

PROVIDER QUICK POINTS

PROVIDER INFORMATION



February 9, 2015

Revised: Disclosure of Ownership and Management Information, Business Transactions & Exclusions Statement for Providers

This Provider Quick Points is being reissued due to a change in the fax number. The previous Provider Quick Points (QP33-14) that was published on September 10, 2014, had the fax number of (651) 662-7362. The fax number has changed to (651) 662-6923.

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) are required to demonstrate that their network providers submit documentation of their management and ownership information, significant business transactions, and identify any individuals or entities excluded from participation in government funded health care programs. Disclosure of ownership and management information is a requirement from the Minnesota Department of Human Services (DHS) and the Centers for Medicare & Medicaid Services (CMS) under 42 CFR Section 455.104 - Disclosure by providers and fiscal agents: Information on ownership and control. Information relating to reporting significant business transactions may be found at 42 CFR Section 455.105. The Minnesota Council of Health Plans has developed a standard form entitled Disclosure of Ownership and Management Information, Business Transactions & Exclusions Statement for Providers. The Disclosure Form requesting this information from providers may be used for all health plans in which the provider participates.

Disclosure Form

A copy of the Minnesota Health Care Programs (MHCP) Disclosure of Ownership and Management Information, Business Transactions & Exclusions Statement for Providers is included in the Blue Cross annual contract renewal documents and communicated annually with the link provided for the website at providers.bluecrossmn.com (select Forms & publications, then forms: clinical operations, MHCP Disclosure Statement). Providers only need to complete one form and must send copies of the completed form to each health plan that the provider is participating with. The form must be completed whether or not the provider has any information to report, entering in "N/A" if there is nothing to disclose.

All Blue Cross providers must complete and send the Disclosure Form via email, fax or mail as indicated below:

- Email: DisclosureStatement@bluecrossmn.com
- Fax: **(651) 662-6923**
- Mail: Blue Cross and Blue Shield of Minnesota and Blue Plus
P. O. Box 64560
R337-GP
St. Paul, MN 55164-0560

Questions?

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