



Our Mission: We work together to help Illinoisans access high quality health care and fulfill child support obligations to advance their physical, mental, and financial well-being.

Ownership Job Aid

Who should be listed in the Ownership Step?

- 1) Any individual or entity that owns 5% or more (direct or indirect) of the business.
- 2) Any individual who holds or meets the criteria of a managing employee. See below for definition of managing employee.
- 3) If the business is incorporated, any individual that is on the Board of Directors.

Ownership definitions are listed below.

Term	Definition
Disclosing entity	The entity that is enrolling/modifying their enrollment. (Who the enrollment belongs to)
Managing employee	A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of an institution, organization, or agency. There are not exceptions to the managing employee disclosure requirement. To the extent any individual meets the definition of "managing employee" under § 455.101, their information is required to be disclosed.
Indirect ownership interest	An ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity. Example: The provider listed on the Medicaid enrollment application is an ambulance company that is wholly (100 percent) owned by Company A. Company A is a direct owner of the provider (the ambulance company), in that it actually owns the assets of the business. Assume that Company B owns 100 percent of Company A. Company B is considered an indirect owner - but an owner, nevertheless - of the provider. In other words, a direct owner has an actual ownership interest in the provider, whereas an indirect owner has an ownership interest in an organization that owns the provider.

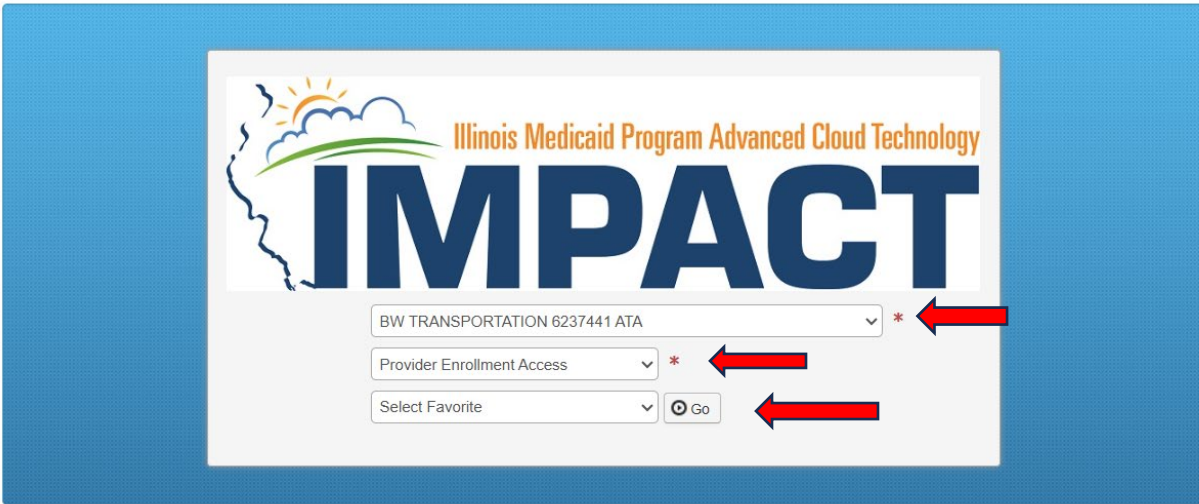
Ownership definitions are listed below.

Ownership interest	The possession of equity in the capital, the stock, or the profits of the disclosing entity.
Person with an ownership or control interest	a person that: (a) Has an ownership interest totaling 5 percent or more in a disclosing entity. (b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity. (c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity. (d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity. (e) Is an officer or director of a disclosing entity that is organized as a corporation. (f) Is a partner in a disclosing entity that is organized as a partnership.

