



Disclosure of Ownership

HealthPartners worked collaboratively with the Minnesota Council of Health Plans and several other Minnesota payers to create a standard form that can be used to submit information related to disclosure of ownership, business transactions and excluded providers. You need only complete this form once and distribute it to the health plans you have contracts with.

If your clinic participates in the HealthPartners Care plan, you will need to complete the [**Disclosure of Ownership, Business Transactions & Exclusions Statement.**](#)

Disclosure of this information is a requirement from the Minnesota Department of Human Services (DHS) and the Centers for Medicare and Medicaid (CMS). They require all health plans, including HealthPartners, to ensure its network providers submit documentation of their ownership, business transactions, and providers excluded from participation in government funded health care.