

Credentialing Application Packet Instructions

In support of Washington State Senate Bill 5346 (An act relating to establishing streamlined and uniform administrative services for payors and providers) Coordinated Care requires communication of provider data materials using one of the two centralized single source to enter your provider data for purposes of credentialing:

- OneHealthPort (OHP) hosts the [ProviderSource](#)
- Council for Affordable Quality Healthcare ([CAQH](#))

Note: You will only see Coordinated Care listed after you are logged into your application.

This service is free to Practitioners entering their data. When you use this service to complete the [Washington Practitioner Application](#), please upload images of the documents identified below (Practitioner/Group). All other types (Ancillary/Clinic/Hospital) must supply documents separately with the appropriate application.

<input type="checkbox"/> Practitioner/Group	<input type="checkbox"/> Ancillary/Clinic	<input type="checkbox"/> Hospital
<input type="checkbox"/> Washington Practitioners Application Authorization and Release of Information (Signed and dated within the last 120 days from submission) <input type="checkbox"/> W-9 for each unique Tax ID <input type="checkbox"/> Provider Data Form (single practitioner) or Completed Roster (multiple practitioners) <input type="checkbox"/> Disclosure of Ownership and Control Interest Statement (Refer to Section I of the document - Federal Law requires all entities, applicants, individual practitioners and group of individual practitioners having an ownership or control interest in the provider entity of 5% or greater and participate in federally funded programs to provide information on ownership and controls.) <input type="checkbox"/> NPI matches NPPES and NPIs used on the app are consistent throughout Documents to upload to CAQH or OHP: <input type="checkbox"/> Copy of Declaration Page of Professional Policy <input type="checkbox"/> Copy DEA Controlled Substance Registration (Current Year) <input type="checkbox"/> Board Certification Certificate (If applicable) <input type="checkbox"/> Education Certificate for Foreign Medical Graduates - ECFMG (If applicable)	<input type="checkbox"/> Hospital/Facility Provider Credentialing Application (one per Facility/Clinic/Ancillary Provider) <input type="checkbox"/> W-9 for each unique Tax ID <input type="checkbox"/> Disclosure of Ownership and Control Interest Statement (Refer to Section I of the document - Federal Law requires all entities, applicants, individual practitioners and group of individual practitioners having an ownership or control interest in the provider entity of 5% or greater and participate in federally funded programs to provide information on ownership and controls.) <input type="checkbox"/> Copy of State Operational License <input type="checkbox"/> Other applicable State/Federal/Licensures (i.e. CLIA, DEA, Pharmacy, or Department of Health) <input type="checkbox"/> Copy of Accreditation/certification (by a nationally-recognized accrediting body, i.e. TJC/JCAHO) If not accredited by a nationally-recognized body, Site Evaluation Results by a government agency. <input type="checkbox"/> Copy of Current General Liability coverage (document showing the amounts and dates of coverage) <input type="checkbox"/> Copy of Medicaid/Medicare Certification (if not certified, provide proof of participation) <input type="checkbox"/> NPI matches NPPES and NPIs used on the app are consistent throughout <input type="checkbox"/> Completed Practitioner/Location Roster	<input type="checkbox"/> Hospital/Facility Provider Credentialing Application (one per Hospital Provider) <input type="checkbox"/> W-9 for each unique Tax ID <input type="checkbox"/> Disclosure of Ownership and Control Interest Statement (Refer to Section I of the document - Federal Law requires all entities, applicants, individual practitioners and group of individual practitioners having an ownership or control interest in the provider entity of 5% or greater and participate in federally funded programs to provide information on ownership and controls.) <input type="checkbox"/> Copy of State Operational License <input type="checkbox"/> Other applicable State/Federal/Licensures (i.e. CLIA, DEA, Pharmacy, or Department of Health) <input type="checkbox"/> Copy of Accreditation/certification (by a nationally-recognized accrediting body, i.e. TJC/JCAHO) If not accredited by a nationally-recognized body, Site Evaluation Results by a government agency. <input type="checkbox"/> Copy of Current General Liability coverage (document showing the amounts and dates of coverage) <input type="checkbox"/> Copy of Medicaid/Medicare Certification (if not certified, provide proof of participation) <input type="checkbox"/> NPI matches NPPES and NPIs used on the app are consistent throughout <input type="checkbox"/> Completed Practitioner/Location Roster

Note: If you have already completed your application with CAQH or Provider Source, please ensure that you have authorized Coordinated Care to access your data. This can be done by calling CAQH at (888) 599-1771 or by logging into your account and adding Coordinated Care to your list of authorized plans. Using the CAQH Universal Credentialing DataSource does not grant participation or constitute applying for participation with Coordinated Care. Please submit this and all documents via email as follows (unless otherwise instructed):