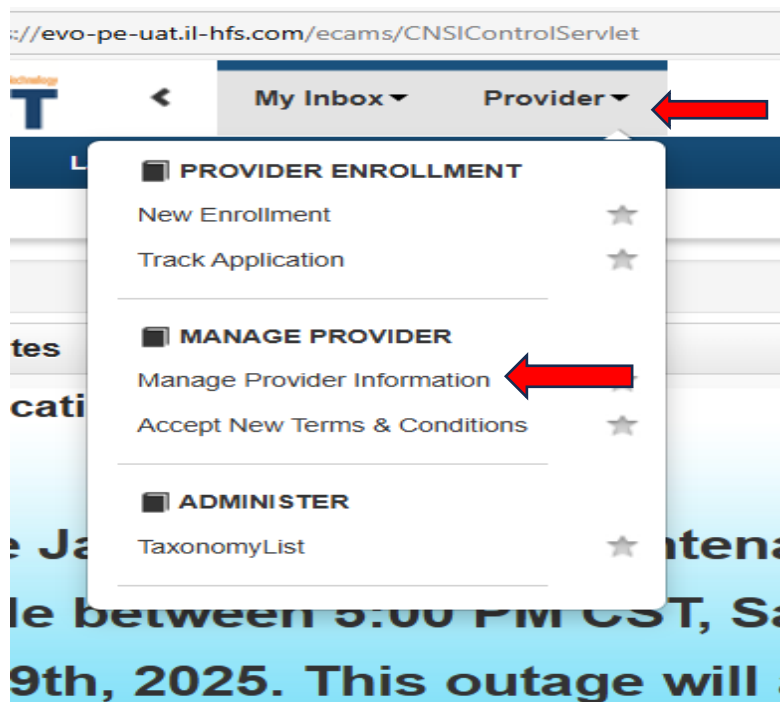
Non-Profit Entities	Non-profit entities generally do not have owners unless state law permits such ownership. However, if a non-profit entity has managing employees, to the extent these individuals meet the definition of “managing employee” under § 455.101; they would have to be disclosed as 34 such. In addition, as discussed further below, entities, including non-profit entities, that are organized as corporations must provide disclosures regarding their officers and directors. All officers and directors must be disclosed, regardless of their number (e.g., 100 board members) and even if they serve in a voluntary (e.g., unpaid) capacity. Also, if a non-profit corporation has “trustees” instead of officers or directors, these trustees must be disclosed.
Government-Owned Entities	There is not an exception for government-owned entities. Government-owned entities likewise need to disclose anyone meeting the definition of “managing employee,” and would only need to disclose board members if the entity was organized as a corporation or if that individual meets the definition of “managing employee.” See 1.4.C.1.d “Managing Employee Disclosure.”

Adding a New Owner

1. Login to your IMPACT portal.
2. Select IMPACT PE.
3. Click the 1st drop-down arrow and select the Provider's Name/NPI/Provider ID you need to access.
4. Click the 2nd drop-down arrow and select Provider Enrollment Access.



5. Click go.
6. Click on Provider drop-down at top of page.
7. Select Manage Provider Information.



8. Click on Step 9: Provider Controlling Interest/Ownership Details.

9. To add an owner, click Add Owner and complete the required fields indicated by the asterisk (*).

Application ID: 20250204825544 Name: BW Transportation

Per Medicaid Provider Manual

During the Enrollment and Revalidation process, every Provider (including fiscal agents and managed-care entities) is required to detail the ownership and controlling interests that individuals and corporate entities have in the Provider. For the purpose of this section, individuals or corporate entities with "ownership and controlling interest" in the provider include, but are not limited to, the following: (1) if the provider is a corporation or limited liability company, any individual or corporate entity owning (directly or indirectly) 5% or more of the shares of stock or other evidences of ownership in the provider; (2) if the provider is a sole proprietorship, the owner of the provider; (3) if the provider is a partnership, each partner of the provider; (4) each individual who is a member of the provider's Board of Directors; and (5) each individual employed with the provider who has management responsibility. During enrollment and revalidation, the provider shall provide the following information:

- The name, home address date of birth, and Social Security Numbers of any individual or corporate entity with an ownership or controlling interest in the provider. The addresses for corporate entities must include as applicable, primary business address, the address of each business location, and the address of any PO Box used. For each of the provider's subcontractors, the Tax Identification Number of any corporate entity owning (directly or indirectly) 5% or more of the shares of stock or other evidence of ownership in the subcontractor.
- If any of the disclosed individuals with ownership or controlling interest are related disclose the nature of relation. In this context, "relation" means spouse, parent, child, or sibling.
- Where an individual with ownership or controlling interest in any of the provider's subcontractors is related to another individual who also has an ownership or controlling interest in the provider, the name of each related individual and his or her relation. In this context, "relation" means spouse, parent, child, or sibling.
- For each individual with ownership or controlling interest in the provider, the name of each fiscal agent or managed-care entity that is reimbursable by Medicaid and/or Medicare, in which that individual also has an ownership or controlling interest.

