Discussions form Rationale

1. Why do I have to complete this form?
You have to complete the Disclosure Form because you provide Medicaid funded services under the Maricopa County RBHA, Magellan Health Services of Arizona (Magellan). Providers are required to disclose this information under 42 Code of Federal Regulations 455.104, 105 and 106. The State of Arizona is required to comply with these federal regulations. As Magellan must oversee the provider screening process, we are collecting this required information from our provider partners.

2. What is the state really after and how will they use this information?
The state agencies want to be sure that all providers/facilities providing services within the state’s Medicaid delivery system are fully compliant with the federal regulations. The CMS regulations focus on reducing potential fraud and abuse in the system, so the regulations require that providers have not been barred from providing services under any federal health care program¹. To ensure that Arizona Medicaid providers do not have any type of relationship with individuals/entities that are excluded/terminated from participating in any federal health care program, there are other types of provider information that also need to be documented for compliance reasons, such as ownership and recent history of significant business transactions.

Upon receipt of your completed disclosure web form, Magellan will review the data and run the names of all the entities/individuals disclosed through the Medicaid Disclosure Form/Interactive web application 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/), the General Services Administration’s Excluded Parties List System (“EPLS”) (http://www.epls.gov/), and any other applicable State exclusion list including other state Medicaid programs.

The State also wants to identify those providers who have been sanctioned/excluded/terminated from participation in federal health care programs, and providers who have relationships with individuals/entities that have been sanctioned or excluded/terminated from participation in Medicaid, Medicare, or any other federal health care program. Any adverse information obtained as a result of the disclosure and Federal Database Check process will be submitted to AHCCCS and ADHS/DBHS.

¹ 42 CFR 1001.2:
Federal health care program means any plan or program providing health care benefits, whether directly through insurance or otherwise, that is funded directly, in whole or part, by the United States Government (other than the Federal Employees Health Benefits Program), or any State health care program as defined in this section.

State health care program means:
(a) A State plan approved under title XIX of the Act (Medicaid).
(b) Any program receiving funds under title V of the Act or from an allotment to a State under such title (Maternal and Child Health Services Block Grant program), or
(c) Any program receiving funds under title XX of the Act or from any allotment to a State under such title (Block Grants to States for Social Services).
I’m not a Medicaid provider, so why did Magellan request that I complete this disclosure?
Only providers who deliver services under a Medicaid program are required to disclose this information. If Magellan can verify that you do not meet that criteria, i.e., you are not a Medicaid provider, you can disregard the request.

3. To whom can I talk about this and other questions I have about the specifics of the regulations?
We recommend that you discuss any specific questions regarding the interpretation or application of the federal regulations with your legal counsel.

4. As an AHCCCS contracted provider, I am required to provide and update this information to the State. Why must I also disclose the same information to Magellan?
As directed by the Centers for Medicare and Medicaid Services, "States should advise providers of their obligation to screen all employees and contractors to determine whether any of them have been excluded. States also should inform providers that civil monetary penalties may be imposed against Medicaid providers and managed care entities (MCEs)† who employ or enter into contracts with excluded individuals or entities to provide items or services to Medicaid recipients. (Section 1128A(a)(6) of the Act; and 42 CFR section 1003.102(a)(2))."
Any adverse information obtained as a result of the disclosure and Federal Database Check process will be submitted by Magellan to AHCCCS and ADHS/DBHS.

5. Why are social security numbers required?
Pursuant to 42 C.F.R. § 455.104, social security numbers are required for managing employees and each individual/person with an ownership or control interest in the disclosing entity. Please note that your disclosure form will be considered an incomplete disclosure, if the social security numbers are not provided. Incomplete disclosures are reported to AHCCCS and ADHS/DBHS.

6. Do we have to provide the board member information since they are not owners of the organization?
In compliance with the federal regulation, disclosing entities have to provide the information specified in the regulation for any “Person with an ownership or control interest” in the disclosing entity/provider. Please refer to 42 C.F.R. § 455.101 for the unique definition of “Person with an ownership or control interest.” Terms with unique definitions are italicized on the web interface. See the link entitled “Instructions and Definitions” in the upper right-hand corner of every page of the online disclosure form.