- For additions to existing contracts: CONTRACTING@coordinatedcarehealth.com
- For new contracts: CONTRACTING@coordinatedcarehealth.com

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Disclosure of Ownership And Control Interest Statement

The federal regulations set forth in 42 CFR 455.104, 455.105 and 455.106 require providers who are entering into or renewing a provider agreement to disclose to the U.S. Department of Health and Human Services, the state Medicaid agency, and to managed care organizations that contract with the state Medicaid agency: 1) the identity of all owners with a control interest of 5% or greater, 2) certain business transactions as described in 42 CFR 455.105 and 3) the identity of any excluded individual or entity with an ownership or control interest in the provider, the provider group, or disclosing entity or who is an agent or managing employee of the provider group or entity. If there are any changes to the information disclosed on this form, an updated form should be completed and submitted to Coordinated Care within 30 days of the change. Please attach a separate sheet if necessary to provide complete information.

Practice Information

Check one that most closely describes you: <input type="checkbox"/> Individual <input type="checkbox"/> Group Practice <input type="checkbox"/> Disclosing Entity	
Name of Individual, Group Practice, or Disclosing Entity:	
DBA Name:	
Address:	
Federal Tax Identification Number:	Provider CAQH #:

Section I

<p><u>For individuals</u>, list the name, title, address, date of birth (DOB) and Social Security Number (SSN) for each individual having an ownership or control interest in this provider entity of 5% or greater.</p> <p><u>For entities</u>, list the name, Tax Identification Number (TIN), business address of each organization, corporation, or entity having an ownership or control interest of 5% or greater. Please attach a separate sheet if necessary. (42 CFR 455.104)</p>			
Name of individual or entity	DOB	Address	SSN (if listing an individual) TIN (if listing an entity)

Section II

Are any of the individuals listed above related to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the individuals named above who are related to each other (spouse, sibling, parent, child). (42 CFR 455.104)	
Names	Type of relation

Section III

Are there any subcontractors that the Disclosing Entity has direct or indirect ownership of 5% or more? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the name and address of each person with an ownership or controlling interest in any subcontractor used in which the disclosing entity has direct or indirect ownership of 5% or more. (42 CFR 455.104)			
Name of individual or entity	DOB	Address	SSN (if listing an individual) TIN (if listing an entity)



Disclosure of Ownership And Control Interest Statement

Section IV

Has any person (individual or entity) who has an ownership or control interest in the provider, or is an agent or managing employee of the provider, ever been convicted of a crime related to that person's involvement in any program under Medicaid, Medicare, or Title XX program? Yes No (verify through IUIS-OIG Website)

If yes, please list those persons below. (42 CFR 455.106)

Name/Title	DOB	Address	SSN

Section V

Business Transactions: Has the disclosing entity had any financial transaction with any subcontractors totaling more than \$25,000 or any significant business transactions with any subcontractors? Yes No

If yes, list the ownership of any subcontractor with whom this provider has had business transactions totaling more than \$25,000 during the previous twelve month period; and any significant business transactions between this provider and any wholly owned supplier, or between the provider and any subcontractor, during the past 5-year period. (42 CFR 455.105). Attach a separate sheet if necessary.

Name Supplier/Subcontractor	Address	Transaction Amount

Section VI

Have you identified your status (under Practice Information above) as a Disclosing Entity? Yes No

If yes, for Disclosing Entities, list each member of the Board of Directors or Governing Board, including the name, date of birth (DOB), Address, Social Security Number (SSN), and percent of interest

Name/Title	DOB	Address	SSN	% Interest

I certify that the information provided herein, is true and accurate. Additions or revisions to the information above will be submitted immediately upon revision. Additionally, I understand that misleading, inaccurate, or incomplete data may result in a denial of participation.

Signature

Title (or indicate if authorized Agent)

Name (please print)

Date



Disclosure of Ownership And Control Interest Statement

Please return the completed form by fax to 1-877-644-4602, by email to contracting@coordinatedcarehealth.com or by mail to:

Coordinated Care
Attention: Provider Contracting
1145 Broadway, Suite 300
Tacoma, WA 98402