Note: The preceding information must also be provided within 35 days after any change in ownership.

Owners List

Filter By: [] And Indicator: []

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage Owned
No Records Found!								

Page ID: pgOwnerListForEnroll(Provider) Environment: ILPMSUAT IL 1.13 Server Time: 02/04/2025 02:21:19 CST

- a. Owner Type: click the drop-down arrow and select the appropriate ownership type.

Provider Controlling Interest/Ownership

Type: [---SELECT---] *

Select An Owner To Copy: [---SELECT---]

Check the box to Copy Selected Owner: ☐

Percentage Owned: [100] *

SSN: [] *

Legal Entity Name: []

Owner NPI: []

Select if the Individual qualifies as Managing Employee: ☐

EIN/TIN: []

Entity Business Name: [] (Doing Business As)

- b. Percentage Owned: enter the percentage owned for owner(s).

Provider Controlling Interest/Ownership

Type: [Individual - Direct] *

Select An Owner To Copy: [---SELECT---]

Check the box to Copy Selected Owner: ☐

Percentage Owned: [100] *

SSN: [] *

Select if the Individual qualifies as Managing Employee: ☐

EIN/TIN: []

Please remember to enter SSN. *

- c. Owner Information
- First and Last Name.
 - Social Security Number.
 - Phone number.
 - Date of Birth.

- v. Email address.
- vi. Address lines- Enter owner's residential street address in line 1 and zip code in zip code box, then click Validate Address. The system will auto populate the city, state, and county. Per federal guidelines address line 1 must be residential and cannot be a P.O. Box. If you have a P.O. Box, you will list that in address line 3.
- vii. Start date will be the date you are adding the owner.
- viii. End date-Leave this field blank-This field will auto populate with 12/31/2999.
- ix. Adverse Action: select yes or no. If yes, explain in the comment field.
- x. Select OK in bottom right corner.

Type: Individual - Direct

Select An Owner To Copy: Wilkes, Albert

Check the box to Copy Selected Owner: ☒

Percentage Owned: 100

SSN: 100001772

Please remember to enter SSN.

Legal Entity Name: (As shown on the Income Tax Return)

Owner NPI: 1000017727

First Name: Albert

Last Name: Wilkes

Suffix: *

Phone Number: 8777825565

Ext: *

Start Date: 05/21/2026

Select if the Individual qualifies as Managing Employee: ☐

EIN/TIN: *

Entity Business Name: (Doing Business As)

Middle Initial: *

DOB: 01/01/2000

Email: *

End Date: 12/31/2999

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address Type: Home Address

Address validation successful

Address Category: Commercial

Address Line 1: 201 South Grand Ave E

(Enter Street Address or PO Box Only)

Address Line 2: *

City/Town: Springfield

County: Sangamon

Zip Code: 62704 - 3803

Validate Address

FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

Adverse Action

Had a Adverse legal action under any current or former name?: ☐ Yes ☒ No

Comments: *

OK Cancel

10. Once all owners have been added, click on Manage Relationships.
 - a. Select the appropriate relationship status for each owner in the drop down, then click Save. This will be completed for each owner. When finished, the Relationship Status column will say Completed. Options are None, Child, Parent, Sibling, or Spouse.

Per Medicaid Provider Manual

During the Enrollment and Revalidation process, every Provider (including fiscal agents and managed-care entities) is required to detail the ownership and controlling interests that individuals and corporate entities have in the Provider.