7. Why is the social security number of the board members now required?
In compliance with 42 CFR 455.104(b) (1) (ii), Social security numbers are required each individual/person with an ownership or control interest in the disclosing entity. Please refer to 42 C.F.R. § 455.101 for the definition of “Person with an ownership or control interest.” Terms with unique definitions are italicized on the web interface. See the link entitled “Instructions and Definitions” in the upper right-hand corner of every page of the online disclosure form. Your interpretation of the regulatory definitions will determine whether or not it is applicable to your board members.

8. What happens if a board member refuses to give their social security number?
Failure to provide a complete disclosure may result in sanctions from the state Medicaid program and/or termination of your Agreement with Magellan.

9. Can I contact the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) if I still have questions?
For any questions regarding the disclosure process, please contact your Magellan contract coordinator or provider relations liaison (PRL).

Form Completion
10. What if I cannot complete the form at the time that I first begin working on it? Can I save my work and come back to the form?
Yes, the online form has an option to save your completed work to date, then you can log back in later to resume filling out the form. Once you complete and submit the form, however, you cannot make changes to your information. Remember though, if the provider has multiple people each with their own logons, the one person who had started the form is the one to complete it: you cannot change users.
11. Who at my practice/facility should be responsible for filling out the form?
You, the provider, or your authorized agent/representative should complete the form. The form must be completed accurately, and there is a requirement to attest to the accuracy of the information disclosed. At the bottom of the online form is an attestation button which serves as an online signature.

12. Do I need to fill out a separate form for each NPI number (or TIN number) associated with my organization?
No, you need to fill out only one form. However, there are instructions for providing information about other sites that your organization owns. See the link entitled "Instructions and Definitions" in the upper right-hand corner of every page of the online disclosure form.

13. What if my facility/practice has multiple locations? Where do I input all the information?
The online form has room for additional practice locations.

14. Can I leave any field blank?
No, indicate “N/A” or “None” as applicable in the space provided

15. What if I simply don't know the answer to a question on the form? Should I leave the field blank?
No. Please contact your contract coordinator for further instruction.

16. Will information I input in the online form be kept confidential?
Yes, the information is maintained in a secure database and is only reviewed on a need-to-know basis. There is very limited access to the information, controlled through use of unique logins and password protection. Submission of your data is protected by Secure Socket Layer (SSL) encryption, the same technology that protects credit card transactions over the Web.

17. What if I don't know what terms like “managing employee” or “agent” mean?
The online form has links to definitions that provide detailed explanations of the terms used throughout the form. Any italicized text has a corresponding definition. See the link entitled "Instructions and Definitions" in the upper right-hand corner of every page of the online disclosure form.

18. What if I don't want to provide the Social Security Numbers for my owners and managers? Can I skip this step?
No, these are required fields on the form. Please note that your disclosure form will be considered an incomplete disclosure, if the social security numbers are not provided. Incomplete disclosures are reported to AHCCCS and ADHS/DBHS.

19. What if I don't know whether owners, managing employees, board members or shareholders associated with my facility have been excluded, suspended, sanctioned or debarred from participation under a government program?
Because Federal law prohibits payments for items or services furnished by an individual or entity while being excluded from participation in federal health care programs, providers have an obligation to screen all employees, contractors and agents to determine whether any of them have been excluded.

20. What if an owner or managing employee has been subject to exclusion or has been convicted of a crime, but I don't know the date(s) that this occurred?
As above, this information should already be included in your records. However, if dates of exclusion are not available in your records, it is the responsibility of your organization's principals to obtain this information from the affected practitioners.

21. In addition to instructing me to complete this form annually, Magellan 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?
Magellan wants to make sure that all providers are in compliance throughout the time of their Medicaid participation, so any updates to the information requested on the form should be communicated promptly, particularly information related to any changes to the name, date of birth, social security number and address of any person (individual or corporation) with an ownership or control interest in the Provider or in any subcontractor in which the Provider has direct or indirect ownership of five percent or more.
22. I've discovered that I made a mistake on the form I submitted. How can I correct it, and/or with whom should I speak to arrange for correction of my information?  
Please contact your contract coordinator for further instruction.