Date:	Are you registered with CAQH: Yes No If Yes, CAQH ID# Last Attestation Date ¹ :	Are you registered with OneHealthPort/Provider Source: Yes No If Yes, OHP ID: Last Attestation Date ¹ :
Last Name:		First Name: MI:
Date of Birth:	Social Security #:	Provider One ID# ² : Medicaid ID#:
Title/Degree (MD, DO, LICSW):	Individual NPI (Type 1):	Tax ID:
Group NPI (Type 2/if applicable):	Email Address:	Applying As: Specialist Primary Care (PCP) Both (PCP/Specialist) Behavioral Health ³
Group/Practice Name:		
Practitioner Primary Specialty Board Status: Board Certified Board Eligible Not Applicable Not Certified		
Primary Specialty: Secondary Specialty:		
If Yes, Board Name:		Expiration Date:
Secondary Specialty Board Status: Board Certified Board Eligible Not Applicable Not Certified		
If Yes, Board Name:		Expiration Date:
Gender Restrictions: None Female Only Male Only	Age Restrictions: None Age Limits: Lowest Age Highest Age	
Languages Spoken (Non-English):	Certified Substance Abuse Medication Prescriber: Yes No	
Are you a hospital based provider: Yes No		
Are you affiliated (do you have admitting or attending privileges at) with any Hospital? Yes No		
If Yes, please list:		
Privilege Type - please provide (i.e. Active, Temporary, Provisional, Admitting, Attending):		
Are you able to provide services to any of the following special needs population (check all of those that apply): Deaf/Hearing Impaired Physical Disability Blind/Vision Impaired Developmental Disability Other (please specify):		
Type of Services Provided:		
Do you provide Telemedicine Services: Yes No		If Yes, please describe:
Contract Contact Name (Enter the name of the person who can confirm your contract status with Coordinated Care):		
Contract Contact Role (Contract Admin, Billing Rep, Office Manager):		Contact Ph.: Contact Email:
If you provide direct laboratory services, please indicate the Tax ID utilized and provide Clinical Laboratory Information Act (CLIA) information below: CLIA Name: Tax ID:		
Do you have a CLIA Certificate: Yes No		Do you have a CLIA Waiver: Yes No
Certificate #:		Expiration Date:
Primary Office Location Address (Street):		Suite #
City:	State:	County: Zip:
Phone:	Fax:	Handicap Access: Yes No
Do you carry a panel (are you available on an ongoing basis to see all members) at this location: Yes No If No, please explain below: Seeing existing members only Panel is temporarily closed Seeing Foster Care members only Other:		
Office Hours (24 hrs, hh:mmAM-hh:mmPM, Closed)	Monday:	Tuesday: Wednesday:
Thursday:	Friday:	Saturday: Sunday:
Secondary Office Location Address (Street):		Suite #
City:	State:	County: Zip:
Phone:	Fax:	Handicap Access: Yes No
Do you carry a panel (are you available on an ongoing basis to see all members) at this location: Yes No If No, please explain below: existing members only Panel is temporarily closed Seeing Foster Care members only Other:		
Office Hours (24 hrs, hh:mmAM-hh:mmPM, Closed)	Monday:	Tuesday: Wednesday:
Thursday:	Friday:	Saturday: Sunday:

Provider Data Form – Single Practitioner
(For Credentialing & Provider Directory Purposes)

- Attestations must be current within 120 days of completion of this form/application to become a Coordinated Care contracted provider
- The HCA requires that all Managed Care Organizations ensure that providers we contract with, either have a Core Provider Agreement (CPA) with the HCA or register as a “nonbilling provider”. Providers register here: <http://www.hca.wa.gov/medicaid/providerenroll/pages/enroll.aspx>

3. Behavioral Health practitioners should complete the Provider Specialty Profile (CC_Behavioral Health Profile_v1) in addition to this Provider Data Form

Note: If you have already completed your application with CAQH or Provider Source, please ensure that you have authorized Coordinated Care to access your data. This can be done by calling CAQH at (888) 599-1771 or by logging into your account and adding Coordinated Care to your list of authorized plans. Using the CAQH Universal Credentialing DataSource does not grant participation or constitute applying for participation with Coordinated Care. *If you have successfully completed and saved the above information in CAQH or ProviderSource, the fields (if applicable) do not have to be completed here; however, if this information is left blank/not provided it will delay contracting/credentialing.*

Please submit this form by email as follows:

- For additions to existing contracts: CONTRACTING@coordinatedcarehealth.com
- For new contracts: CONTRACTING@coordinatedcarehealth.com

Provider Specialty Profile – Mental Health Practitioners ONLY

Please place an “x” in the box next to the area of specialty that applies to the practitioner (any and all that apply)