For the purpose of this section, individuals or corporate entities with "ownership and controlling interest" in the provider include, but are not limited to, the following: (1) if the provider is a corporation or limited-liability company, any individual or corporate entity owning (directly or indirectly) 0.01% or more of the shares of stock or other evidences of ownership in the provider; (2) if the provider is a sole proprietorship, the owner of the provider; (3) if the provider is a partnership, each partner of the provider; (4) each individual who is a member of the provider's Board of Directors; and (5) each individual employed with the provider who has management responsibility During enrollment and revalidation, the provider shall provide the following information:

- The name, home address date of birth, and Social Security Numbers of any individual or corporate entity owning (directly or indirectly) 0.01% or more of the shares of stock or other evidence of ownership in the subcontractor.
- the provider's subcontractors, the Tax Identification Number of any corporate entity owning (directly or indirectly) 0.01% or more of the shares of stock or other evidence of ownership in the subcontractor.
- If any of the disclosed individuals with ownership or controlling interest are related disclose the nature of relation. In this context, "relation" means spouse, parent, child, or sibling.
- Where an individual with ownership or controlling interest in any of the provider's subcontractors is related to another individual who also has an ownership or controlling interest in the provider, the name of each related individual and his or her relation. In this context, "relation" means spouse, parent, child, or sibling.
- For each individual with ownership or controlling interest in the provider, the name of each fiscal agent or managed-care entity that is reimbursable by Medicaid and/or Medicare, in which that individual also has an ownership or controlling interest.

Note: The preceding information must also be provided within 35 days after any change in ownership.

Owners List

Add Owner **Manage Relationships** **Import Owner**

Filter By: And Filter By: And Operational Status: Active

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date	Adverse Action	Percentage owned	Relationship Status
☐ 100001772	Wilkes, Albert	Individual - Managing Employee	201 South Grand Ave E	05/21/2026	12/31/2999	Approved	Active		No	0	Completed
☐ 100001772	Wilkes, Albert	Individual - Direct	201 South Grand Ave E	05/21/2026	12/31/2999	Approved	Active		No	100	Completed

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List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By: And Filter By: And Operational Status: Active

Other Owner EIN/TIN	Other Owner Information	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
☐ 100001772							

No Records Found !

Manage Owner Relationship

Owner List

Status: All All

Selected Owner: Wilkes, Albert SSN/EIN/TIN: 100001772 Relationship Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Wilkes, Albert	New Relation to Wilkes, Albert	Status	Modified Date
Wilkes, Albert	100001772	Individual - Direct	None		Approved	05/21/2026
Wilkes, Albert	100001772	Individual - Managing Employee	None		Approved	05/21/2026

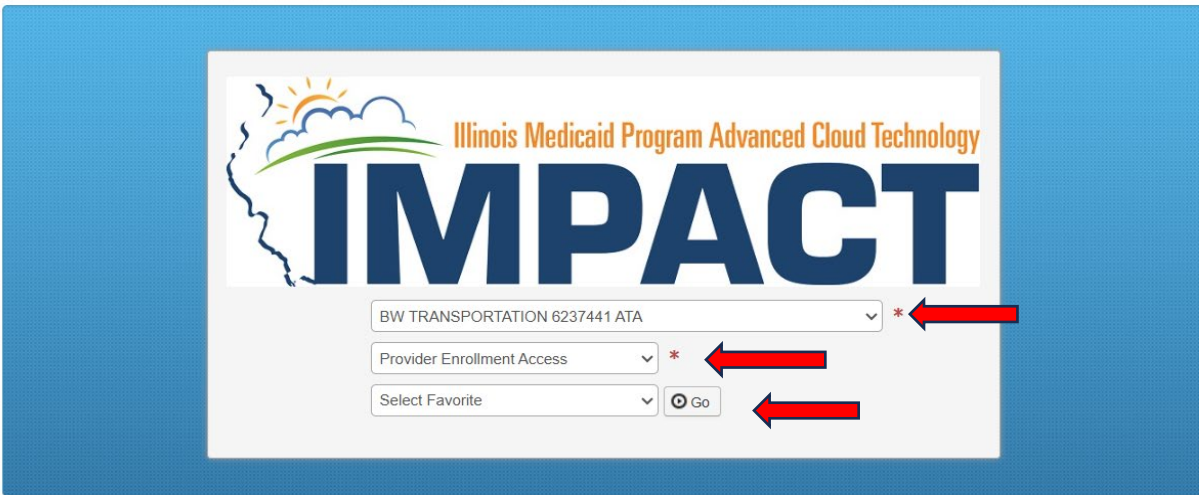
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Selected Owner: Wilkes, Albert SSN/EIN/TIN: 100001772 Relationship Status: Completed

