

Disclosure Form for a Provider Person or Provider Entities Frequently Asked Questions (FAQs)

November 2011

1. What is a *Disclosure Form for a Provider Person or Provider Entity* and why is it needed?

Federal Regulations require that the Bureau of TennCare (Bureau) monitor the payments of Medicaid funds to Providers through its State Plan. The Bureau has chosen to implement its State Plan provisions by use of this form to collect the information required in 42 C.F.R. §455 *et seq* as well as other information deemed necessary by the Bureau. The Centers for Medicare and Medicaid Services (CMS) has approved the use of this method of monitoring provider receipt of Medicaid funds. A full, accurate and current disclosure form is required before Medicaid funds will be paid.

Volunteer State Health Plan, Inc.'s (VSHP) Contractor Risk Agreement with the State of Tennessee Bureau of TennCare requires VSHP to have Disclosure Forms on file for all provider persons and provider entities receiving Medicaid funds. To gather this information, VSHP is using this form developed by the Bureau of TennCare.

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). Failure to submit the requested information may result in a refusal by the Bureau or CMS to enter into contract with a Provider or to terminate existing contracts. In addition, claims payments will be suspended if the form is not completed and returned timely.

3. Who should complete the form?

Disclosure Form for a Provider Person: Required to be submitted to the Bureau and Managed Care Organizations (MCOs) to gather personal information about individual providers. Each individual provider person in a provider group or entity is required to complete the Disclosure Form for a Provider Person.

Disclosure Form for Provider Entities: Required to be submitted to the Bureau and Managed Care Organizations (MCOs) to gather personal information about owners, persons with control interests, agents, and managing employees of the provider entity. Each provider entity (group, facility, all other entities) is required to complete the Disclosure Form for Provider Entities, answering the questions for the entity as a whole.

For example, if a group of practitioners contains 10 individual practitioners, each practitioner should complete one Disclosure Form for a Provider Person. Additionally, the group as a whole should complete one Disclosure Form for Provider Entities. A total of 11 disclosure forms would be required for the example above. (One form completed for the Group WILL NOT be sufficient for each practitioner in the group).

4. When should the form be completed?

The forms must be submitted at the time a provider is initially enrolling, or is being accredited or re-accredited by VSHP, being reenrolled by the Bureau and/or VSHP, at least once every 3 years, or whenever there is a change in ownership of a provider, a material change in the information required by the form, and/or upon request by the Bureau, Federal Agencies, or VSHP.

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

Disclosure Form for a Provider Person: If you are a Sole Practitioner, the entire Disclosure Form for a Provider Person is applicable. If you are not a Sole Practitioner, complete Items I, II, mark Item III “N/A” or “Not Applicable”, and sign and date the Disclosure Form.

Disclosure Form for Provider Entities: Groups of practitioners, facilities, and other entities must complete the entire Disclosure Form for Provider Entities. If a section of the form is not applicable, mark the section “Not Applicable” or “N/A”. If sections are left blank, the form will be considered incomplete and returned for corrections.

6. Who should sign the form?

Disclosure Form for a Provider Person: The individual practitioner **MUST** sign and date the form. Signature stamps are not acceptable.

Disclosure Form for Provider Entities: Since the form is being completed for a provider entity (provider group, facility, all other entities), it **MUST** be signed and dated by an individual with legal authority to bind the provider entity, and this person **MUST** be listed on the Master List in Item II A. Signature stamps are not acceptable.

7. 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 forms or if you have questions or need help completing the forms. The BlueCare / TennCare>Select Disclosure Forms are available on the Provider page of the company Web site at <http://www.bcbst.com/providers/bluecare-tenncareselect/index.shtml> under the BlueCare / TennCare>Select Disclosure section.

GENERAL NOTES

- With the current revisions to the forms from the Bureau of TennCare, the one-page form for groups of 50 or more practitioners is now obsolete. Providers who qualified to use the one-page form are now required to complete the current version of the form.
- Website and e-mail addresses are not acceptable answers to any of the questions.
- Governmental Entities should complete the Disclosure Form for Provider Entities.
- The Disclosure Form for Provider Entities must be completed whether the entity is a for-profit or not-for-profit entity.
- Please note that information is being requested for owners, persons with control interests, agents and managing employees of the provider entities.
- **NO QUESTIONS SHOULD BE LEFT BLANK** - If a section of the form is not applicable, mark the section “**Not Applicable**” or “N/A”. If sections are left blank, the form will be considered incomplete and returned for corrections.
- Please keep copies of the forms submitted to the Bureau or any Managed Care Organization, as you should submit copies to any other Managed Care Organization you participate with.