Practitioner Name:		Practitioner NPI:	
Types of Services			
<input type="checkbox"/>	Individual Therapy	<input type="checkbox"/>	Group Therapy
<input type="checkbox"/>	Couples Therapy	<input type="checkbox"/>	Medication Management
<input type="checkbox"/>		<input type="checkbox"/>	Intensive Outpatient
<input type="checkbox"/>		<input type="checkbox"/>	Psychological Testing
Certifications			
<input type="checkbox"/>	Art Therapy	<input type="checkbox"/>	Emergency Services Provider
<input type="checkbox"/>	Center of Excellence	<input type="checkbox"/>	Lead Behavior Analysis Therapist
<input type="checkbox"/>	Emergency Services Provider	<input type="checkbox"/>	Positive Behavior Support
<input type="checkbox"/>		<input type="checkbox"/>	SBIRT
<input type="checkbox"/>		<input type="checkbox"/>	Trauma Informed Care
Settings/Populations Treated			
<input type="checkbox"/>	Adolescents	<input type="checkbox"/>	Gay/Lesbian
<input type="checkbox"/>	Adults	<input type="checkbox"/>	Geriatric
<input type="checkbox"/>	Blind/Visually Impaired	<input type="checkbox"/>	Hospital Based
<input type="checkbox"/>	Children	<input type="checkbox"/>	Home Based
<input type="checkbox"/>	Community Based	<input type="checkbox"/>	Homelessness
<input type="checkbox"/>	Deaf/Hearing Impaired	<input type="checkbox"/>	Men
<input type="checkbox"/>	Developmental Disability	<input type="checkbox"/>	Mobile Crisis
<input type="checkbox"/>	Emotionally Disturbed	<input type="checkbox"/>	Nursing Home
<input type="checkbox"/>		<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>		<input type="checkbox"/>	Serious Emotional Disturbance
<input type="checkbox"/>		<input type="checkbox"/>	Serious Mental Illness
<input type="checkbox"/>		<input type="checkbox"/>	Severe Persistent Mentally Ill
<input type="checkbox"/>		<input type="checkbox"/>	School Based
<input type="checkbox"/>		<input type="checkbox"/>	Telemedicine
<input type="checkbox"/>		<input type="checkbox"/>	Women
<input type="checkbox"/>		<input type="checkbox"/>	Young Children
Treatment Modalities/ Approaches			
<input type="checkbox"/>	Applied Behavioral Analysis (ABA)	<input type="checkbox"/>	Cognitive Rehab Therapy
<input type="checkbox"/>	Addictive Disorders	<input type="checkbox"/>	Dialectical Behavioral Therapy
<input type="checkbox"/>	Adolescent Psychotherapy	<input type="checkbox"/>	Developmental Evaluation
<input type="checkbox"/>	Adolescent Sex Offender	<input type="checkbox"/>	Dialectical Behavioral Therapy
<input type="checkbox"/>	Adolescent Psychiatry	<input type="checkbox"/>	Developmental Evaluation
<input type="checkbox"/>	Adoption Issues	<input type="checkbox"/>	Domestic Violence
<input type="checkbox"/>	Alcohol/SA Treatment	<input type="checkbox"/>	ECT
<input type="checkbox"/>	Anger Management	<input type="checkbox"/>	Child Psychiatry
<input type="checkbox"/>	Art Therapy	<input type="checkbox"/>	EMDR
<input type="checkbox"/>	Attachment Therapy	<input type="checkbox"/>	Evaluation/Assessment
<input type="checkbox"/>	Behavioral Therapy	<input type="checkbox"/>	Family Therapy
<input type="checkbox"/>	Brief Therapy	<input type="checkbox"/>	Family Systems
<input type="checkbox"/>	Biofeedback	<input type="checkbox"/>	Gay/Lesbian/Bisexual
<input type="checkbox"/>	Chemical Dependency Assessment	<input type="checkbox"/>	Group Therapy
<input type="checkbox"/>	Child Parent Psychotherapy (CCP)	<input type="checkbox"/>	Geriatric Psychiatry
<input type="checkbox"/>	Child Psychological Testing	<input type="checkbox"/>	Gestalt
<input type="checkbox"/>	Christian Counseling	<input type="checkbox"/>	Hypnosis
<input type="checkbox"/>	Client Centered Therapy	<input type="checkbox"/>	Intensive Family Intervention
<input type="checkbox"/>	Cognitive Therapy	<input type="checkbox"/>	Individual Therapy
<input type="checkbox"/>	CBT+ for Anxiety, Behaviors and Depression*	<input type="checkbox"/>	Intensive Outpatient
<input type="checkbox"/>	Couples Therapy	<input type="checkbox"/>	Intake Assessment
<input type="checkbox"/>	Crisis Intervention/Stabilization	<input type="checkbox"/>	Medication Management
<input type="checkbox"/>	Critical Incident Debriefing	<input type="checkbox"/>	Methodone/Suboxone
<input type="checkbox"/>		<input type="checkbox"/>	Mood Disorders
<input type="checkbox"/>		<input type="checkbox"/>	Neuropsychological Testing
<input type="checkbox"/>		<input type="checkbox"/>	Neuro-Linguistic Programming (NLP)
<input type="checkbox"/>		<input type="checkbox"/>	Outcomes Oriented Therapy
<input type="checkbox"/>		<input type="checkbox"/>	Parent Child Interaction Therapy (PCIT)*
<input type="checkbox"/>		<input type="checkbox"/>	Play Therapy
<input type="checkbox"/>		<input type="checkbox"/>	Psychological Testing
<input type="checkbox"/>		<input type="checkbox"/>	Psychoanalytic Therapy
<input type="checkbox"/>		<input type="checkbox"/>	Psychodynamic Therapy
<input type="checkbox"/>		<input type="checkbox"/>	Psychopharmacology
<input type="checkbox"/>		<input type="checkbox"/>	Pain Management
<input type="checkbox"/>		<input type="checkbox"/>	Solution Empowerment Therapy
<input type="checkbox"/>		<input type="checkbox"/>	Strengthening Families Program*
<input type="checkbox"/>		<input type="checkbox"/>	Stress Management
<input type="checkbox"/>		<input type="checkbox"/>	Theraplay Model (Promising Practice)*
<input type="checkbox"/>		<input type="checkbox"/>	Tobacco
<input type="checkbox"/>		<input type="checkbox"/>	Tobacco Cessation
<input type="checkbox"/>		<input type="checkbox"/>	Trauma Focused- CBT*
<input type="checkbox"/>		<input type="checkbox"/>	Trauma Focused Cognitive Behavioral Therapy (TF-CBT)*
<input type="checkbox"/>		<input type="checkbox"/>	Trauma Informed Care (TIC)
<input type="checkbox"/>		<input type="checkbox"/>	Triple P (Positive parenting program) <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3*
<input type="checkbox"/>		<input type="checkbox"/>	Trust Based Relational Intervention (TBRI)
<input type="checkbox"/>		<input type="checkbox"/>	Weight Management

