**UCare Provider NDA Attestation Instructions**

UCare cannot release information to a company or person that is contracted by a provider’s office to receive information or complete actions on their behalf, unless the provider’s office completes the Provider NDA Attestation form, authorizing release of information.

Provider must complete the Provider NDA Attestation form leaving the signature **unsigned**. Unsigned forms are submitted via email to ucareprcprojects@ucare.org. Forms will be reviewed within 5 business days and will require an additional step via email requesting signature via DocuSign to authorize final approval.

If the provider has written documentation of their contract with the company or person that is contracted by a provider’s office to receive information or complete actions on their behalf, the unsigned UCare Provider NDA Attestation form can be submitted on behalf of the Provider. Documentation of the contract will be required within the DocuSign process to authorize final approval by the owner or signing authority person.

Select the appropriate Type of Intermediary for the request. Types of Intermediaries include:

**Full-Service Administrator (incudes contract negotiations)** – If this box is checked, then the owner or signing authority will need to be sure to select all levels of access in which the 3rd party is authorized/allowed to work with UCare on their behalf. Owner or signing authority gives the 3rd party approval to do anything on their behalf. Contract negotiations, credentialing requests, calling PAC regarding claims, member/provider eligibility.

**Partial Service Administrator (does not include contract negotiations)** – If this box is checked, then the owner or signing authority will need to be sure to select 1 or more of the following to indicate which the 3rd party is authorized/allowed to work with UCare on their behalf:

**Pharmaceutical Company and Pharmaceutical Assistance Program** – If this box is checked, the drug companies or any drug assistance programs are calling about if a drug is covered on a member’s plan or to get any info on drug spend a member has used. If the 3rd party is a pharmaceutical company or assistance company only, they would select either of these options and then in the 2nd section they should be selecting member eligibility, authorization and claims/billing if needing assistance with prescription claims.

**Levels of Access** - Select levels being authorized to be released to the Intermediary. Any access not selected would result in inability to release information for levels. Levels of Access include:

1. Appeals/Disputes – Appeal status, and decision of medical and drug appeals.
2. Banking/EFT/ERA/Remittance – Banking - EFT/ERA on file.
3. Claims/Billing – Medical claims status, payments and billing pay to details. *In order to release claims details Member Eligibility must also be selected.*
4. Contracting/Fee Schedule – Contract details, and fee schedule in relation to contracted rates.
5. Credentialing – Provider and Practitioner credentialing and updates.
6. Financial Reporting – Financial reporting and details on Financial Reporting Officer.
7. Provider Demographic changes – Provider demographic updates/changes.
8. Member Authorization – Prior Authorization status and decisions.
9. Member Eligibility – Member eligibility, network, benefits including same and similar (history of previous codes billed for benefit inquiries).*In order to release member’s claims details, Claims/Billing must also be selected.*

Complete the appropriate option regarding the Intermediary, completing one of the following options:

**Adding new Intermediary** – When adding a new company or person that is contracted by a provider’s office to receive information or complete actions on their behalf, this section must be completed for review. Providers may have more than one intermediary. Only one Intermediary request can be requested per form.

**Termination of Intermediary** – When terminating authorization to release information to a current company or person that is contracted by a provider’s office to receive information or complete actions on their behalf, this section would need to be completed for review.

**Update Intermediary on file** – When a release for a company or person that is contracted by a provider’s office to receive information or complete actions on their behalf is already on file with UCare requiring changes, this section must be completed for review.

Complete signature table leaving the form unsigned before submitting for review:

**Provider Attestation Statement table** – All requests must have this section completed for submission, with the exception of the signature (*If Owner is not signing, PRINT the name of the individual with signing authority, otherwise leave this field blank. This is not the third-party signature; this is the owner or authorized signing party*).