



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

December 2011

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

Disclosure Forms are required for all providers who receive payment from CoverKids (BlueCross BlueShield of Tennessee's Network S). Federal Regulations in 42 C.F.R. § 457.935 and Medicare, Medicaid, and the State Children's Health Insurance Program (CHIP) federal health care programs pursuant to Sections 6501 [et seq.] of the Affordable Care Act, which amends § 1902 (a)(39) of the Social Security Act, requires that the CoverKids/Children's Health Insurance Program Reauthorization Act of 2009, (CHIPRA) program monitor the payments of Federal funds to Providers. CoverKids has chosen to implement these federal requirements by use of a Disclosure Form (CoverKids Provider Disclosure Form, and/or the Bureau of TennCare Disclosure Form; collectively referred to as the "Disclosure Form") to collect the information required in 42 C.F.R. § 455 et seq, as well as other information deemed necessary by the State. To gather this information, CoverKids is using this form developed by the Bureau of TennCare.

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

CoverKids 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 provide the Disclosure Form, or to accurately supply the required information, may lead to sanctions and exclusion from federal healthcare programs, including "CoverKids."

3. Who should complete the form?

Disclosure Form for a Provider Person: Required to be submitted to the CoverKids Managed Care Organization (MCO) 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 CoverKids Managed Care Organization (MCO) 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 Disclosure Form must be submitted by the Provider at the time a Provider is initially enrolled by CoverKids (Network S), at the time a Provider is being re-credentialed by CoverKids (Network S), at the time a Provider is being reenrolled by CoverKids (Network S), whenever there is a change in ownership of a Provider, whenever there is a material change in the information required by the Disclosure Form, or upon request by CoverKids, a federal or state agency, or BlueCross BlueShield of Tennessee (BCBST).

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 Disclosure Forms are available on the Provider page of the company Web site at <http://www.bcbst.com/providers/>, then select Cover Tennessee.

GENERAL NOTES

- 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 CoverKids for your records.