



## Provider Notice

Federal regulations require Medicaid providers to disclose certain ownership and business transaction information. As a result, providers serving VA DMAS Medicaid members **are contractually obligated to complete a Medicaid Disclosure Form** ("form") as part of the credentialing, re-credentialing and ongoing network monitoring requirements.

Magellan created the form to comply with the Medicaid disclosure requirements pursuant to 42 CFR 455.104, 105, and 106. These federal regulations require Medicaid providers to disclose information regarding:

1. the identity of all individuals and entities with an ownership or control interest of five percent or greater in the provider, including the identity of managing employees and agents;
2. certain business transactions between the provider and subcontractors/wholly owned suppliers; and
3. the identity of any individual or entity with an ownership or control interest in the provider or disclosing entity, or who is an agent or managing employee of the provider or disclosing entity, that has ever been convicted of any crime related to that person's involvement in any program under the Medicaid, Medicare, or Title XX program (Social Services Block Grants), or Title XXI (State Children's Health Insurance Program) of the Social Security Act, since the inception of those programs.

Please complete the Medicaid Disclosure form by January 15, 2016. To complete the form, please refer to the instructions listed below:

- Go to: [www.MagellanHealth.com/provider](http://www.MagellanHealth.com/provider)
- Sign in using your **secure username and password**.
- After signing in, click "**Medicaid Disclosure**" under "**My Forms**" on the left-hand menu.
- Complete and submit the form.
- You'll see a series of questions on the page. Your answers to these questions determine which additional pieces of information are requested/required via the online form.
- Additional "tabs" and sections within "tabs" may display based upon your responses.
- Completion of each displayed "tab" / section is required.
- Submission of an incomplete form is not allowed.

Federal regulations require this provider information be collected by the state Medicaid agency. As such, Magellan is required to report to the state agency the names of all providers who fail to complete and return the form. Adverse information obtained through the disclosure process is also reported to the U.S. Department of Health and Human Services (DHHS) Office of the Inspector General (OIG). **To ensure ongoing compliance with the Medicaid disclosure requirements, you must sign in to the Magellan provider website and complete the online form by January 15, 2016.** Failure to submit the form in a timely

manner may result in sanctions from the state Medicaid program and/or termination of your agreement with Magellan.

If you need assistance, please contact the Network Department at 1-800-424-4536 with any questions.

\*In Virginia, Magellan contracts as Magellan Healthcare, Inc., f/k/a Magellan Behavioral Health, Inc., which is a subsidiary of Magellan Health, Inc.

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