

# UnitedHealthcare Community Plan of New York Provider Disclosure of Ownership and Control Interest

## Frequently asked questions

### Overview

The Disclosure of Ownership and Control Interest Statement form or the Participating Provider Owner/Manager Disclosure Certification is required for health care providers who join the UnitedHealthcare Community Plan managed care network for Medicaid and/or CHIP. The form is mandated by federal regulation (42 CFR Part §455), for the contract between a Medicaid and/or CHIP managed care organizations (MCOs) and state Medicaid agencies.

### Frequently asked questions

#### Why is this information required?

UnitedHealthcare Community Plan is contracted with the state to administer our Medicaid and/or CHIP plan.

The state contract requires us to obtain information from network health care providers based on federal regulations (42 CFR §455.104, §455.105 and §455.106).

The federal requirements help prevent fraud and abuse in federal and state health care programs. State agencies use the information to help ensure health care professionals and facilities providing services within the state's Medicaid and/or CHIP system comply with federal regulations.

#### How will we use your information?

After receiving your completed Provider Disclosure of Ownership and Control Interest Statement form or the Participating Provider Owner/Manager Disclosure Certification, we'll review the data and run the names of all disclosed entities and individuals against the following federal and state databases:

- List of Excluded Individuals/Entities database ([exclusions.oig.hhs.gov](https://www.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 and/or CHIP programs

We'll report identified matches through the federal and state database check process. The state identifies individuals and entities that have been banned or removed from federal health care programs, as well as health care providers who have connections with these sanctioned parties.

## Which form should be used?

The form you should use depends on whether the provider type is enrolled with the State Medicaid Agency and whether they are contracted as an individual or entity.

- **Participating Provider Owner/Manager Disclosure Certification:** Can be used for any provider type that has enrolled with the State Medicaid Agency
- **Entity Disclosure of Ownership and Control Interest Form:** Must be used by provider groups or facilities with the following provider types:
  - Fiscal intermediary
  - Registered dietician (Certified Diabetes Educator)
  - Social adult day care
  - Meals on Wheels
  - Licensed mental health counselor
  - Certified Registered Nurse Anesthetists (CRNA)
  - Adult Home and Community-Based Services OMH
  - Licensed Master Social Worker (LMSW)
  - Licensed Marriage Family Therapist (LMFT)
- **Individual Disclosure of Ownership and Control Interest Form:** Must be used by a sole proprietor or individually contracted health care profession with the following specialties:
  - Registered Dietician (Certified Diabetes Educator)
  - Licensed mental health counselor
  - Certified Registered Nurse Anesthetists (CRNA)
  - Licensed Master Social Worker (LMSW)
  - Licensed Marriage Family Therapist (LMFT)

## How do I submit my disclosure form?

You can submit the Provider Disclosure of Ownership and Control Interest Statement form or the Participating Provider Owner/Manager Disclosure Certification in the following ways:

- **Online:** [UHCprovider.com/NYCommunityPlan](https://uhcprovider.com/NYCommunityPlan)
- **Secure email:** Attach your completed form and send to [uhc\\_disclosures@uhc.com](mailto:uhc_disclosures@uhc.com)
- **Secure fax:** 866-562-7184
- **Mail:** UnitedHealthcare Community Plan  
P.O. Box 241029  
St. Paul, MN 55124-7019

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

You submit the Provider Disclosure of Ownership and Control Interest Statement form or the Participating Provider Owner/Manager Disclosure Certification with your initial participation agreement. You must also submit it:

- Every 3 years
- When there is a change to the information on the form. You must update and submit the form within 35 days.
- When the state or we request updated information. You must provide the statement within 35 days of the request.

If you have already supplied a clean Provider Disclosure of Ownership and Control Interest Statement form or the Participating Provider Owner/Manager Disclosure Certification but a new provider is joining the group, a roster addendum must be supplied that lists the name, address, date of birth, National Provider Identifier (NPI) number and Social Security number (SSN).



## **What is knowledge-based authentication?**

This is a high-level authentication used by Adobe Sign to validate the signer's authenticity to protect the privacy and security of their information. The signer is asked several customized questions based on their SSN. They must get all the answers correct or they will not be able to sign the agreement.

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

Yes. You can submit an attachment or an addendum to the form. We accept Word documents, Excel spreadsheets and PDF attachments. Please label all attachments with the applicable section number/name.

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

Yes. You must answer every question on the form. If you answer "yes" to any of the questions, please include the required additional information. Missing information will result in a delay in processing **and could affect your claims and current contract.**

You must complete each field in the provider information section on the form. For some fields, it is acceptable to answer "non-applicable," "N/A" or "applied for" if you have not received your Medicaid ID number.

**If no one owns 5% or more of the entity, but there are owners with less than 5% ownership, you do not need to share their ownership details. However, adding a comment to explain this situation will help avoid delays in processing the form.**

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

### **Follow these guidelines for signatures:**

- Individual health care professionals: Only the health care professional can sign the form. Signature stamps are not acceptable.
- Health care provider entities: The signature must be an individual who can legally bind the entity, such as an owner or officer. Office managers'/assistants' signatures are not acceptable.
- Participating Provider Owner/Manager Disclosure Certification: The form must be signed by the officer, director or partner listed in Section B.

