



---

16090 Swingley Ridge Road, Suite 450, Chesterfield, MO 63017 • 1-855-694-4663

July 2013

Dear Provider:

Thank you for your support of Home State Health Plan (HSHP). Enclosed is HSHP's Disclosure of Ownership and Control Interest Statement. This is a federally mandated requirement that went into effect in 2011 for all providers participating in Medicare and Medicaid. This has been inadvertently left out of credentialing packets that have previously been distributed – we apologize for the inconvenience.

**A completed, signed statement for each contract for participation in HSHP's network is required, regardless of whether or not a controlling interest exists.** Any provider contract without a signed statement on file will not be considered complete and therefore will not receive payment for services provided to HSHP members.

You may not have seen a form like this yet because although the requirement went into effect in 2011, for any *existing* contracts this is only required upon recredentialing. For all *new* contracts, however, it is required.

Who must sign the form? Any provider who participates in MO HealthNet including but not limited to:

- Individual providers
- Hospitals
- SNFs
- Home health agencies
- Independent clinical laboratories
- Rural health clinics and federally qualified health clinics
- Any other entity that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any Medicaid plan or program

All providers must sign a form regardless of whether or not they have a controlling interest in the provider entity. If you have already provided a similar disclosure form to another MCO or the state agency, you may submit a copy of that form in lieu of completing the attached form. You can submit all forms via email to [HOMESTATEPDM@CENTENE.COM](mailto:HOMESTATEPDM@CENTENE.COM), by fax to 877-870-5224, or mail to:

Doug LaMore  
Manager, Provider Data Management  
7711 Carondelet Avenue, 4<sup>th</sup> Floor  
Clayton, MO 63105

If there are any changes to the information disclosed on this form, an updated form should be completed and submitted to Home State Health Plan within 30 days of the change. Please attach a separate sheet if necessary to provide complete information.

If you have any questions or need assistance, please reach out to our team at 1-855-694-HOME (4663). We look forward to working together to improve health outcomes for MO HealthNet recipients in Missouri.

Sincerely,

Todd Lucas  
Vice President, Network Development  
*Home State Health Plan*