* MCOs are required by the HCA to report on services billed by practitioners utilizing these Evidence/Research Based Practices for clients under the age of 21 covered under Apple Health

Provider Specialty Profile – Mental Health Practitioners ONLY

Disorders/Issues		
Addictive Medicine	Separation/Divorce	Organic Mental Disorder
ADD/ADHD	Domestic Violence	Parenting Issues
Addictive Disorders	Dual Diagnosis	Personality Disorders
Adjustment Disorder	Depression	Post-Partum Disorder
Adolescent Behavior Disorders	Disabled	PTSD
Adoption Issues	Eating Disorders	Panic Disorder
Adult ADD	Equine Assisted Therapies	Phobias
AIDS/HIV	Family Dysfunction	Physical Abuse
Anger Management	Feeding Disorders	Reactive Attachment Disorder
Anxiety/Panic Disorder	Gay/Lesbian/Bisexual	Relapse Prevention
Attachment Disorder	Gender Identity Issues	Sexual/Physical Abuse (Adults)
Autism/Asperger's	Grief/Loss/Bereavement	Sexual/Physical Abuse (Children)
Bipolar Disorders	Head Trauma	Schizophrenia
Chemical Dependency	Home Visits	Serious/Persistent Mental Illness
Christian/Spiritual	Impulse disorders	Sexual Disorders
Chronic Pain/Pain Management	Infertility	Sexual Dysfunction
Crisis Stabilization	Inpatient Attending	Sexual Abuse/Incest
Cultural Issues	Inpatient Consult MD	Sleep Disorder
Child/Parent Bonding	Learning Disability	Step/Blended Families
Co-occurring Disorders	Medical Evaluation	Stress Management
Cognitive Disorder	Medical Illness/Chronic Illness	Self-Injury
Concussion	Men Issues	Sexual Offender
Criminal Offenders	Mood Disorders	Substance Abuse
Dementia Disorders	Marital Issues	Suicide
Developmental Disorder	Mental Retardation	Tobacco Cessation
Disruptive Behavior	Obsessive Compulsive Disorder	Women Issues
Dissociative Disorder	Oppositional Defiant Disorder	Work Related Problems

* MCOs are required by the HCA to report on services billed by practitioners utilizing these Evidence/Research Based Practices for clients under the age of 21 covered under Apple Health

The above information will be made available to Coordinated Care members on our public directory for more successful, targeted self-referral.