

Frequently Asked Questions (FAQs)

May 2009

1. What is a *Disclosure of Ownership and Control Interest Statement* and why is it needed?

Providers and fiscal agents as specified in Federal Regulation 42 CFR 455.104 through 455.106 and sections (b) (9) and 190(a) (38) of the Act use the form for providing disclosure of information.

Volunteer State Health Plan, Inc.'s (VSHP) Contractor Risk Agreement with the State of Tennessee Bureau of TennCare requires VSHP to have provider disclosure information on file. To gather this information, VSHP is using the form. The form is required to be completed by any provider who is receiving any Federal funds related to a Federal Health Care Program (Medicaid, Medicare, Federal Employee Program, etc).

2. What happens if the form is not completed and returned?

VSHP is required to report the non-compliance to the Bureau of TennCare who will then report it to the Centers for Medicare & Medicaid Services (CMS). Non-compliance with the disclosure information can result in payment delays and possible recoupment of previously paid Federal funds.

3. What sections of the form are required to be completed?

Individual practitioners must complete items I, III, IV(A)(1) and IV(A)(2). Groups must complete items I, II(a)(if chain affiliated), III, IV(B) and VI. Facilities (or Disclosing Entities) must complete the entire form.

4. Who should sign the form?

- If the form is being completed for an individual practitioner, the individual practitioner must sign and date the form.
- If the form is being completed for a group practice, it must be signed and dated by a partner, president, or secretary of the Board of Directors. However, each individual practitioner in the group must also complete, sign and date a form for our records as an individual practitioner.
- If the form is being completed for a facility (or disclosing entity), it must be signed and dated by a partner, president, or secretary of the board of Directors.

5. Where can a copy of the form be obtained?

Call BlueCross BlueShield of Tennessee's Provider Service line, 1-800-924-7141 Monday through Friday 8 a.m. to 5 p.m. ET and say "Network Contracting" to obtain a copy of the form or if you have questions or need help completing the form. The BlueCare /TennCare>Select Disclosure Information form is available on the Provider page of the company Web site, www.bcbst.com/providers/Disclosure.pdf in the BlueCare/TennCare>Select section.