

Participating Provider Conflict of Interest, Health Care Entity Financial Interest Policy and Disclosure Statements



It is the policy of Superior HealthPlan, Inc. (Superior) that no provider participating in Superior's network shall use his or her position as a contracted provider, or knowledge gained in such position, in such a way that creates conflicts of interest (COI) with Superior, its parent company, an affiliate, subsidiary, or related corporation. The term COI refers to any situation or position in which personal interests (of the provider or a "related party")¹ conflict with organizational interests, affecting an individual's ability to make impartial decisions. Training and education are provided to promote COI awareness among all of Superior's providers. Superior also offers numerous avenues for providers to ask questions and receive information about identifying and disclosing COI.

Providers are responsible for disclosing actual, potential, or perceived COI on this form at the time they apply to join or to be recredentialed to remain in Superior's network. They are also responsible for promptly disclosing COI that may arise later, after they have joined Superior's network.

Process for Disclosing Actual, Potential or Perceived Conflicts Of Interest

1. All questions about, and disclosures of, COI should be directed to the Provider's local Superior Provider Services Representative.
2. Identify COI by consulting with the Superior's Provider Services staff or referring to the examples listed in Attachment A to this Policy.
3. Disclose actual, potential, or perceived COI before taking any action that may appear to be influenced by the conflict.
4. Avoid participating in the activity in question until Superior determines whether a COI exists.
5. If a Conflict of Interest is determined to be real, Superior's Compliance Director will document and report the decision to the provider involved.

¹ A "related party" is defined as a provider's spouse, parents, step parents, children, step- children, siblings, step-siblings, nieces/nephews, aunts/uncles, grandparents, grandchildren, in-laws, same or opposite sex domestic partner.

Health Care Entity Financial Interest Disclosures

It is also the policy of Superior HealthPlan that all providers participating in its network shall disclose to Superior any and all Financial Interests, including "Controlling Interests,"² such providers or any of their related parties may have in a "Health Care Entity."

For purposes of this policy and the disclosure required herein, a "Health Care Entity" is defined to mean any provider of health care services, in whatever form that provider may be organized (to include but not be limited to a corporation, a partnership, a professional association, a limited liability company, or a professional corporation) *and* no matter what type of services the provider may provide or be licensed to provide (to include but not be limited to, therapy services, hospital services, pharmacy services, laboratory services, radiology services, physician services, home health services, etc.).

Providers are responsible for disclosing any such Financial Interest on this form at the time they apply to join or to be recredentialed to remain in Superior's network. They are also responsible for promptly disclosing any such Financial Interest that may arise later, after they have joined Superior's network.

Providers who have questions about whether an interest or relationship they have with a Health Care Entity or other provider constitutes a Financial Interest that should be disclosed to Superior should contact their local Provider Services Representative to discuss.

Examples of Health Care Entity Financial Interests that should be disclosed pursuant to this policy include:

1. A physician applying to join or being recredentialed in Superior's network owns an interest in a pharmacy;
2. The spouse of a provider joining or being recredentialed in Superior's network owns a therapy services company;
3. A provider joining or being recredentialed in Superior's network owns an interest in a hospital or owns a company that leases facility space to a hospital; or
4. A physician being contracted/credentialed or recredentialed by Superior has a Financial Interest in a Health Care Entity that provides a "Designated Health Service" (clinical laboratory services; physical, occupational, or speech pathology services; radiation therapy services and supplies; radiology and certain other imaging services; durable medical equipment services and supplies; prosthetics and orthotics services, and prosthetic devices and supplies; parenteral and enteral nutrients, equipment and supplies; home health services; outpatient prescription drug services; inpatient and outpatient hospital services; and/or nuclear medicine).

² A "Financial Interest" refers to any ownership interest you have in any corporation (whether for profit or nonprofit), limited liability company, partnership or other business organization other than beneficial ownership in a publicly traded company of less than 5%. A "Controlling Interest" shall include an interest by which you have the power to vote for the election of directors, managers or other management of a person or entity or the power to direct or cause the direction of the management or policies of a person or entity. A "Financial Interest" also refers to a financial arrangement you may have with the Health Care Entity, such as an employment agreement, services contract, consulting arrangement, lease or equipment-sharing agreement.

Conflict of Interest Disclosure Statement

I, _____, hereby declare that I (or a related party)

Do ☐

Do not ☐

have an actual, potential or perceived Conflict of Interest that I wish to disclose to Superior HealthPlan, Inc.

