



Disclosure of Ownership Form Overview and Frequently Asked Questions

The submissions of a **Disclosure of Ownership, Controlling Interest and Management Statement** is a federal regulation requirement under 42 CFR Part §455, applicable to all providers that participate in state-based health care programs, such as Medicaid & CHIP, and provide services pursuant to a contract between a Medicaid Managed Care Organization (MCO) and a State Medicaid agency.

Providers are required to disclose to the U.S. Department of Health and Human Services, the State Medicaid Agency, and to Managed Care Organizations that contract with a State Medicaid Agency:

- 1) The identity of all owners with a controlling interest of 5% or greater;
- 2) Certain business transactions as described in [42 CFR §455.105](#);
- 3) the identity of any excluded individual with an ownership or controlling interest in the provider; entity or who is a managing employee, board of director or an agent of the provider entity.

Q1. What is the purpose of the Provider Entity form?

Centers for Medicare and Medicaid (CMS) is responsible for ensuring that all individuals and entities that receive government funds have not been excluded (directly or indirectly) from the Medicaid, Medicare, Title XX or waiver programs. This form supports the collection of information necessary to make such determinations.

This federal requirement helps prevent fraud and abuse in federal and state health care programs. State agencies use the information to help ensure that providers/facilities providing care within the state's Medicaid system are compliant with the federal regulations. It helps ensure providers have not been unfairly barred from providing services under any federal health care program. It also helps ensure that Medicaid providers do not have relationships with individuals or entities that have been excluded or terminated from participating in any federal health care program.

Q2. How will this information be used?

Upon receipt of your completed disclosure form, Optum will review the data and run the names of all the entities and individuals disclosed through the Provider Disclosure of Ownership, Controlling Interest and Management Statements against the *Federal Database Check* process. The Federal Database Check process includes a review and comparison of the disclosed information against the following lists:

- List of Excluded Individuals/Entities (LEIE) database (<http://exclusions.oig.hhs.gov/>);
- General Services Administration's System for Award Management (SAM); (<http://www.epls.gov/>);
- Any other applicable State exclusion list including other state Medicaid programs.

Q3. How often is the Disclosure Form required?

The Entity Provider form should be submitted at the time of credentialing, enrollment or contracting and every three (3) years thereafter and at any time there is a revision to the information, or upon a request for updated information.

Q4. Who can legally provide the signature on the Disclosure Form?

Please follow these guidelines for signatures:

- *Individual Providers* - Only the person disclosing information can sign the form. Signature stamps are not acceptable.
- *Entity Providers (Group, Agency, Facility)* – The signature must be that of an individual with the power to legally bind the entity, such as an owner or officer. Office Managers/assistants' signatures are not acceptable. Information for the authorized agent must be listed in Section VIII as a managing employee or agent.

Q5. Is the 9-digit Social Security Number (SSN) required?

Yes. The 9-digit SSN is required as set-forth by the federal regulations (see Sect. 4313 of the Balanced Budget Act of 1997, amended Sect. 1124 and Federal Register Vol. 76 No. 22 for further information).

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The 9-digit SSN will be used for the purposes of complying with regulatory requirements to conduct:

- ° Exclusion, sanction, criminal and other background checks;
- ° Audits and investigation for the Department of Health and Human Services, Office of Inspector General.

Optum adheres to all applicable federal and state laws including HIPAA privacy and security rules. Social security numbers are handled by a limited number of staff in compliance with these rules.

Q6. Do we have to provide board member information since they are not owners?

Yes. The Medicaid program requires name, address, date of birth and Social Security numbers for each board member associated with your entity regardless of whether there is any ownership percentage.

Please note: There is no distinction between for-profit and not-for-profit requirements. Most non-profit organizations are run by a governing board (e.g., Board of Directors). As such, each member of the applicable governing board must be reported. Additionally, although the vast majority of non-profit organizations do not have owners, any individual who owns at least five percent of the non-profit organization must be reported.

Q7. If I received the Disclosure Form via DocuSign, is it possible to get a blank copy of the form to complete and return?

Yes. Please send an email to provider_disclosure@optum.com to request a fillable form.

You may return the form to:

- Email: provider_disclosure@optum.com (preferred method)
- Fax: 1-877-847-6398
- Mail: Optum
Attn: Medicaid Disclosure Compliance Dept.
2000 West Loop South, Ste. #900 Houston, Texas 77027

Q8. What happens if the Disclosure Form is not completed as requested?

Failure to submit the requested information may result in a refusal of participation in the Medicaid or CHIP managed care network or denial of a claim.

Helpful Tips for Completing the Optum Individual Provider Disclosure Form

Individual Provider: An individual provider is considered an in-network individually credentialed clinician.

- Individual Contracted Practitioner or Sole Proprietor (billing with a SSN or EIN):

In Section I, a minimum "yes" answer is required and you must list yourself as the owner if applicable and any other owner(s) within your practice.

In Section VI, if you have less than 100% ownership in your practice as listed in Section I, at minimum a "yes" answer is required and the Managing Employee(s) information should be listed. Individual Member of a Group (more than one clinician bills under the same TAX ID #): Sections I-VIII, may be answered as "no" if the clinician does not have >5% ownership or interest in the practice or is related to a person with >5% ownership or interest in the practice. If the clinician has >5% ownership or interest in the practice or is related to a person with >5% ownership or interest in the practice, at a minimum a "yes" answer is required for Sections I and VI.

Sections I-VIII, may be answered as "no" if the clinician does not have >5% ownership or interest in the

practice or is related to a person with >5% ownership or interest in the practice. If the clinician has >5% ownership or interest in the practice or is related to a person with >5% ownership or interest in the practice, at a minimum a "yes" answer is required for Sections I and VI.

Helpful Tips for Completing the Optum Entity Provider

Disclosure Form An **Entity** is considered a group, agency or facility.

- Corporation: If you identify as a corporation, at a minimum, a "yes" answer is required for Section I for Owners, Section II for Board of Directors and Section VIII for Managing Employees;
- Partnership and LLC: If you identify as a partnership or LLC, at a minimum, a "yes" answer is required for Section I for Owners and Section VIII for Managing Employees;
- Non-profit and Government Public Entity: If you identify as a non-profit or government public entity, at a minimum, a "yes" answer is required for Section II for Board of Directors and Section VIII for Managing Employees.

If you have any questions, please send an email to provider_disclosure@optum.com.