## **How is provider defined?**

On the Provider Disclosure of Ownership and Control Interest Statement form, a health care provider is defined as either an individual practitioner, a group practice or any entity that provides or arranges health-related services or items. A provider is an individual, group or entity that provides services where they receive payment under a federal program. The provider is deemed as the disclosing entity on the form.

Examples of a health care provider include a practitioner, medical group, hospital, pharmacy or ancillary provider, such as a durable medical equipment vendor.

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

No. CMS defines a group of practitioners as 2 or more health care professionals/practitioners who practice their profession at a common location, whether they share common facilities, common supporting staff or common equipment. These health care professionals bill for services independent of each other.

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

## **Who must complete a disclosure form?**

The following health care providers must submit the Provider Disclosure of Ownership and Control Interest Statement form to us:

- Those contracted with UnitedHealthcare Community Plan
- Those credentialed by UnitedHealthcare Community Plan
- Those credentialed by a delegate of UnitedHealthcare Community Plan
- Health care providers not subject to credentialing, but enrolled in the Medicaid and/or CHIP managed care network by UnitedHealthcare Community Plan

## **Are individual professionals who bill for services under a medical group or other entity required to be listed on the disclosure form?**

Individual health care professionals would be listed 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

Group entities must submit a list of all health care professionals in the group, including each person's name, address, date of birth, NPI number and SSN. This is required for both the Disclosure of Ownership and Control Interest Statement and the Participating Provider/Owner/Manager Disclosure Certification.

## **What is meant by a managing employee, and why must they be identified on the Disclosure of Ownership and Control Interest Statement form?**

A managing employee is someone who has operational or managerial control, handles daily operations or leads business functions. State and federal rules may prevent a Medicaid and/or CHIP MCO from contracting with health care providers if their managing employees are banned from federal health care programs.

### **Am I required to provide board member information since they are not owners?**

Yes, the Medicaid and/or CHIP program requires you to include the name, address, date of birth and SSN for each board member associated with your entity, including those from volunteer, charity or nonprofit organizations, regardless of their ownership percentage.

For the Participating Provider Owner/Manager Disclosure Certification, one officer, director or partner must be listed. That person can be a board member, but it is not required. Date of birth and SSN are not required for this form. That information is collected by the State Medicaid Agency during provider enrollment.

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

Yes, if you're completing the Disclosure of Ownership and Control Interest Statement. Federal regulations require the collection of SSNs. The SSNs are handled by a limited number of staff trained to keep the information confidential. We follow all applicable state, federal and HIPAA privacy regulations.

If you're completing the Participating Provider Owner/Manager Disclosure Certification, an SSN is not required. It's collected by the State Medicaid Agency during provider enrollment.

### **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?**

You must check all employees, contractors and agents to help ensure none are excluded.

Federal law bans payments for services or items provided by individuals or entities that are excluded from federal health care programs. It also prevents these programs from indirectly reimbursing excluded individuals through entities they own, control or have a significant relationship with. This rule affects the excluded person, anyone employing or contracting with them and any hospital or health care provider where the excluded person works, regardless of who submits the claims. It also covers all administrative and management services provided by the excluded person.

### **How does a nonprofit entity complete the Provider Disclosure of Ownership and Control Interest Statement form?**

There is no distinction between for-profit and nonprofit requirements. Most nonprofit organizations are run by a governing board. Therefore, you must report each member of the governing board. Although most nonprofit organizations do not have owners, you must report any individual who owns at least 5% of the nonprofit organization.

**UnitedHealthcare Community Plan asks me to resubmit the Disclosure of Ownership and Control Interest Statement form any time information has changed. With all this detail, it could happen a lot. Why is this necessary?**

We want to make sure all health care providers follow the rules for Medicaid and/or CHIP participation. It's important to update the form quickly with any changes, particularly changes in the identity and address of:

- Anyone (individual or corporation) with ownership or control
- Any subcontractor where the health care provider has at least a 5% ownership, directly or indirectly
- Managing employees

**Do state agencies or governmental entities need to complete Provider Disclosure of Ownership and Control Interest Statement forms?**

Federal regulations require anyone who owns, controls or is a managing employee of a health care provider to disclose their name, address, date of birth and SSN. For government-owned health care providers, the rules specifically require the disclosure of information about managing employees.

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

Based on regulations, we must inform the state if you do not complete and submit the form on time. Also, we may not be able to enter a contract with you or pay your claims.

**Who can I contact for more information about the Provider Disclosure of Ownership and Control Interest Statement form or the Participating Provider Owner/Manager Disclosure Certification?**

For chat options and contact information, visit [UHCprovider.com/contactus](https://UHCprovider.com/contactus). If you've already submitted the form, please wait 10 business days for processing before inquiring about the form status.