

Data Privacy Notice

This notice describes how Minnesota Health Care Programs (MHCP) may use and disclose private information about you, and is provided as required by the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974.

Why do we ask for this information?

MHCP uses this information to enroll and maintain enrollment for you or your organization as a provider in MHCP and to identify individuals for the purposes of program integrity. Federal regulations require that any person or entity that enrolls as an MHCP provider discloses full and complete information as to the identity of each person with an ownership or control interest in the provider (42 CFR 455 subp. B).

Do you have to answer the questions we ask?

Yes, completing and submitting these requests is a condition of participation in MHCP. Providers who do not complete these requests will not be enrolled, reenrolled or allowed to continue enrollment as a participating provider in MHCP.

Why do we ask for Social Security Numbers (SSNs)?

Federal law allows MHCP to collect SSNs to establish the identity of people affected by its programs (42 USC 405(c)(2)(C)(i)). Federal law allows us to collect the SSN of each person with an ownership or controlling interest (42 USC 1320a-3(a)(1)(B)). This information is used to check for providers who may be on the List of Excluded Individuals and Entities (LEIE), the System for Award Management (SAM) and the Social Security Administration's Death Master File.

With whom may we share information?

All government data is public, unless classified otherwise by statute. The information you provide that is not public data includes: SSNs, home addresses, and driver's license or state identification card numbers. We will share that information only as needed and as allowed or required by law. We may share that information with the following individuals or entities who need the information to do their jobs:

- MHCP employees who are trained to keep private information confidential
- Court officials, attorney general, and other state and federal law enforcement officials and fraud investigators
- Anyone else the law says we can or must give the information to

How will we use this information?

MHCP will use this information to:

- Enroll you as a provider in MHCP.
- Tell you apart from other people with the same or similar name.
- Check your information against databases maintained by the federal government of providers excluded from participating in federal health care programs.
- Investigate instances of fraud and abuse against MHCP.

What are our responsibilities?

- We must protect the privacy of information according to the terms of this notice.
- We may not use your information for reasons other than the reasons submitted on the request, or share your information with individuals and agencies other than those listed on the request unless you tell us in writing that we can.

What if you believe your privacy rights have been violated?

If you think MHCP has violated your privacy rights, send a written complaint to:

Minnesota Department of Human Services

Attn: Privacy Official

PO Box 64998

St. Paul, MN 55164-0998