23. What should I do when I'm ready to submit the completed form? When I finish the online form, will I receive a formal confirmation that I've completed the process?  
You may find it helpful to print out your form just prior to submitting it as complete online. Use the “Print” button to obtain a printer-friendly copy of the request for your records. Once you select “Submit,” the online application will display a notice saying that your submission is complete, and you will receive a confirmation ID number.

24. I have a new manager in my group, do I need update this with Magellan, and does that mean I have to do the whole form completely over?  
Yes, it is the providers’ responsibility to update Magellan with new additions to ownership and management as well as (sub) contractors. The web form allows you to edit the last submitted version. You will have a choice to either start a new form or update the last submitted form. You will want to choose to update the form. Should you choose to start a new form, you will never be able to get back to the previously submitted form.

25. What sanctions will be imposed by the state of Arizona if I do not complete the initial disclosure or provide updated information as required? Will Magellan terminate my contract?  
In compliance with the regulations, Magellan has no choice but to report non-completion of the forms to the State. We will seek direction from ADHS regarding next steps should a provider fail to complete and submit this form in a timely manner.

26. I am in the initial credentialing phase as a new provider with Magellan and simply cannot get it in by the 35 day deadline because I’m on vacation, out-of-the-country, etc. Is that okay?  
There are no exceptions to the deadline. Please contact the credentialing specialist if you are concerned about completing the form by the deadline date as failure to complete the disclosure may result in delayed credentialing and execution of your contract.

27. Who can be excluded?  
The Department of Health and Human Services, Office of Inspector General (OIG) “has been given the authority to exclude from participation in Medicare, Medicaid and other Federal health care programs individuals and entities who have engaged in fraud or abuse, and to impose civil money penalties (CMPs) for certain misconduct related to Federal health care programs (Sections 1128 and 1156 of the Social Security Act, (the Act)).” State Medicaid Agencies can also exclude or terminate individuals and entities from participating in their respective Medicaid programs.

28. What is the effect of a program exclusion?  
No payment may be made by any Federal health care program for any items or services furnished, ordered, or prescribed by an excluded individual or entity.

The prohibition 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. The exclusion applies regardless of who submits the claims and also applies to all administrative and management services furnished by the excluded person. For more information, please visit http://oig.hhs.gov/exclusions/effects_of_exclusion.asp.

29. How long do exclusions last?  
Certain exclusions are imposed for a defined period, but others may be indefinite in length depending on the type of violation. For more information about the period of exclusion under federal law, please see http://oig.hhs.gov/exclusions/authorities.asp. State Medicaid Agencies can also exclude or terminate individuals and entities from participating in their respective Medicaid programs; the length of exclusion is dependent on the type of violation and the applicable state regulatory/statutory provision.

Reinstatement is NOT automatic. Any individual or entity wishing to again participate in the Medicare, Medicaid, and all Federal health care programs must apply for reinstatement and receive authorized notice from the OIG that reinstatement has been granted.
30. **How do you check to see if an individual or entity is excluded?**

*List of Excluded Individuals/Entities (LEIE)* – The LEIE is a listing maintained and published periodically by the Department of Health and Human Services, Office of Inspector General (OIG) that provides information relating to parties (individuals, entities) excluded from participation in the Medicare, Medicaid and other Federal health care programs. It includes only exclusion actions taken by the OIG. The LEIE is an on-line searchable and downloadable database that may be accessed at the OIG website at [http://oig.hhs.gov](http://oig.hhs.gov).

The database is downloadable or searchable online by name or business name. Remember to check former names and variations of names.

*Excluded Parties List System (EPLS)* – The EPLS is the electronic version of the Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs that is maintained and published periodically by the General Services Administration (GSA). EPLS identifies those parties (individuals, entities, contractors) that are excluded throughout the U.S. Government from receiving Federal contracts or certain subcontracts, and from certain types of financial and non-financial assistance and benefits. EPLS includes debarment actions taken by various Federal agencies, but not necessarily those taken by the OIG. EPLS is an on-line searchable and downloadable database that may be accessed at the GSA website at [http://epls.arnet.gov](http://epls.arnet.gov).

