

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
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 for Part II, later.

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. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Disclosure of Ownership and Control Interest Form for Centene Vision Services Providers and Vendors

Complete Sections A and B. A separate Disclosure Form must be completed for each TIN.
For complete Instructions and Definitions see pages 5-6.

Section A (Please answer all of the following):

If you answered **Yes** to any questions, complete the Table(s) indicated, then sign the Attestation (Section B) on page 4

If you answered **No** to all questions, complete and sign the Attestation (Section B) on page 4

Section 1. Disclosure Regarding Managing Employees

Does the provider/vendor have any **Managing Employees** (CEO, Administrator, Director, COO, CFO, etc.)? (42 C.F.R. § 455.104)

☐ No

☐ Yes
Complete Table 1

Section 2. Criminal Offense Disclosure

Has the provider/vendor, or any **Person** (individual or entity) **Who Has Ownership or Controlling Interest** in the provider/vendor, or who is an **Agent** or **Managing Employee** of the provider/vendor, ever been convicted of a criminal offense related to that person's involvement in any program established under Titles XVIII (Medicare), XIX (Medicaid), XXI (SCHIP), or Title XX (Social Services Block Grants) since the inception of those programs? **Verify exclusion through the applicable federal and state specific exclusion databases.** (42 C.F.R. § 455.106)

☐ No

☐ Yes
Complete Table 2

Section 3. Person(s) with Ownership or Control Interest Disclosure

Are there any **Persons** (individual or entity) **With an Ownership or Control Interest** in the provider/vendor? (42 C.F.R. 455.104)

☐ No

☐ Yes
Complete Table 3

Section 4. Direct or Indirect Ownership of 5% or More in a Subcontractor Disclosure

Does the provider/vendor have an **Ownership Interest** or **Indirect Ownership Interest** of 5% or more in any **Subcontractor**? (42 C.F.R. 455.104)

☐ No

☐ Yes
Complete Tables 4, 4A

Section 5. Other Disclosing Entity Disclosure

Does the provider/vendor or any one named in **Table 3** have an **Ownership or Control Interest** in any other Medicaid provider? (42 C.F.R. 455.104)

☐ No

☐ Yes
Complete Table 5

5A. Does the provider/vendor or any one named in **Table 3** have an **Ownership or Control Interest** in any **other disclosing entity** that does not participate in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V (Maternal and Child Health Services Block Grant), XVIII (Medicare), XX (Block Grants to States for Social Services), or Title XXI (State Children's Health Insurance Program) of the Social Security Act? (42 C.F.R. 455.104)

☐ No

☐ Yes
Complete Table 5

Section 6. Business Transactions Disclosure

Business Transactions - Subcontractors: Has the provider/vendor had any business transactions with a **Subcontractor** totaling more than \$25,000 in the previous twelve (12) month period (12- month period ending as of the date on this request)? (42 C.F.R. 455.105)

☐ No

☐ Yes
Complete Table 6

Section 7. Significant Business Transaction Disclosure

Significant Business Transactions: Has the provider/vendor had any **Significant Business Transactions** with a **Wholly Owned Supplier** or **Subcontractor** during the previous 5-year period (5-year period ending as of the date on this request)?

☐ No

☐ Yes
Complete Table 7

Table 1 Disclosure Regarding Managing Employees (Section 1; 42 C.F.R. § 455.104)

Provide the following details for any Managing Employee of the provider/vendor (See the definition of Managing Employee)

Name (First, Middle, Last)	SSN	Birthdate	Complete Address (Street, City, State, Zip)	NPI (If applicable)	Position

Table 2 Criminal Offense Disclosure (Section 2; 42 C.F.R. § 455.106)

Provide the following details and a description of offense(s). Use additional pages if necessary as set forth on page 4.

Name (First, Middle, Last)	SSN/TIN	Birthdate	Description

Table 3 Person(s) with Ownership or Control Interest Disclosure (Section 3; 42 C.F.R. § 455.104)

Provide the following details and include the title (for example, CEO, CFO, COO, owner, board member etc.). Please attach additional pages if necessary as set forth on page 4. *For corporations/entities that have an ownership or control interest in the Disclosing Provider, please separately list its primary business address, every business location and post office box address. (See the definition of a person with an ownership or control interest.)

