



Provider Disclosure of Ownership and Control Interest Statement Frequently Asked Questions

Overview

The Disclosure of Ownership and Control Interest Statement form collects information as required by federal regulation (42 CFR Part §455) related to items or services delivered by providers participating in government-sponsored health care programs and in accordance with a contract between a Medicaid managed care organization and a State Medicaid agency.

Requirements

Providers must disclose the information requested on the form to participate in the UnitedHealthcare Community Plan network. The disclosure information must be updated within 35 days of information changes and at least every three years. Sections that do not pertain to you or your entity must be marked as “N/A.” Providers without updated disclosures on file may experience a disruption in claims payments, inability to enter into a provider contract or possible termination of existing provider contracts.

Q1. Why is this information required?

- A. UnitedHealthcare Community Plan is contracted with the State to administer our Medicaid plan. Under that contract, we are required to obtain this information from our providers per federal regulations (42 CFR §455.104, §455.105 and §455.106).

These federal requirements help prevent fraud and abuse in federal and state health care programs. State agencies use the information to help ensure that providers and facilities rendering services within the state’s Medicaid system comply with federal regulations.

Q2. How will this information be used?

- A. After receiving your completed Provider Disclosure of Ownership and Control Interest Statement form, UnitedHealthcare Community Plan will review the data and run the names of all the entities and individuals disclosed through the Provider Disclosure of Ownership and Control Interest Statement form against the Federal and State Database Check process. This process includes a review and comparison of the disclosed information to the following lists:
 - List of Excluded Individuals/Entities database (exclusions.oig.hhs.gov)
 - General Services Administration’s System for Award Management (www.epls.gov)
 - Any other applicable State exclusion list including other state Medicaid programs

The State also identifies individuals and entities that have been sanctioned, excluded, or terminated from participation in federal health care programs, and providers who have relationships with those individuals or entities. Any adverse information found during the disclosure and Federal and State Database Check process is submitted to the State.

Q3. How do I submit my disclosure form?

- A. You can submit the Provider Disclosure of Ownership and Control Interest Statement form in several ways:
 - At UHCCommunityPlan.com, you can complete and submit the Disclosure of Ownership and Control Interest Form.
 - Choose the state Medicaid plan in which you participate.

- Choose “Provider Forms.”
- Click on the link to the right to complete and submit the disclosure form.
- Email:
uhc_disclosures@uhc.com. Attach your completed disclosure form.
- Fax to 866-562-7184
- Mail to:
UnitedHealthcare Community Plan
Attn: C&S Forms Compliance
780 Shiloh Rd, MS 1.700
Plano, TX 75074

Q4. I have already submitted a disclosure. Why do I have to resubmit?

- A. The Provider Disclosure of Ownership and Control Interest Statement form must be submitted with the initial contract. The form must also be resubmitted:
- Every three years
 - When the contract is renewed
 - Any time there is a revision to the information
 - When updated information is requested. The statement must be provided within 35 days of a request for this information.

Q5. What is Knowledge Based Authentication (KBA)?

- A. This is a high-level authentication used to validate the signer's authenticity to protect the privacy and security of their information. The signer is asked a number of customized questions related to their current public information, based on their Social Security number. They must get all the answers correct or they will not be able to sign the agreement.

Q6. Can I send an attachment if I have additional information to share?

- A. You can submit an attachment or an addendum to the form. UnitedHealthcare Community Plan will accept attachments in the form of Word documents, Excel spreadsheets and PDFs.

Q7. Do you accept the State Medicaid Agency’s Provider Disclosure of Ownership and Control Interest Statement form?

- A. Yes, you can submit the State’s form and we will review it to ensure it meets all requirements. If we determine any required elements are missing, we will request corrections on the UnitedHealthcare Community Plan Provider Disclosure of Ownership and Control Interest Statement forms.

Q8. My completed disclosure was sent to the State agency or another managed care organization. Can I send the already completed form to UnitedHealthcare Community Plan as well?

- A. Yes. You can send a copy of the same disclosure, as long as it is accurate and less than three years old. We will review the form to ensure it meets all applicable requirements. If we determine required elements are missing, we will request corrections on the UnitedHealthcare Community Plan Provider Disclosure of Ownership and Control Interest Statement form.

Q9. Do I have to answer all of the questions?

- A. Yes, you must answer every question on the form. If you answer “yes” to any of the questions, please include the additional information required. Missing information will result in a delay in processing and could affect your claims and current contract. For the provider information section, every field on the form must be completed. For some fields it is acceptable to answer

“non-applicable,” “N/A” or “applied for,” if you have not received your Medicaid ID number or do not have a CAQH number.

Q10. Who can legally provide the signature on the Provider Disclosure of Ownership and Control Interest Statement form?

- A. Please follow these guidelines for signatures:
- Individual Providers - Only the person disclosing information can sign the form. Signature stamps are not acceptable.
 - Provider Entities – The signature must be that of an individual who can legally bind the entity, such as an owner or officer. Office managers’/assistants’ signatures are not acceptable.

Q11. How is Provider defined?

- A. For purposes of this Provider Disclosure of Ownership and Control Interest Statement form, a Provider is defined as an individual practitioner or group practice or any entity that furnishes, or arranges for the furnishing of, health-related services or items for which it claims payment under a federal program and is identified on this form as the disclosing entity. Examples of a provider include a practitioner, medical group, hospital, pharmacy, or ancillary providers such as a DME vendor.

