3974 CCO Questions & Answers – 11/5/18

- 1. Will you require this form during your provider enrollment process?
 - Yes, beginning 01/01/2019 for any CCO provider enrollment applications (3108s) received after that date. It is a current requirement for FFS enrollment.
- 2. Will OHA only require this form for new provider enrollments beginning 1/1/2019?
 - We will continue to require the 3108 and the 3974 for organizations. This new form does not eliminate any previous requirements.
- 3. If you are going to require this form during your provider enrollment process, will we (the CCO) be required to collect this document?
 - Yes, the CCOs are required to collect the information necessary to complete the document.
- 4. On the Disclosure pages, is there clarification as to whose TIN should be listed?
 - The TIN to be listed would be for the person or entity disclosing the information. SSN for individuals and EINs for organizations.
- 5. If the Person type is Corporation, would that be the EIN? We ask because we want to ensure we educate our providers, specifically pharmacies, correctly on the use of this form. The Disclosure type seem to be individuals, which is the Name and Date of Birth that needs to be provided, but pharmacies believe that they should only have to provide the EIN since they are not individuals.
 - SSN are used for disclosing individuals and EINs are used for disclosing organizations.
- 6. For the disclosure (page 3) it asks for person type, individual or corporation. Wouldn't the person always be an individual (owner or managing employee)? Is a corporation considered as a legal person under the form?
 - A person or organization may fit into one of the disclosing entity categories, such as a 5% owner.
- 7. For providers that have an Owner(s) of 5% or more do they also require a Managing Employee?
 - Yes, unless one of the owners is the managing employee then they should check both the 5% owner box and the managing employee box.
- 8. For pharmacies, does the OHA 3974 form need to be completed at the individual location level, or can they be done at the corporate level? For example, Walgreens has several locations but currently we work through our account manager to have the 3108 completed.
 - The form can be completed by an authorized representative which can be at the corporate level.
- 9. Can examples of what a properly filled out form for key provider types, i.e. pharmacies, hospitals, etc., be provided?
 - At this stage, examples might be a bit risky and misleading due to the large number of variables. An example could be misleading.
- 10. Page 1 When the reasons of submitting disclosure are for Revalidation, Change in ownership or Changing in managing employees do we need to submit 3108 or are there other processes we need to take?
 - You may submit only a 3974 if there is only a change in ownership or managing employee(s). The disclosure forms are also required at enrollment and revalidation in addition to the 3108. If there are other changes in the provider's information, please submit a new 3108. Revalidation is a separate process and information is provided at that time.
- 11. Page 5 Any limitations or qualifications in the title of the authorized representative in signing the Disclosing entity's attestation?
 - The provider determines who is authorized to sign on their behalf.

- 12. Can we make our own form asking the same questions, or do we need to use the OHA 3974 form? **AND** Is it acceptable to substitute our own form when collecting this information from providers as long as all the 3974 form information is collected?
 - No, due to the specific feedback from CMS and the states requirement to ensure the information is received, the State will not accept other versions of the form.
- 13. If you are going to require this form during your provider enrollment process, would we (the CCO) be able to validate provider's status using data OHA is currently collecting?
 - Any CCO can validate a provider for their business needs based on this information. The completion and submission of the form is the requirement of whomever is doing the enrollment. In the case of CCO only providers, that would be the CCO.
- 14. Do we also need to collect this information from non-participating providers?
 - Yes, any provider receiving Medicaid funds is required to disclose this information. If you are completing the 3108, you must also include the 3974.
- 15. There is redundancy with the 3974 and the current 3108. Is the 3108 form being revamped to include either a reference to the 3974 or to include the language of the 3974.
 - Yes, the 3108 will be amended to have the ownership information removed. If that is not finalized by 1/1/19, on any enrollments where you are submitting the 3974, you can leave the ownership information on the 3108 blank.
- 16. The ownership disclosure mentions fiscal agents, but their agent is not an enrolled entity and they have no ownership in the CCO. Do we need the disclosure from their agent? We do not currently gather these since all our CCO's have contractors who provide support but non-have ownership in the CCO.
 - The information for CCO vendors or contractors is not part of enrolling CCO providers and will be addressed in another forum.
- 17. Does "Section III business transactions: only complete at the request of CMS or OHA" need to be completed by CCO for enrollment?
 - This section is informational. It indicates the information that must be available from the provider, if requested by CMS or the State Medicaid Agency.
- 18. If the 3974 is filled out incompletely or inaccurately, will the 3108/ATN be withdrawn?
 - Yes, the ATN would be withdrawn if the 3974 is missing, incomplete or inaccurate.
- 19. From our Provider Relations Manager, will there be an FAQ section on OHA's website about the new form we can link to?
 - Yes, November 5 at 1:30pm and we will be posting the questions and answers....
- 20. Todd mentioned that MMIS will need to be reconfigured to house the ownership/managing employee data. Will OHA be responsible for continuously monitoring the owners/managing employees via the OIG and SAM? Requestor also doesn't have a means of storing this extra data in our provider database at this time and is curious about the monitoring expectation.
 - Under 42 CFR 455.436(c)(2), the State Medicaid Agency is the responsible party for this activity and will do so for FFS providers. Providers are responsible to notify the State of any change and submit updated information. CCOs should ensure their providers are aware of this responsibility and are providing any updated information to them.
- 21. Will MMIS be adapted at some point to allow for electronic entry of owners / managing employee data?
 - The current MMIS is always being improved. Future upgrades in this area are under review but there is no ETA at this time.

- 22. If one provider indicates that they have already supplied the information to another CCO, what should the CCO do?
 - There are a few options. The CCO can ask for a copy of what was provided. They can check with the CCO that they report that they gave it to confirm. They can wait for the provider file to show the provider is enrolled. Finally, they could email the encounter group email to see if an ATN has been submitted.
- 23. Does an Individual practitioner need to complete the form?
 - The 3108 already contains the individual's SSN. The State is working to determine how we will know that is the case if the business name isn't clearly an individual. We want to ensure that any audits would know clearly that the full 3974 wasn't required because there is only one owner. Based on a review of our processes and the information requested during an audit the state will require the 3974 for all organizations, including sole proprietors, to ensure we are capturing organizational disclosures.
- 24. Will there be any changes to the 3974 form?
 - The form is in a final form currently. That said, there can be changes in the future so it is recommended to link to the form rather than downloading and using from your desktop.
- 25. Does Section III for Subcontractor need to be completed?
 - Only if that information applies to the provider's situation.
- 26. If out of state pharmacies refuse to complete the form, what is the process? What is the member's recourse?
 - Any providers requesting payment with Medicaid funds must complete the form. CCOs cannot enroll or pay providers who do not complete the form.
 - The members would have the same recourse as they do today if they get billed from a provider.
- 27. If an ATN is sent in December of 2018 and then withdrawn and resent in January, would the form be required?
 - Yes. The form is required on any ATN worked received from 1/1/19 forward, even if it had been sent previously and withdrawn.
- 28. Will OHA write a letter regarding this new requirement that CCOs can utilize when requesting this information?
 - That request will be presented to executive leadership and an answer will be forthcoming.