

Manage Owner/Authorized Business

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Overview

On this page, you can add business information for an owner or authorized business or make changes to existing business information.

Portfolio/Profile Information

This is a recurring section that appears on multiple MPSE pages for informational purposes only. See [Portfolio/Profile Information](#) on the Recurring Items page of the Minnesota Provider Screening and Enrollment (MPSE) User Manual.

Owner/Authorized Business

Under **Owner/Authorized Business**, complete the fields to provide information about the owner or authorized business.

Legal Name

Type the owner or authorized business' legal name in the **Legal Name** field.

FEIN

Type the owner or authorized business' Federal Employer Identification Number (FEIN) in the **FEIN** field, if applicable. If you do not enter a FEIN, you must enter a Social Security number (SSN) in the **Social Security Number** field. Do not enter both a SSN and FEIN; it must be one or the other.

Social Security Number

Type the owner or authorized business' SSN in the **Social Security Number** field, if applicable. If you do not enter a SSN, you must enter a FEIN in the **FEIN** field. Do not enter both a SSN and FEIN; it must be one or the other.

NPI or UMPI

Type the owner or authorized business' National Provider Identifier (NPI) or Unique Minnesota Provider Identifier (UMPI) in the **NPI/UMPI** field, if applicable.

It is optional to disclose the NPI or UMPI number. If the owner or authorized business does not have an NPI or UMPI number, skip this field.

Current proof of inability to obtain SSN

The **Current proof of inability to obtain SSN** field shows the documentation that has been uploaded as proof that this owner or authorized business is unable to obtain an SSN. Click the page icon to open the document in a new tab.

Remove Upload

Check the **Remove Upload** field to remove the document that is currently uploaded. This will happen automatically if there is an existing document and you upload a new document. This field will not appear if there is no document uploaded in the **Current proof of inability to obtain SSN** field.

Upload proof of inability to obtain SSN

Use the **Upload proof of inability to obtain SSN** field to upload documentation you have as proof that this owner or authorized business does not have an FEIN and does not qualify for an SSN. Proof of inability to obtain an SSN is required if one is not entered and is only allowed if the owner or authorized business' address is located outside of the United States.

Click on the words **Upload proof of inability to obtain SSN** or click on the icon shaped like an eye to open a dialogue box on your computer which will allow you to select a document to upload. MPSE only allows the following document types to be uploaded: PDF, JPG, and PNG.

Does this person, have an ownership or control interest in any other Medicaid disclosing entity or any entity that does not participate in Medicaid, but is required to disclose ownership and control interest because of participation in any Title V, XVIII, or XX programs?

Select the **Yes** option if the owner or authorized business has ownership or control interest in any other Medicaid disclosing entity or any entity that does not participate in Medicaid but is required to disclose ownership and control interest because of participation in any Title V (Maternal and Child Health Services), Title XVIII (Medicare), or Title XX (Social Services) programs.

If **Yes** is selected, you will be required to disclose that ownership information on the Manage Ownership for Other Medicaid-Disclosing Entities or Non-Medicaid Participants in Title V, XVIII, or XX programs page.

Select the **No** option if this does not pertain to this owner or authorized business.

Business Address

Under **Business Address**, provide the owner or authorized business' address.

Street Address 1

Type the owner or authorized business' street address in the **Street Address 1** field.

Street Address 2 Type/Data

Select the owner or authorized business' address type from the **Street Address 2 Type** drop-down list. Your selectable options are:

- Apt
- Dept
- Lockbox
- Lot
- Mailstop
- PO Box
- Room
- Suite
- Trailer
- Tribal PO Box
- Unit

Street address type is required if you have typed information into the **Street Address 2 Data** field. If you have not typed data into the **Street Address 2 Data** field, then it is optional to select a street address 2 type.

Type your street address data into the **Street Address 2 Data** field. For example, if you select **Apt** as your **Street Address 2 Type**, type your apartment number into the **Street Address 2 Data** field.

City

Type the city of the owner or authorized business' address in the **City** field.

State

Select the state where the owner or authorized business is located from the **State** drop-down list.

Zip Code

Type the owner or authorized business' zip code in the **Zip Code** field.

County or Tribe

Select the county or tribe of the owner or authorized business' address from the **County/Tribe** drop-down list. This field will only appear if Minnesota is selected in the **State** field.

Continue

Click **Continue** to save your changes and go to the next page.

Cancel

Click **Cancel** to go back to the previous page.