



Disclosure of Ownership

DHS requires disclosure of business ownership information, excluded individuals and entities

The Minnesota Department of Human Services (DHS) and Center of Medicare and Medicaid Services (CMS) requires HealthPartners to ensure that its network providers meet certain obligations pertaining to disclosure of ownership interests and the provision of items and services by individuals or entities excluded from participation in government programs. These requirements are summarized below, along with the process for submitting this information to on a new Disclosure Statement form. This form is a federal regulation under 42 CFR Part§ 455.104

Providers must complete and submit the Disclosure Statement form on an annual basis, whether or not they have information to report. A new Disclosure Statement must be submitted when any information in the original statement has changed. This Disclosure Form is to be completed to ensure compliance with government program requirements pertaining to: (1) disclosure of ownership, control and management; and (2) exclusions of individuals and entities from government programs as set forth in your contract with HealthPartners, INC. administrative requirements.

The disclosure, reporting and exclusion requirements apply to partnerships and both non-profit and for-profit corporations, including without limitation limited liability companies. Governmental entities, such as counties organized as corporations are required to complete all sections of this Disclosure Form. Counties that are not organized as corporations are only required to complete Sections II, III and VI of this Disclosure Form.

For the purpose of this disclosure, the following definitions apply:

1. **Agent** means any person who has been delegated the authority to obligate or act on behalf of the Provider.
2. **Managing Employee** means an individual (including a general manager, business manager, administrator, director, etc.) who exercises operational or managerial control over the Provider, or part thereof, or who directly or indirectly conducts the day-to-day operations of the Provider, or part thereof.
3. **Person with an Ownership or Control Interest** means a person or corporation that:
 - A) has an ownership interest, directly or indirectly, totaling 5% or more in the Provider;
 - B) Has a combination of direct and indirect ownership interests equal to 5% or more in the Provider;
 - C) owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the Provider, if that interest equals at least 5% of the value of the property or assets of the Provider;



D) Is an officer or director of a Provider organized as a corporation (this includes officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies); or

E) Is a partner in a Provider organized as a partnership, including without limitation limited liability partnerships.

4. **Provider** means an individual or entity that:

A) Is engaged in the delivery of health care services and is legally authorized to do so by the state in which the individual or entity delivers services; and

B) Has entered into an agreement with HealthPartners to provide health care services to HealthPartners members, including members enrolled through HealthPartners's contracts with DHS or CMS.

For purposes of this disclosure, "Provider" also means a vendor providing non-health care services through an agreement with HealthPartners to members enrolled through HealthPartners's government program contracts with DHS or CMS, provided those services are significant and material to HealthPartners's obligations under the respective government program contract.

5. **Subcontractor** means an individual, agency, or organization to which the Provider has contracted (or a person with an employment, consulting or other arrangement with the Provider) for the provision of items and services that are significant and material to the Provider's contract with HealthPartners and HealthPartners's obligations under its contracts with DHS or CMS.

Definitions noted throughout this document and the forms clarify which individuals and entities you must provide information about in the Disclosure Form. The definitions are based on law, regulation, and sub-regulatory guidance.

Disclosure of Ownership help filling out the form.

Section I-Identification –Enter the Tax ID that is contracted with HealthPartners. Once successfully authenticated, the DOO form will be available to complete.

Confirmation – This page reflects the information we have on file with HealthPartners.

If the information is in correct, please click on "Update this information" or continue completing the form.

Enter Phone number – Enter the phone number that can be used to contact you if there are questions about your submitted form

Section II- Structure - Select the structure that best applies to your organization.

Section III - Owners to report- For the purposes of this Disclosure Form, the term "Person with an Ownership or Control Interest" is not limited to persons or corporations with an ownership interest. For example, it also includes:

(i) Officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies; and

(ii) Partners of a partnership, including without limitation limited liability partnerships.



See the definition list above for a complete definition of “Person with an Ownership or Control Interest” as well as definitions of other key terms such as “Managing Employee,” “Provider,” and “Agent.”

Add Owner or Organization details - Provide all information requested in the form. Collection of SSNs is required by federal regulations (see Sect. 4313 of the Balanced Budget Act of 1997, amended Sect. 1124 and Federal Register Vol. 76 No. 22 for further information). SSNs are handled by a limited number of staff who are trained to keep the information confidential.

You can add any number of people and edit the information in the grid available at the next page.

Relationship

Part A - If any person with an Ownership Interest or a Managing Employee listed in the previous section is related to another person with an Ownership or Control Interest as a spouse, parent, child or sibling, please select “Yes” and record the relationship. If no such relationship exists, please select “No” and go to the next question.

Part B - If any person with an Ownership Interest or a Managing Employee listed in the previous section has an Ownership or Control Interest in another organization other than the entity you are completing the form for, select “Yes” and record the interest. If no such relationship exists, please select “No” and go to the next page.

Section IV – Excluded Individuals or Entities

Report “Yes” if you have any person who has been convicted or excluded from participating in Medicare, Medicaid, or other federally funded government health care programs in accordance with Sections 1128 and/or 1128A of the Social Security Act.

Section V – Certification

Provide all the information and certify that you are the authorized to sign this statement and “Submit” it.

Once the information has been submitted, the completed form can be downloaded and sent to other health plans if you choose.