

# Provider Disclosure of Ownership and Control Interest Statement

Frequently asked questions

## Overview

The Disclosure of Ownership and Control Interest of an Entity form collects information from care providers required by federal regulation (42 CFR Part §455) and in accordance with a contract between a Medicaid managed care organization (MCO) and a state Medicaid agency.

## Frequently asked questions

### Why is this information required?

UnitedHealthcare Community Plan is contracted with the state to administer our Medicaid plan. Under that contract, we are required to obtain this information from care providers and entities based on 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 care providers and entities within the state's Medicaid system provide services that comply with federal regulations.

### How will this information be used?

After receiving your completed Provider Disclosure of Ownership and Control Interest of an Entity form, UnitedHealthcare Community Plan will review the data. We then compare entities and individuals disclosed on the form against the following federal and state databases:

- List of Excluded Individuals/Entities database ([exclusions.oig.hhs.gov](https://exclusions.oig.hhs.gov))
- General Services Administration's System for Award Management ([sam.gov](https://sam.gov))
- Any other applicable state exclusion list, including other state Medicaid programs

In addition, the state identifies individuals and entities that have been sanctioned, excluded or terminated from participation in federal health care programs and care providers who have relationships with them. Any matches identified through the federal and state database check process are also submitted to the state.

### How do I submit my disclosure form?

You can submit the Provider Disclosure of Ownership and Control Interest of an Entity form in several ways:

- Online: Go to [UHCprovider.com/mncommunityplan](https://UHCprovider.com/mncommunityplan) > Provider Forms and References > Disclosure of Ownership
- Secure email: Please email [uhc\\_disclosures@uhc.com](mailto:uhc_disclosures@uhc.com) and attach your completed disclosure form
- Secure fax: **866-562-7184**

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

The Provider Disclosure of Ownership and Control Interest of an Entity form must be submitted with your initial Participation Agreement. The form must also be resubmitted:

- Every 5 years thereafter
- Within 35 days, any time there is a revision to the information
- Upon re-enrollment

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

Yes. UnitedHealthcare Community Plan will accept the following types of attachments: Word documents, Excel spreadsheets and PDFs. Please label all attachments with the applicable section name.

**Do I have to answer all the questions?**

Yes. Missing information will result in a delay in processing and could affect your claims and current contract. If you answer “yes” to any of the questions, please include the additional information required.

If no one has an ownership of 5% or more in the entity, but there are owners with less than 5% ownership, the ownership information does not need to be disclosed. Please include a comment clarifying this situation on the applicable ownership section to prevent processing delays.

**Who can legally provide the signature on the Provider Disclosure of Ownership and Control Interest of an Entity form?**

Please follow these guidelines for signatures:

- Individual healthcare professionals: Only the provider can sign the form. Signature stamps are not acceptable.
- Care 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.

**How is “provider” defined?**

For the purposes of this Provider Disclosure of Ownership and Control Interest of an Entity 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 provider, such as a durable medical equipment (DME) vendor.

**Are medical groups the same as groups of practitioners, as defined by the Centers for Medicare & Medicaid Services (CMS)?**

No. CMS defines a “group of practitioners” as 2 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 doesn’t 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.

### **Who is required to complete a disclosure form?**

The following individual providers or entities must submit the Provider Disclosure of Ownership and Control Interest of an Entity form to UnitedHealthcare Community Plan:

- Those contracted with UnitedHealthcare Community Plan
- Those credentialed by UnitedHealthcare Community Plan
- Those credentialed by a delegate of UnitedHealthcare Community Plan
- Providers not subject to credentialing, but who may be enrolled in the Medicaid managed care network by UnitedHealthcare Community Plan

### **What is meant by a “managing employee,” and why must they be identified on disclosures?**

A managing employee is anyone who:

- Exercises operational or managerial control over, or
- Directly or indirectly conducts or manages the day-to-day operations, or
- Leads care provider business functions. (See above for the definition of provider)

This may include the general manager, business manager, administrator or director. State and federal requirements may prohibit a Medicaid MCO from contracting with a provider whose managing employees are excluded from federal health care programs.

### **Do we have to provide board member information since they are not owners?**

Yes. The Medicaid program requires the name, address, date of birth and Social Security numbers for each board member. This includes board members of volunteer/charity/non-profit entities associated with the entity, regardless of ownership percentage.

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

Yes. Federal regulations require the collection of Social Security numbers. 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.

### **What if I don't know whether my entity owners, managing employees or board members have been excluded from participation under a government program?**

Federal law prohibits payments for items or services furnished by individuals or entities excluded from federal health care program participation. In addition, programs can't 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
- Those who employ or contract with the excluded person
- Any hospital, provider or supplier where the excluded person provides services, regardless of who submits the claims
- All administrative and management services furnished by the excluded person

As a result, providers and entities have an obligation to screen all employees, contractors and agents to determine whether any of them have been excluded.

### **How does a non-profit entity complete the Provider Disclosure of Ownership and Control Interest of an Entity form?**

There is no distinction between for-profit and non-profit requirements. Most non-profit organizations are run by a governing board. Therefore, 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 5% of the nonprofit organization must be reported.

### **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?**

We want to make sure all Medicaid providers and entities remain in compliance.

Please communicate form updates promptly, especially changes to identities (individual or corporation) and addresses related to ownership, managing employees, controlling or non-controlling interest, including subcontractors with direct or indirect ownership of 5% or more.

If a person is being added to an existing record, select "Hire Date" and provide the date of hire. If a person has left the entity, select "Termination Date" and provide the date of termination.

### **Do state agency or governmental entities need to complete Provider Disclosure of Ownership and Control Interest of an Entity forms?**

Yes. Federal regulations require anyone with an ownership or controlling 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 also requires disclosures of the managing employees.

### **What if I don't submit a form?**

UnitedHealthcare Community Plan must report any incomplete and/or unsubmitted 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.

### **Who can I contact for more information about the Provider Disclosure of Ownership and Control Interest of an Entity form?**

If you have questions, go to [UHCprovider.com/networkhelp](https://UHCprovider.com/networkhelp) where you can chat with a live advocate from 7 a.m.-7 p.m. CT. If you've already submitted the form, please wait 10 business days for the form to be processed before inquiring about the status of the form. Thank you.