Q12. Are medical groups the same as groups of practitioners as defined by CMS?

- A. No. CMS defines a “group of practitioners” as two or more health care practitioners who practice their profession at a common location, whether or not they share common facilities, common supporting staff or common equipment. These health care practitioners bill for services independent of each other.

A medical group that does not meet the CMS definition of a group of individual practitioners is considered a disclosing entity. Medical groups that contract with UnitedHealthcare Community Plan must submit disclosures according to their provider agreement.

Q13. Who is required to complete an individual provider form?

- A. The following individual practitioners must submit the Provider Disclosure of Ownership and Control Interest Statement form to UnitedHealthcare Community Plan, unless the State has directed us to implement an alternate process:
- Those contracted individually with UnitedHealthcare Community Plan
 - Those credentialed by UnitedHealthcare Community Plan
 - Those credentialed by a delegate of UnitedHealthcare Community Plan
 - Individual practitioners not subject to credentialing, but that may be enrolled into the Medicaid managed care network by UnitedHealthcare Community Plan

Q14. Are individual practitioners who bill for services under a medical group or other entity required to be listed on the Group Entity’s Provider Disclosure of Ownership and Control Interest Statement form?

- A. Individual practitioners would be identified on the Group Entity’s Provider Disclosure of Ownership and Control Interest Statement form if they:
- Have ownership in the Group Entity
 - Have a controlling interest in the Group Entity
 - Are a managing employee in the Group Entity
 - Have a relationship to other owners or others with a controlling interest in the Group Entity

In some cases, depending on State requirements, some Group Entities may be required to submit a roster of all physicians in the group.

Q15. Why does the individual physician have to fill out an individual provider form if the group has already submitted a Group Entity form?

- A. Certain state health plans require that both the group and individual physician complete forms to attest to information required by the state health plan.

An individual practitioner would also submit an individual provider form to UnitedHealthcare Community Plan in addition to the Group Entity form if they:

- Are an owner of the Group Entity
- Have a controlling interest in the Group Entity
- Have a relationship to other owners or others with a controlling interest in the Group Entity

Q16. What is meant by a “managing employee” and why must they be identified on disclosures?

- A. Managing employees are those who exercise operational or managerial control over, or who directly or indirectly conduct the day-to-day operations or head up the business functions of a Provider (see question #11 for definition of Provider). State and federal requirements may prohibit a Medicaid managed care organization from contracting with a Provider whose managing employees are excluded from federal health care programs.

Q17. Do we have to provide board member information since they are not owners?

- A. Yes. The Medicaid program requires the name, address, date of birth and Social Security numbers for each board member, including volunteer/charity/nonprofit, associated with your entity regardless of whether there is any ownership percentage.

Q18. Do I have to submit the Social Security numbers of the owners, managing employees and board of directors?

- A. Yes. Collection of Social Security numbers is required by federal regulations. Social Security numbers are handled by a limited number of staff trained to keep the information confidential. UnitedHealthcare Community Plan adheres to all applicable state, federal and HIPAA privacy regulations.

Q19. What if I don’t know whether owners, managing employees or board members associated with my entity have been excluded, suspended, sanctioned or debarred from participation under a government program?

- A. Federal law prohibits payments for items or services furnished by an individual or entity when excluded from participation in federal health care programs, and requires that the programs do not indirectly reimburse excluded individuals through payments to entities that they control or own or with which they have any significant relationship. This applies to the excluded person, anyone who employs or contracts with the excluded person, and any hospital or other provider or supplier where the excluded person provides services, regardless of who submits the claims. This also applies to all administrative and management services furnished by the excluded person. As a result, providers have an obligation to screen all employees, contractors and agents to determine whether any of them have been excluded.

Q20. How does a non-profit entity complete the Provider Disclosure of Ownership and Control Interest Statement form?

- A. There is no distinction between for-profit and not-for-profit requirements. Most nonprofit organizations are run by a governing board. As such, each member of the applicable governing

board must be reported. Although most non-profit organizations do not have owners, any individual who owns at least five percent of the nonprofit organization must be reported.

Q21. UnitedHealthcare Community Plan asks me to resubmit the form any time information on the form has changed. With all this detail, it could happen quite a lot. Why is this necessary?

- A. We want to make sure all providers are in compliance during their Medicaid participation. You should communicate any updates to the information on the form promptly, especially any changes to the identity and address of any person (individual or corporation) with an ownership or controlling interest in the provider, or in any subcontractor in which the care provider has direct or indirect ownership of five percent or more, or any change in the managing employees.

Q22. Do state agency or governmental entities need to complete Provider Disclosure of Ownership and Control Interest Statement forms?

- A. Yes. Federal regulation requires anyone with an ownership or control interest or who is a managing employee of a provider to disclose their name, address, date of birth and Social Security number. For government-owned providers, the regulation requires disclosures of the managing employees.

Q23. What if I do not submit a form?

- A. In compliance with the regulations, UnitedHealthcare Community Plan must report non-completion of the forms to the State. UnitedHealthcare Community Plan may be unable to contract with a provider or pay claims if a provider fails to complete and submit the form in a timely manner.

Q24. Who can I contact for more information about the Provider Disclosure of Ownership and Control Interest Statement form?

- A. If you have questions, please contact the National Contracting Support Center at 800-718-7572 or your local Network Account Manager for assistance. Thank you.