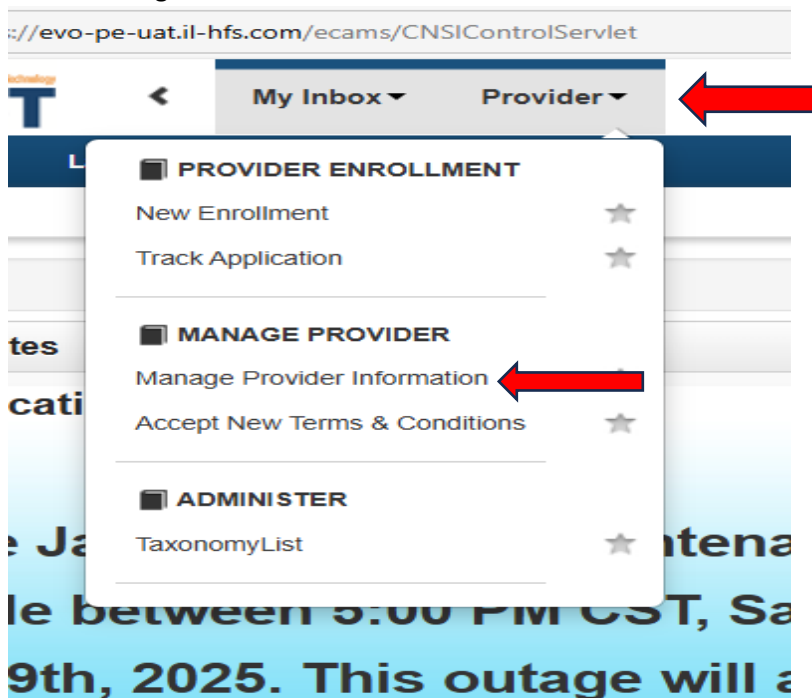
- Click on the arrow (>) to open the relationship section for each owner. Select the relationship in the drop down and click save.
- Complete steps 13 and 14 to submit your modification for review.

Changing Existing Owner

1. Login to your IMPACT portal.
2. Select IMPACT PE.
3. Click the 1st drop-down arrow and select the Business Name you need to access.
4. Click the 2nd drop-down arrow and select Provider Enrollment Access.
5. Click go.



6. Click on Provider drop-down at top of page.
7. Select Manage Provider Information.



8. Click on Step 9: Provider Controlling Interest/Ownership Details. This section displays a list of owners that have previously been added.
 - a. Click on the blue hyperlink of the EIN/TIN/SSN of current owner/type listed.

Per Medicaid Provider Manual

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- The name, home address date of birth, and Social Security Numbers of any individual or corporate entity with an ownership or controlling interest in the provider. The addresses for corporate entities must include as applicable, primary business address, the address of each business location, and the address of any PO Box used. For each of the provider's subcontractors, the Tax Identification Number of any corporate entity owning (directly or indirectly) 0.01% or more of the shares of stock or other evidence of ownership in the subcontractor.
- If any of the disclosed individuals with ownership or controlling interest are related disclose the nature of relation. In this context, "relation" means spouse, parent, child, or sibling.
- Where an individual with ownership or controlling interest in any of the provider's subcontractors is related to another individual who also has an ownership or controlling interest in the provider, the name of each related individual and his or her relation. In this context, "relation" means spouse, parent, child, or sibling.
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Note: The preceding information must also be provided within 35 days after any change in ownership.