Name (First, Middle, Last)	SSN/TIN	Birthdate	Title	Complete Address (Street, City, State, Zip)	% Ownership Interest

Table 3A Relationship Disclosure of Person(s) with Ownership (Section 3; 42 C.F.R. § 455.104)

Are any of the individuals disclosed in **Table 3** related to each other as a spouse, parent, child, or sibling?

☐ **No** ☐ **N/A**

☐ **Yes** - Provide the following details. Use additional pages if necessary as set forth on page 4.

Name (From Table 3)	How is the person in Table 3 related to the other person who has ownership or controlling interest?	Name of Related Person listed in Table 3?

Table 3B Relationship Disclosure (Related to 4A) (Section 3; 42 C.F.R. § 455.104)

Are any of the individuals disclosed in **Section 3** related to any of the individuals disclosed in **Table 4A** as a spouse, parent, child, or sibling?

☐ **No** ☐ **N/A**

☐ **Yes** - Provide the following details. Use additional pages if necessary as set forth on page 4.

Name (From Table 3)	How is the person from Table 3 related to the person from Table 4A	Name of Related Person listed in Table 4A

Table 4 Direct or Indirect Ownership of 5% or more in a Subcontractor Disclosure (Section 4; 42 C.F.R. § 455.104)

Provide the following details about the Subcontractor.

Name of Subcontractor (First, Middle, Last)	SSN/TIN	Birthdate	Complete Address (Street, City, State, Zip)	% Ownership Interest

Table 4A Subcontractor Disclosure, Cont'd (Section 4; 42 C.F.R. § 455.104)

Provide the information below about any Person (individual or entity) with an Ownership or Control Interest in any Subcontractor in which the provider/vendor has a 5% or more Ownership Interest or Indirect Ownership or Control Interest. (See the definition of the following terms: Person (individual or entity) with an Ownership or Control Interest, Subcontractor and Indirect Ownership Interest.)

Name of Subcontractor (From Table 4)	Name of Person(s) with an ownership or control interest in the Subcontractor	SSN/TIN of Person(s) with an ownership or control interest in the Subcontractor	Birthdate of Person(s) with an ownership or control interest in the Subcontractor	Complete Address (Street, City, State, Zip) of Person(s) with an ownership or control interest in the Subcontractor	% Ownership Interest or Control

Table 5 Other Disclosing Entity Disclosure (Sections 5, 5A; 42 C.F.R. § 455.104)

Provide the following details. (See the definition of the following terms: Other Disclosing Entity and Ownership Interest.)

Name (From Table 3)	Name of other disclosing entity or other Medicaid Provider	SSN /TIN of the other disclosing entity or other Medicaid Provider

Table 6 Business Transactions Disclosure (Section 6; 42 C.F.R. § 455.105)

Provide the following details. (See the definition of Subcontractor.)

Name of Subcontractor	TIN or SSN, of Subcontract	Birthdate	Complete Address (Street, City, State, Zip)	Transaction Amount

Table 7 Significant Business Transactions Disclosure (Section 7; 42 C.F.R. § 455.104)

Provide the following details. (See the definition of the following terms: Subcontractor, Wholly-owned Supplier, and Significant Business Transactions.)

Type of entity (<u>Wholly Owned Supplier</u> OR <u>Subcontractor</u>)	Name	TIN/SSN	Birthdate	Complete Address (Street, City, State, Zip)	Transaction Amount

Section B – Attestation

Name of Provider/Vendor (Disclosing Entity) Being Contracted:

Tax ID # of Provider/Vendor:

Complete Business Address (Street, City, State, Zip)

By signing below, I hereby certify that all information contained in this form is true, correct, and complete in all aspects. I understand that misleading, inaccurate, or incomplete data may result in a denial of participation or termination of an existing contract.

Name: (Print or Type: First/Middle/Last)

Title: (Print or Type)

Authorized Signature:

Date:

☐ By checking this box, I acknowledge I have completed the Provider Listing Form.

Additional Documentation

Are you uploading additional pages to this Form?

