PROVIDER*Update*



REGULATORY

MARCH 21, 2019

UPDATE 19-064

2 PAGES

W-9 Form Needed for Prop 56 Supplemental Payments

Email or fax a current W-9 and add "Prop 56 W9" in the subject line or on the cover sheet

Health Net* has received funds for Proposition 56 (Prop 56) supplemental payments; however, a W-9 form is required from all capitated Medi-Cal physicians. After receiving the completed W-9 form, payments take about five weeks to process and send to providers.

The W-9 form must include the individual physician's:

- National Provider Identifier (NPI) If two NPI numbers are used (individual and group), include both NPI numbers where space is available.
- Individual taxpayer identification number (TIN).

Example:

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and		Employer identification number							
Number To Give the Requester for guidelines on whose number to enter.									
→ Write the NPI information on the W-9 form	Add the TIN here			-					

SUBMITTING A W-9 FORM

A W-9 form is included with this communication. You can also download it from the Internal Revenue Service (IRS) website at www.irs.gov/pub/irs-pdf/fw9.pdf with complete instructions.

Send a current or updated W-9 using the new email or fax number below:

EMAIL	HNCA_W9_Submissions@CENTENE.COM			
	(Clearly add the words "Prop 56 W9" in the subject line.)			
FAX	1-833-794-0423 (Include a cover sheet and clearly add the words "Prop 56 W9" and "PROTECTED HEALTH INFORMATION.")			

ADDITIONAL INFORMATION

In addition to this notice, our call center representatives will contact providers who still need to submit a W-9 form.

If you have questions about the status of your W-9, requesting a Remittance Advice (RA) or questions about Prop 56 payments, contact Health Net's Provider Services Center at 1-800-675-6110.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- O Hospitals
- O Ancillary Providers

LINES OF BUSINESS:

- O HMO/POS/HSP
- O PPO
- O EPO
- O Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - O Riverside
 - Sacramento
 - O San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

1-800-675-6110 provider.healthnet.com

PROVIDER COMMUNICATIONS provider.communications@ healthnet.com

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Request for Taxpayer Identification Number and Certification

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

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

	I Name (as snown 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					
n page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership True	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)				
e. ns	single-member LLC					
ફ	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶_					
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member is disregarded from the owner should check the appropriate box for the tax classification of its owner.	the LLC is	Exemption from FATCA reporting code (if any)			
Scifi	Other (see instructions)		(Applies to accounts maintained outside the U.S.)			
Spe		ster's name ar	nd address (optional)			
See						
U)	6 City, state, and ZIP code					
	7 List account number(s) here (optional)					
Par	Taxpayer Identification Number (TIN)					
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social secu	curity number			
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 <i>How to get a</i>] - -			
TIN, later.						
		Employer i	r identification number			
Numb	per To Give the Requester for guidelines on whose number to enter.	-	.			
Par	t II Certification					
Unde	r penalties of perjury, I certify that:					
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for a numb n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or divide longer subject to backup withholding; and	not been no	otified by the Internal Revenue			
3. I ar	n a U.S. citizen or other U.S. person (defined below); and					
1 The	EATCA godd(s) entered on this form (if any) indicating that I am exempt from EATCA reporting is con-	o+				

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 ►			

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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 taxpaver 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,