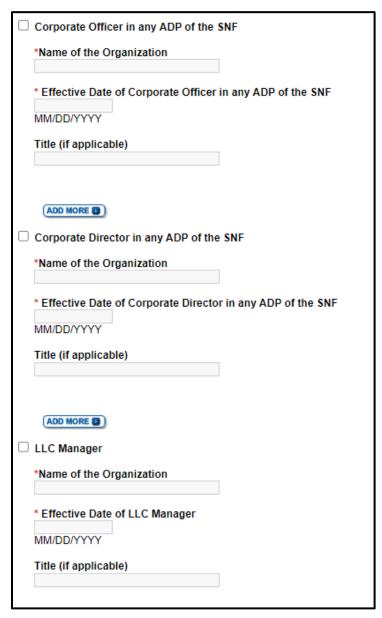
20. If an ADP is limited partnership, individual has any limited partnership interest in any ADP of the SNF.

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

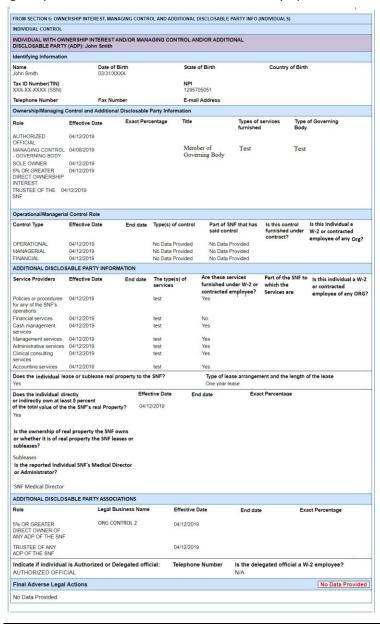
21. If an ADP is a trust, is the individual a trustee of any ADP of the SNF.



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



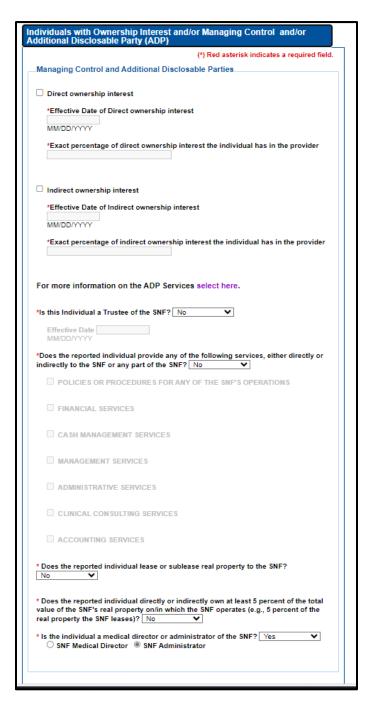
23. If ADP owner/trustee/LLC manager (as indicated in question 17, 18, 19, 20, 21, 22 or 23) has any interest in the SNF itself OR in another ADP of the SNF. This question will summarize all the associations of the individual with the SNF. If the individual needs to make any updates, they can navigate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



Individuals associating with SNFs without PII information:

Any entity 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 by Spectrum. PECOS will then navigate the user to Questions 11, 13, 14 and 15. If the entity has Operational/Managerial Control or Security/Mortgage interest, the user will need to enter PII information of the entity.

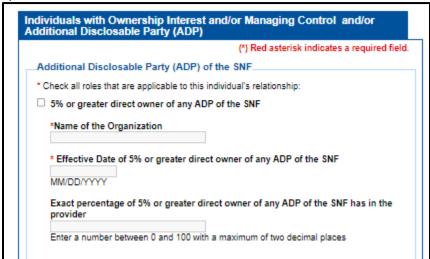
Questions 11 to 16 determine if the Individual is a "ADP of the SNF"



- 11. If an Individual is a trustee of the SNF.
- 12. If an Individual provides any of the following services to the SNF, the following Service Provider options are presented:
 - i. Policies or procedures for any of the SNF's operations
 - ii. Financial services
 - iii. Cash management services
 - iv. Management services
 - v. Administrative services
 - vi. Clinical consulting services
 - vii. Accounting services
- 13. Does the Individual lease or sublease real property to the SNF.
- 14. Does the 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.
- 15. Is the Individual an SNF Medical Director or SNF Administrator.

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

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



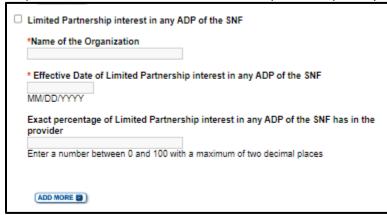
18. If ADP is LLC, does the individual have direct or indirect ownership interest in any ADP of the SNF?

☐ 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 (2)
☐ Indirect ownership interest of ADP of the SNF
*Name of the Organization
* Effective Date of indirect owner of ADP of the SNF
MINI/DD/TTTT
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 (3)

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

Gener	ral Partnership interest in any ADP of the SNF
*Name	e of the Organization
	ctive Date of General Partnership interest in any ADP of the SNF
Exact	percentage of General Partnership interest in any ADP of the SNF has in the der
Enter	a number between 0 and 100 with a maximum of two decimal places
ADD	MORE (3)

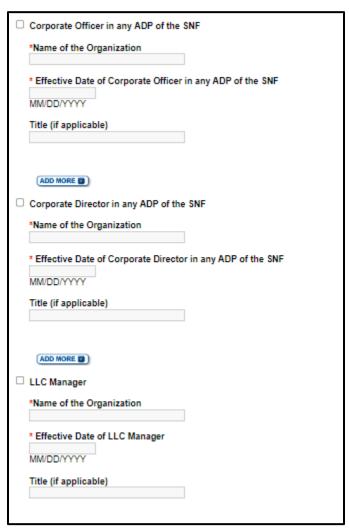
20. If an ADP is limited partner, does the individual have limited partnership in any ADP of the SNF?



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



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.

