



Provider disclosure of ownership and control interest statement

Frequently asked questions

Overview:

Disclosure of the information requested in the Disclosure of Ownership and Control Interest Statement Form (DOO) from providers including individuals, facilities and ancillary providers, is required by federal regulation (42 CFR 455.104, 455.105 and 455.106). The DOO is applicable to all providers that participate in state-based health care programs, including Medicaid and Medicare-Medicaid Plans (MMPs).

Requirements:

- Providers are required to disclose the information requested on the form prior to participation in the network.
- The individual completing the form must be the provider, managing employee or an individual with the authority to legally bind the entity.
- If the information provided on the DOO form changes, you are required to send us updated information within 35 days.
- Every three years after submission of the original DOO, an updated DOO must be submitted by all providers.
- A DOO must be completed legibly, to include date of birth (DOB) and social security numbers (SSN) when requested. Sections that do not pertain to you or your entity must be marked as “N/A.”
- The form should be submitted to your network manager.

Q1. Where can I find the DOO form if I need to resubmit?

A. The DOO form can be found and printed for resubmission within the provider website located at anthem.com/vamedicaid at Provider Education, under Manuals, Directories, Training, & Resources. You can also contact your network manager to obtain a copy of the DOO form.

Q2. How do I submit the updated disclosure?

A. You may submit the DOO form directly to your network manager. If you do not know who your network manager is, your network manager can be found at www.anthem.com/home-providers.html, under Virginia > Join Our Networks > Provider Representatives. Please note that network managers are specific to your provider type and region.

a. If a DOO is requested from you or your entity due to form errors or incompleteness, lack of submission, or renewal, please submit the form as requested in that correspondence.

Q3. Can I submit the form electronically?

A. No, at this time you must submit the DOO form directly to your network manager or to the location in the corresponding DOO request.

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

- A. No, at this time we request that you or your entity complete the HealthKeepers, Inc.-specific form.

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

- A. Please follow these guidelines for signatures:
- *Providers* – Only the person disclosing information can sign the form. Signature stamps are not acceptable.
 - *Disclosing Entities* – The signature must be that of an individual with the power to legally bind the entity, such as an owner or officer.
 - *Managing Employee or Administrator* – The signature of a managing employee or administrator is acceptable, but it is required that these individuals provide their SSN and DOB as well.

Q6. Do I have to answer all of the questions?

- A. Yes, you must answer every question on the DOO form.
- a. If you answer yes to any of the questions, you must include additional information in the corresponding fields. Missing information can result in a delay in processing and will require you or your entity to resubmit the form.
 - b. In the provider information section, every field must be completed, if applicable.
 - c. Section I must **always** be completed. Individual providers must provide their address, DOB and SSN. Provider entities may provide the TIN and business address. Each individual that has Direct or Indirect Ownership of 5% or more, or has a Controlling Interest must be listed.

Q7. Why do I need to disclose my social security number on the DOO form?

- A. Your 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). We will use your social security number to do exclusion screening checks to ensure you have no exclusions from participating in federal health care programs. HealthKeepers, Inc. 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.

Q8. May I send an attachment if I have additional information to share?

- A. You may submit additional attachments to form if needed. Accepted formats include: Word documents, Excel spreadsheets and PDF documents.

Q9. In the Provider Information fields, is it required that I disclose my Council for Affordable Quality Healthcare (CAQH) number?

- A. CAQH is only applicable for certain provider types. Providers that disclose themselves as an Individual practitioner are **required** to submit a CAQH number. Groups and Disclosing Entities are not required to provide this information.
- a. If needed, you can obtain your CAQH number by calling **1-888-599-1771** or by visiting caqh.org/solutions/caqh-proview.

Q10. What is a Disclosing Entity?

- A. Medicaid providers (other than an individual practitioner or group of practitioners), or fiscal agents. A Medicaid provider that is not a group or individual may be a corporation or facility in which there are several participating practitioners. A fiscal agent, such as a billing firm, is also authorized to complete the form as a disclosing entity.
- a. Disclosing Entities, Individual Practitioners and Groups of Practitioners must complete the DOO form.

Q11. Who can I contact for more information about the Provider Disclosure of Ownership and Control Interest Statement form?

- A. If you have questions, please contact Provider Services at **1-800-901-0020** or MMP Provider Services at **1-855-817-5788**.

Website: anthem.com/vamedicaidoc