Such disclosure shall include, at a minimum, the legal name of the entity involved, its business address, its federal tax ID number, its principal line(s) of business, and the provider's ownership interest (by percentage) and/or management role (including title) with the entity.

If I circled "do" above, the following is a summary of my disclosure, including all material facts and the above-listed items of information (use additional paper as necessary):

Legal name of the entity involved: _____

Business address: _____

Federal tax ID number: _____

Provider's ownership interest (e.g., type and percentage): _____

Entity's principal line(s) of business: _____

Signed: _____

Name: _____

Title: _____

Date: _____

Financial Interest Disclosure Statement

Name:	Title:	Filing Period: Annual ____ Interim ____
FINANCIAL INTEREST		
<p>(1) Do you or a family member (see definition below) have a direct or indirect ownership or investment interest in any entity (see definition below)?</p> <p>_____ YES _____ NO</p> <p>(2) Do you or a family member have a compensation arrangement with any entity?</p> <p>_____ YES _____ NO</p> <p><small>*a family member is defined as a parent; sibling; child by blood, adoption, or marriage; or a spouse.</small></p> <p><small>*an entity is any provider, supplier, or business that provides any form of healthcare services or products.</small></p> <p><u>Disclosure of Interest</u></p> <p>If you answered YES to any of the above questions, please explain in detail the financial interest or relationship being reported (use separate sheet as needed). Please include the legal name of entity, business address, Federal tax ID number, ownership interest amount, and entity's line of business:</p> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>		
CERTIFICATION		
<p>To the best of my knowledge and belief, I hereby certify that the information provided above accurately and completely describes all financial and other interests, which are required to be reported. If any situation should arise in the future which may involve me in a conflict of interest, I will promptly provide a new Disclosure Statement to Superior Health Plan, Inc.</p> <p>Signature: _____ Date: _____</p> <p>Typed/Printed Name: _____</p>		

Disclosure of Prior Contracts or Business with Superior HealthPlan

Have You or any Affiliate ever held (prior to now) a provider contract or done other Business with Superior HealthPlan or any of its Affiliates? Yes ☐ No ☐

If yes, please identify the name of such entity and its relationship to You below. As

used above, the capitalized terms are defined as follows:

“You” means the individual, partnership, corporation or other entity that is entering into a provider agreement with Superior HealthPlan, Inc.

“Affiliate” means an entity that is related by ownership (of any amount) or control (by sharing the same officers or directors) to You or to Superior HealthPlan

“Business” means holding a contract for provider services, vendor services or other services with Superior HealthPlan or an Affiliate of Superior HealthPlan.

If You answered “yes” above, please provide the following information (use additional paper as necessary):

Legal name of the entity with a Prior Contract or Other Business: _____

Business address of such entity: _____

Federal tax ID number of such entity: _____

Entity’s relationship to You: _____

Signed: _____

Name: _____

Title: _____

Date: _____

ATTACHMENT A

Examples of Areas for Potential Conflicts of Interest

Including but not limited to:

1. Contracts or transactions between Superior and the provider or a related party (other than the participating provider agreement).
2. Contracts or transactions between Superior and any other profit or nonprofit company, corporation, firm, association, or entity of which the provider or a related party is a director, partner, officer, consultant or other unspecified affiliate.
3. Contracts or transactions between Superior and any other corporation, firm, association, or entity in which the provider or a related party has some financial interest, other than an interest in securities publicly traded on a national exchange with a market value of less than \$25,000, regional or local securities in which the ownership interest does not exceed five percent (5%) of those securities outstanding, or securities in which the ownership interest is a time or demand deposit in a financial institution or an insurance policy.
4. Contracts or transactions to which Superior is a party, where the provider or a related party stands to profit individually and thus encourages Superior to purchase certain goods or services.
5. Contracts or transactions involving a business or other entity that competes with Superior's activities, where the provider or a related party has any ownership, directorship, or other similar interest in the competing business or entity.

NOTE: This example is not to be construed to mean, and does not mean, that providers may not contract with Superior's competitors to be participating providers in those competitors' networks. This example is in no way meant to be interpreted as an "exclusivity provision."

6. To buy, sell or lease any kind of property, facilities or equipment from or to Superior or to any company, firm or individual who is or is seeking to become a contractor, supplier or customer of Superior, without first making disclosure of such transaction.
7. Any occasion to accept commissions, a share or other payments, loans, services, personal travel or gifts or entertainment of excessive value, from any individual or entity doing, or seeking to do business with Superior.