☐ **Yes** ☐ **No**

If you have indicated “Yes” above, fax additional pages to 877-805-1819:

Appendix A - Instructions

1. Read all definitions and instructions outlined throughout this Form before completing. Terms that have regulatory definitions, and in some cases helpful examples, are underlined throughout this Form. These Definitions can be found in Appendix B on page 6. Please review the applicable definitions before responding to the question.
2. Answer all questions as of the current date.
3. If "No" is marked in any section, the corresponding table may be left blank. If "Yes" is marked in any section, all information must be completed in the corresponding table. If there is no information to include in the table, indicate "None" or "N/A" in the space provided. Do not leave blank spaces unless advised to do otherwise in the instructions. An incomplete Form will be returned to the provider/vendor.
4. If more space is needed, please indicate at the bottom of page 4 that additional pages are attached, and use the link on page 4 to upload the necessary file.
5. Business & Service Address: The address for corporate/legal entities must include, as applicable, the primary business address, every business location, and P.O. Box address. Individuals must provide their home address.
6. This Form should be submitted at the time of contracting and within 35 calendar days of any change to the information reported on this Form.
7. Failure to submit the requested information may result in denial of a claim, a refusal to enter into a provider agreement or contract, or in termination of existing agreements and contract.
8. The following procedure and examples should be used to assist in determining direct and indirect ownership or control (42 C.F.R. § 455.102):
 - (a) **Determining Indirect Ownership Interest.** The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if A owns 10 percent of stock in a corporation which owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership interest in the disclosing entity and must be reported. Conversely, if B owns 80 percent of the stock of a corporation which owns 5 percent of the stock of the disclosing entity, B's interest equates to a 4 percent indirect ownership interest in the disclosing entity and need not be reported.
 - (b) **Determining person with an ownership or control interest.** In order to determine percentage of ownership, mortgage, deed of trust, note, or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the disclosing entity's assets used to secure the obligation. For example, if A owns 10 percent of a note secured by 60 percent of the provider's assets, A's interest in the provider's assets equates to 6 percent and must be reported. Conversely, if B owns 40 percent of a note secured by 10 percent of the provider's assets, B's interest in the provider's assets equates to 4 percent and need not be reported.

Appendix B – Definitions (42 C.F.R. § 455.101)

Agent

Any person who has been delegated the authority to obligate or act on behalf of a provider. It also means any person who has express or implied authority to obligate or act on behalf of an entity (42 CFR §§ 1001.2, 1001.1001).

Disclosing Entity

The provider or vendor contracting with Centene Vision Services (other than an individual practitioner).

Indirect Ownership Interest

An ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an Indirect Ownership Interest in the disclosing entity. Indirect ownership interest includes an ownership interest through any other entities that ultimately have an ownership interest in the entity in issue (42 CFR §§ 1001.2, 1001.1001).

Managing Employee

A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of, an institution, organization, or agency.

Other Disclosing Entity

Any other disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:

- a. Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare;
- b. Any Medicare intermediary or carrier; and
- c. Any entity (other than an individual practitioner) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.

Ownership Interest

The possession of equity in the capital, the stock, or the profits of the disclosing entity. It also means an interest in:

- a. The capital, the stock or the profits of the entity, or
- b. Any mortgage, deed, trust or note, or other obligation secured in whole or in part by the property or assets of the entity. (42 CFR §§ 1001.2, 1001.1001).

Person with an Ownership or Control Interest

A person or corporation that:

- a. Has an ownership interest totaling 5 percent or more in a disclosing entity;
- b. Has an Indirect Ownership Interest equal to 5 percent or more in a disclosing entity;
- c. Has a combination of direct and Indirect Ownership Interests equal to 5 percent or more in a disclosing entity;
- d. Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- e. Is an officer or director of a disclosing entity that is organized as a corporation; or
- f. Is a partner in a disclosing entity that is organized as a partnership?

Significant Business Transaction

Any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of a provider's total operating expenses.

Subcontractor

- a. An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- b. An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

Supplier

An individual, agency, or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds, or a pharmaceutical firm).

Wholly Owned Supplier

A supplier whose total ownership interest is held by a provider or by a person, persons, or other entity with an ownership or control interest in a provider.

DEA/CDS RELEASE

I, _____, NPI # _____ do not hold a DEA/CDS license; therefore, I will not prescribe any Schedule II – V medications while practicing in this state.

Please describe your process for handling instances when a patient requires a controlled substance.

Select **one** of the options below and complete any applicable fields:

☐ ***I do not prescribe controlled substances for my patients. If I determine that a patient may require a controlled substance, I refer the patient to their PCP or to another practitioner for evaluation and management***

☐ I am eligible for a DEA or CDS, but do not have a current certificate. Therefore, I have an arrangement in place with the following provider and/or office, who currently holds an active DEA/CDS license:

Provider Signature: _____ Date: _____