

Pay-For-Performance Medi-Cal Program



Wellness Service Bonus Enrollment Forms

P4P Wellness Service Bonus Enrollment Forms - Provider Acknowledgement Form

This Provider Acknowledgement Form serves as documentation that you have reviewed all enclosures regarding the Molina's Pay-For-Performance Program which consists of the following:

- Medi-Cal HEDIS® Performance Bonus
- Medi-Cal CHDP Wellness Services Bonus

Acknowledgment **MUST** be received in order to participate in either Program. In addition to the required enrollment forms for CHDP.

_____ Physician Name (Please Print)	_____ Rendering Provider Title
_____ Physician NPI Number	_____ Pay-To Group Name (Please Print)
_____ Physician License Number	_____ Pay-To Tax ID

Select all programs you will be participating in:	
Medi-Cal HEDIS® Performance Bonus	Medi-Cal CHDP Wellness Services Bonus
Required forms for participation: <input type="checkbox"/> Provider Acknowledgement Form <input type="checkbox"/> IRS W-9 Form (One W-9 per TIN is required)*	Required forms for participation: <input type="checkbox"/> Provider Acknowledgement Form <input type="checkbox"/> Participating Provider Sites <input type="checkbox"/> IRS W-9 Form (One W-9 per TIN is required)* <input type="checkbox"/> Copy of DHCS CHDP Certification

By signing below, I further acknowledge that I am aware of the eligibility requirements and proper submission procedures to participate in this program. **In the event encounters and/or claims are submitted incorrectly, all corrections must be resubmitted within sixty (60) days from the date of service to be eligible for bonus reimbursement.** Please be aware that Molina has the right to discontinue or modify the bonus program at any time

Provider Signature

Date

* One (1) W-9 form is required per individual Tax Identification Number (TIN). For example, if a same TIN is used for more than one service site, please complete and submit one (1) W-9 form. Please identify one mailing address for each TIN.

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P4P Wellness Service Bonus Enrollment Forms – CHDP Participating Provider Sites

<p style="text-align: center;">Site 1</p> <p>Site Name: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Phone: _____</p>	<p style="text-align: center;">Site 2</p> <p>Site Name: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Phone: _____</p>
<p style="text-align: center;">Site 3</p> <p>Site Name: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Phone: _____</p>	<p style="text-align: center;">Site 4</p> <p>Site Name: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Phone: _____</p>
<p style="text-align: center;">Site 5</p> <p>Site Name: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Phone: _____</p>	<p style="text-align: center;">Site 6</p> <p>Site Name: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Phone: _____</p>

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, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) © <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ©	
	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 Line 1 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.

Note. If the account is in more than one name, see the chart on page 4 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).

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 4.

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.

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, 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,