



August 18, 2009

Disclosure requirement

The Minnesota Department of Human Services requires Blue Plus to include a provision in its provider service agreements regarding the disclosure of certain ownership and transaction information to Blue Plus. These requirements are being defined and added to the Provider Service Agreements as they renew throughout the year for compliance with this requirement.

Disclosure form

The Minnesota Council of Health Plans has developed a standard form entitled Disclosure of Ownership, Business Transactions & Exclusions Statement for Providers to make compliance with this requirement as easy as possible. Providers should use this form to submit the required information to Blue Plus and other health plans with whom they participate. The form is available in the “Forms” section of **providers.bluecrossmn.com** and also on the Minnesota Council of Health Plans’ website at **www.mnhealthplans.org**. Providers may fill out one form and send copies of it to the health plans where the provider is participating.

All providers must complete and send in the form to the address indicated below, marking in "n/a" if they have nothing to disclose. *Providers should complete and send in their forms by September 1, 2009.*

Please fax your completed form to Blue Cross at **(651) 662-7362** or send your completed form to:

Blue Cross and Blue Shield of Minnesota and Blue Plus
P. O. Box 64560, R337-BR
St. Paul, MN 55164-0560

Provider must disclose to Blue Cross

The form calls for the disclosure of the following information to Blue Cross:

1. The name and address of each Person with an Ownership or Control Interest in the Disclosing Entity or in any subcontractor in which the Disclosing Entity has direct or indirect ownership of five percent (5%) or more
2. A statement as to whether any Person with an Ownership or Control Interest as identified in (B)(1) is related to any other Person with an Ownership or Control Interest as spouse, parent, child or sibling
3. The name of any other organization in which a Person with an Ownership or Control Interest in the Disclosing Entity also has an ownership or control interest
4. For purposes of completing Sections IV and V of the form, “subcontractor” means an individual, agency, or organization to which a Disclosing Entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients. See 42 CFR § 455.101
5. Information relating to excluded individuals or entities

Continued on back

Definitions of terms

Below is a list of definitions of some of the terms referenced in the Disclosure of Ownership, Business Transactions & Exclusions Statement for Providers form.

Disclosing entity. A Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent as stated in 42 CFR § 455.101.

Managing employee. A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency as defined in 42 CFR § 455.101.

Ownership interest. The possession of equity in the capital, the stock, or the profits of the Disclosing Entity.

Provider. An individual or entity that is engaged in the delivery of health care services and is legally authorized to do so by the state in which it delivers the services.

Person with an ownership or control interest. A person or corporation that: A) has an ownership interest, directly or indirectly, totaling 5 percent or more in the managed care organization (MCO) or a disclosing entity; B) has a combination of direct and indirect ownership interests equal to 5 percent or more in the MCO or the Disclosing Entity; C) owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the MCO or the Disclosing Entity, if that interest equals at least 5 percent of the value of the property or assets of the MCO or the Disclosing Entity; or D) is an officer or director of the MCO or the Disclosing Entity (if it is organized as a corporation) or is a partner in the MCO or the Disclosing Entity (if it is organized as a partnership).

Significant business transaction. Any business transaction or series of transactions that, during any one fiscal year (of the Disclosing Entity), exceed the lesser of \$25,000 and 5 percent of the Disclosing Entity's operating expenses.

Questions?

If you have any questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.