

# UnitedHealthcare Community Plan of Louisiana Provider Disclosure of Ownership and Control Interest Statement

Frequently asked questions

## Overview

The Disclosure of Ownership and Control Interest Statement form collects information from care providers participating in one of UnitedHealthcare Community Plan's managed care networks for Medicaid as required by federal regulation (42 CFR Part §455) for any contract between a Medicaid- managed care organization (MCO) and a state Medicaid agency.

## Frequently asked questions

### Why is this information required?

UnitedHealthcare Community Plan of Louisiana is contracted with the state to administer our Medicaid plan.

Under that contract, we are required to obtain this information from the care professionals in our network that have not enrolled with the state 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 care providers and facilities rendering services within the state's Medicaid system comply with federal regulations.

### How will this information be used?

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 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://www.sam.gov))
- Any other applicable state exclusion list, including other state Medicaid and/or CHIP programs

The state also 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 those individuals or entities. Any matches identified through the federal and state database check process are submitted to the state.



### **How do I submit my disclosure form?**

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

- **Online:** Go to [UHCprovider.com/lacommunityplan](https://uhcprovider.com/lacommunityplan) > 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**
- **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?**

The Provider Disclosure of Ownership and Control Interest Statement form must be submitted with your initial Participation Agreement if you have not completed enrollment with the state. The form must also be resubmitted:

- Every 3 years thereafter
- Any time there is a revision to the information. The updated form must be provided within 35 days of the change.
- When updated information is requested. The statement must be provided within 35 days of a request for this information.

### **What is Knowledge-Based Authentication (KBA)?**

This is a high-level authentication used by Adobe Acrobat Sign 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.

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

Yes. 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. 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 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, each 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. 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, but a comment clarifying this situation will prevent delays in processing the form.

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

### **Please follow these guidelines for signatures:**

- Individual health care professionals: Only the care providers 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 Statement form, a care 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 care 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 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.

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

The following individual practitioners or entities that have not completed enrollment with the state must submit the Provider Disclosure of Ownership and Control Interest Statement 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 and/or CHIP managed care network by UnitedHealthcare Community Plan

**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?**

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

Group entities are required to submit a roster of all providers in the group who have not completed enrollment with the state. The roster must include the name, address, date of birth, National Provider Identifier (NPI) number and Social Security number (SSN) of all providers.

**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 who directly or indirectly conducts the day-to-day operations or heads up the business functions of a provider. (See above for the definition of provider). State and federal requirements may prohibit a Medicaid managing care organization (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, including board members of volunteer/charity/non-profit entities, associated with your entity, regardless of whether there is any 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 owners, managing employees or board members associated with my entity have been excluded, suspended, sanctioned or debarred from participation under a government program?**

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.

### **How does a non-profit entity complete the Provider Disclosure of Ownership and Control Interest Statement 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 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 5% or more or any change in the managing employees.

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

Yes. Federal regulations require 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.

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

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.

### **Who can I contact for more information about the Provider Disclosure of Ownership and Control Interest Statement 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.