

Provider Disclosure of Ownership and Control Interest Statement

Frequently Asked Questions

Overview

The Disclosure of Ownership and Control Interest Statement 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 & CHIP, and provide services pursuant to a contract between a Medicaid Managed Care Organization (MCO) and a State Medicaid agency.

Requirements

- Providers must disclose the information requested on the form prior to participation in the network.
- Disclosure information must be updated within 35 days of information changes and at least every three years.
- Disclosure forms must be completed, to include date of birth and social security numbers when indicated. Sections that do not pertain to you or your entity must be marked as “N/A”.
- Providers without updated disclosures on file may experience a disruption in claims payment.

Q1. I have already submitted a disclosure. Why do I have to resubmit?

- Providers must submit updated disclosure information within 35 days of any information on the form changes, and at least every three years.

Q2. How do I submit the updated disclosure?

Email: providerrelations@advantagedental.com

Fax: 541-516-4355

Mail To: 442 SW Umatilla Ave., Ste. 200
Redmond, OR 97756

Q4. My completed disclosure was sent to the state agency or another managed care organization. Can I send the already completed form?

- Yes. You may send a copy of the same disclosure, as long as it is accurate and less than three years old.

Q5. Who can legally provide the signature on the disclosure?

Please follow these guidelines for signatures:

- *Providers/ Sole Practitioners* - Only the person disclosing information can sign the form. Electronic signatures are acceptable when using software such as DocuSign or Adobe for Commercial Providers only.
- *Corporations / Provider Entities* – 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.

Q6. What is meant by a “managing employee” and why must they be identified on the form?

- Managing employees are defined as people who exercise operational or managerial control over, or who directly or indirectly conduct the day-to-day operations or head up the business functions. As a result of their authority to make financial / business decisions, they are required to be listed on the form.

Q7. Do I have to answer all of 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 for those questions. Missing information will result in a delay in processing and could impact your claims and current contract.
- For the provider information section, every field on the form must be filled out in order to assure prompt and efficient processing. For some fields it is acceptable to answer “non-applicable” or “N/A”.

Q8. May I send an attachment if I have additional information to share? Yes, word documents, excel spreadsheets, and PDF documents are the accepted formats.

Q9. Do I have to submit the Social Security numbers of the owners, managing employees, and board of directors?

Yes. Collection of SSNs is required by 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). SSNs are handled by a limited number of staff who are trained and obligated to keep the information confidential.

Q10. Who can I contact for more information about the Provider Disclosure of Ownership and Control Interest Statement Form?

If you have questions, Provider Relations at 888-480-4478 Option 4.