Owners List

[Add Owner](#) [Manage Relationships](#) [Import Owner](#)

Filter By And Filter By And Operational Status Active Go

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date	Adverse Action	Percentage owned	Relationship Status
100001772	Wilkes, Albert	Individual - Managing Employee	201 South Grand Ave E	9/21/2026	12/31/2999	Approved	Active		No	0	Completed
100001772	Wilkes, Albert	Individual - Direct	201 South Grand Ave E	9/21/2026	12/31/2999	Approved	Active		No	100	Completed

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9. Go to the End Date field and enter the date you are submitting the modification.
10. Click Save. Then, click Close.
 - a. There will be 2 lines displayed for the owner. One will say "In Review" and the other will say "Approved". Once the modification is processed, the "In Review" line will disappear, and show "Approved" line only.
11. To add an owner, click Add Owner and complete the required fields indicated by the asterisk (*).
 - a. Owner Type: click the drop-down arrow and select the appropriate ownership type, e.g. Individual – Direct or Indirect, Entity – Direct or Indirect, Individual - Managing Employee, Individual – Board of Directors etc.
 - b. Percentage Owned-enter the percentage owned for owner(s).
 - c. Owner Information
 - i. First and Last Name.
 - ii. Social Security Number.
 - iii. Phone number.
 - iv. Date of Birth.
 - v. Email address.
 - vi. Address lines- Enter owner's residential street address in line 1 and zip code in zip code box, then click Validate Address. The system will auto populate the city, state, and county. Per federal guidelines address line 1 must be residential and cannot be a P.O. Box. If you have a P.O. Box, you may list that on address line 3.
 - vii. Start date will be the date you are adding the owner.
 - viii. End date-Leave this field blank-This field will auto populate with 12/31/2999.
 - ix. Adverse Action: select yes or no. If yes, explain in the comment field.
 - x. Select OK in bottom right corner.

Close

I am the provider or sole proprietor, shareholder or corporate officer with ownership and controlling interest in the provider, including, but not limited to, the following: (1) if the provider is a corporation or partnership, any shareholder or partner with ownership or controlling interest in the provider; (2) if the provider is a sole proprietorship, the owner of the provider; (3) if the provider is a partnership, each partner of the provider; (4) each individual who is a member of the provider's Board of Directors; and (5) each individual employed with the provider who has management responsibility. During enrollment and revalidation, the provider shall provide the following information:

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- If any of the disclosed individuals with ownership or controlling interest are related disclose the nature of relation. In this context, "relation" means spouse, parent, child, or sibling.
- Where an individual with ownership or controlling interest in any of the provider's subcontractors is related to another individual who also has an ownership or controlling interest in the provider, the name of each related individual and his or her relation. In this context, "relation" means spouse, parent, child, or sibling.
- For each individual with ownership or controlling interest in the provider, the name of each fiscal agent or managed-care entity that is reimbursable by Medicaid and/or Medicare, in which that individual also has an ownership or controlling interest.

Note: The preceding information must also be provided within 35 days after any change in ownership.

Owners List

Add Owner **Manage Relationships** **Import Owner**

Filter By And Filter By And Operational Status Active

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date	Adverse Action	Percentage owned	Relationship Status
100001772	Wilkes, Albert	Individual - Managing Employee	201 South Grand Ave E	05/21/2026	12/31/2999	In Review	Active		No	0	Completed
100001772	Wilkes, Albert	Individual - Direct	201 South Grand Ave E	05/21/2026	12/31/2999	In Review	Active		No	100	Completed
100001772	Wilkes, Albert	Individual - Managing Employee	201 South Grand Ave E	05/21/2026	12/31/2999	Approved	Active		No	0	Completed
100001772	Wilkes, Albert	Individual - Direct	201 South Grand Ave E	05/21/2026	12/31/2999	Approved	Active		No	100	Completed

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12. Once all owners have been added, click on Manage Relationships.

- Select the appropriate relationship status for each owner then click Save. This will be completed for each owner. When finished, the Relationship Status column will say Completed. Options are None, Child, Parent, Sibling, or Spouse.

Manage Owner Relationship

Owner List

Status All All

Selected Owner: Wilkes, Albert SSN/EIN/TIN: 100001772 Relationship Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Wilkes, Albert	New Relation to Wilkes, Albert	Status	Modified Date
Wilkes, Albert	100001772	Individual - Direct	None	None	Approved	05/21/2026
Wilkes, Albert	100001772	Individual - Managing Employee	None	None	In Review	06/15/2026

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Selected Owner: Wilkes, Albert SSN/EIN/TIN: 100001772 Relationship Status: Completed

13. Click on the arrow (>) to open the relationship section for each owner. Select the relationship in the drop down and click save.

14. Complete steps 13 and 14 to submit your modification for review.