



Participating Provider Owner/Manager Disclosure Certification Frequently Asked Questions and Definitions

Overview

The Participating Provider Owner/Manager Disclosure Certification form 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 and Child Health Plus) and provide services pursuant to a contract between a Medicaid Managed Care Organization and a state Medicaid agency. To learn more visit ecfr.gov. Also, refer to the Medicaid Tool Kit at: cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforProfs/MedicaidGuidance.html

Q1: What is the Participating Provider Owner/Manager Disclosure Certification form and why is it needed?

A1: As part of state and federal requirements, all Participating Providers are required to complete the form as part of their participation in government programs.

Q2: What happens if the Participating Provider Owner/Manager Disclosure Certification form is not completed and returned?

A2: MVP Health Care® (MVP) is required to report the non-compliance to the New York State (NYS) Department of Health (DOH), who will then report it to the Centers for Medicare & Medicaid Services (CMS). Failure to submit the requested information may result in termination of your contract. In addition, claims payments will be suspended if the form is not completed and returned timely.

Q3: Who should complete the Participating Provider Owner/Manager Disclosure Certification form?

A3: Each Participating Provider is required to complete the form answering the questions for the entity.

Q4: When should the Participating Provider Owner/Manager Disclosure Certification form be completed?

A4: The form should be completed and returned by the date indicated in the Amendment notice.

Q5: What sections of the Participating Provider Owner/Manager Disclosure Certification form are required to be completed?

A5: Participating Providers must complete the entire form. If a section is left blank, the form will be considered incomplete.

Q6: Who should sign the Participating Provider Owner/Manager Disclosure Certification form?

A6: Since the form is being completed for a Participating Provider, it MUST be signed and dated by an individual with legal authority to bind the provider entity, and this person MUST be listed on Section B (indicating legal authority). Signature stamps are not acceptable.

Q7: My completed Participating Provider Owner/Manager Disclosure Certification form was sent to the state agency or another managed care organization. Can I send the already completed form as well?

A7: Yes. You may send a copy of the same disclosure if it is accurate and less than three years old.

Q8: Who can I contact for more information about the Participating Provider Owner/Manager Disclosure Certification form?

A8: If you have questions, please contact your Professional Relations Representative.

Q9: Once completed, where do I send the Participating Provider Owner/Manager Disclosure Certification form?

A9: Once completed, please email the form to providerattestation@mvphealthcare.com.

Definitions

Agent means any person who has been delegated the authority to obligate or act on behalf of a provider.

Disclosing entity means a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent.

Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII or XX of the Act. This includes:

- a) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
- b) Any Medicare intermediary or carrier; and
- c) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.

Fiscal agent means a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Group of practitioners means two or more health care practitioners who practice their profession at a common location (whether they share common facilities, common supporting staff, or common equipment).

Indirect ownership interest means an ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity.

Managed care entity (MCE) means managed care organizations (MCOs), PIHPs, PAHPs, PCCMs, and HIOs.

Managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

Ownership interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity.

Person with an ownership or control interest means a person or corporation that:

- a) Has an ownership interest totaling 5 percent or more in a disclosing entity;
- b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
- c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
- d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- e) Is an officer or director of a disclosing entity that is organized as a corporation; or
- f) Is a partner in a disclosing entity that is organized as a partnership.

Significant business transaction means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of a provider's total operating expenses.

Subcontractor means:

- a) An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- b) An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

Supplier means an individual, agency, or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds, or a pharmaceutical firm).