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### Online Form Help

#### 31. **Disclosure Form Process Summary**

- To navigate to the online Medicaid Disclosure Form, go to [www.MagellanHealth.com/Provider](http://www.MagellanHealth.com/Provider).
- Sign in using your secure username and password (login and password instructions are included in this mailing).
- If you do not know your username and password and need to obtain them, click “FAQs” at the top of the webpage and click on the “What is my login?” question to send us a secure message. You will receive a temporary password that you can then change for security purposes.
- After signing in, click **Medicaid Disclosure** under **My Forms** on the left-hand menu.
- As you proceed through the form, you will see a series of questions on each page. Your answers to these questions then determine which additional pieces of information are requested/required via this online form.
- You can save your work and come back to complete the form later; this requires that you sign in again using your secure username and password.
- Additional “tabs” and sections within the tabs may display based upon your responses to questions.
- Completion of each displayed “tab” / section is required.
- Complete and submit the form; submission of incomplete forms is not allowed.
- You will receive confirmation ID number when the form is complete and successfully submitted.

#### 32. **What fields or tabs do I need to complete?**

The application is dynamic in that based upon your answers to each base question additional tabs will display requesting (requiring) additional information.

Upon initially accessing the web interface the user must identify their provider type. Upon saving this entry, two additional sections will display; Business & Service Addresses & Additional Information. The answers to the Additional Information questions are what will cause additional tabs to display (and sections within tabs to display).

#### 33. **Which fields are required?**

You must complete all fields with red asterisks. Some additional fields are required based upon responses to questions. If a required field is not answered and the section/tab is saved, the application will display an alert at the top of the page identifying which additional field(s) is required.

#### 34. **What is the Summary button used for?**

The summary button takes the user to a Summary page that displays all of the information that is required along with the responses the user has provided.

Sections colored blue indicate that the section requirements have been met. Sections colored in red indicate that requirements have not been met.
The user can click the Update link next to a section and will be taken to the corresponding tab/section.

35. **Can I edit data on the Summary page?**
   Data cannot be edited on the Summary page. Click the Update link to be taken to the page where data can be updated (i.e., added, edited, or deleted). To edit data, click the “Edit” button for the appropriate section, edit and then save the data. If you do not click the Save button, entered/edited data will not be saved.

36. **I’m unable to submit the form.**
   Please access and review the Summary page. Check for the following:
   - Are all sections complete (displayed in blue)? If not, access and complete the section.
   - Is the attestation selected?

37. **How do I delete entered data?**
   - If the question is answered with a Yes or No question, select No.
   - If you receive an alert identifying that data cannot be deleted because data has been entered, access the tab where the data has been entered and delete the associated data.
     - To delete entered data, click the “Delete” link next to each entry in the section summary section/table. Delete all entries in the appropriate summary section/table.
     - Lastly, return to the Identify tab and change the Yes to No for the question that initiated the need to delete entries.
   - If the entry needing to be deleted is in a summary section/table on a page other than the Summary page, click the Delete link next to the entry.

38. **How do I edit entered data in a summary section/table?**
   Click the “Edit” link next to the desired entry. Edit the entry and click Save.

39. **How/where can I access the definition of terms on the form?**
   Terms with unique definitions are italicized on the web interface. See the link entitled “Instructions and Definitions” in the upper right-hand corner of every page of the online disclosure form.

40. **Can a partially completed form be saved for future completion?**
   Medicaid disclosure information can either be: 1) saved for completion at a later time, or 2) immediately submitted upon completion. Once the entire Medicaid disclosure form has been entered, it should be submitted to Magellan by using the “Submit” button located on the Summary page. Saved entries will be treated as pending until they are submitted.

41. **Can I print out my completed form to retain it for my records?**
   Yes, you can print out your form just prior to submitting it as complete online. Use the “Print” button to obtain a printer-friendly copy of the request for your records.

42. **How do I receive confirmation of my completed form?**
   Once you select “Submit,” the online application will display a notice saying that your submission is complete, and you will receive a confirmation ID number.

43. **Can I resubmit/retract a completed/submitted form?**
   The web interface will not allow users to access submitted forms. Submitted forms cannot be retracted. A new form entry must be completed and submitted.