



NOTICE

TO: MEDICAL PROVIDERS OF D.C. CHARTERED HEALTH PLAN, INC.
FROM: DAN WATKINS, SPECIAL DEPUTY TO THE REHABILITATOR
SUBJECT: PAYMENT PLAN
DATE: AUGUST 31, 2013

The D.C. Superior Court has approved a settlement agreement between DC Chartered Health Plan Inc. (Chartered) and the Department of Health Care Finance (DHCF). The agreement provides \$48 million to be paid toward Chartered's unpaid obligations to medical, dental, vision, behavioral health, pharmacy and laboratory providers who provided services to Chartered enrollees.

The settlement proceeds of \$48 million will be distributed to providers in two parts:

- PART I \$18 million from Chartered
- PART II \$30 million through the Provider Stabilization and Beneficiary Access grant program administered by DHCF

PART I

Chartered will make Part I pro rata payments to providers as soon as possible after Chartered receives the \$18 million settlement payment.

The Part I payment from Chartered will be accompanied by a remittance advice/EOB listing of the provider's allowed claims together with a summary page setting out the total claim amount owed as of August 31, 2013.

Providers may appeal claim determinations which they dispute. Such appeals need to be made timely and through the normal appeal process.

PART II

Providers **must** apply for the Provider Stabilization and Beneficiary Access grant (including a DC Office of Tax and Revenue "Clean Hands Certificate" and a completed W-9 form) and receive a grant approval from DHCF in order to receive a Part II payment. DHCF will provide approved applicants with a Notice of Grant Award (NOGA) and release form. Grant proceeds will only be paid after receipt of the signed NOGA and release.

A grant application is enclosed with this notice for providers who have not yet applied for a grant.

A one stop shop has been established by the Rehabilitator and DHCF to facilitate the processing of grant applications. The website with complete information on this process is www.charteredrehabilitation.com.

Providers may also call toll free at (855-865-1769) to ask questions and receive assistance in processing their grant applications.

Please note, Behavior Health providers contracted with Beacon Health Services and Dental and Eye providers contracted with DentaQuest and EyeQuest DO NOT need to apply for a grant. Beacon Health Services, DentaQuest and EyeQuest will make grant applications and coordinate *pro rata* payments to contracted providers with Chartered.

The Rehabilitation Court set August 31st, 2013 as the last date for submitting claims to Chartered.

The Rehabilitator will process claims received or postmarked by the August 31 bar date.

As of August 22nd 2013, Chartered has processed, but not paid, \$58 million in undisputed provider claims. That amount will increase as final claims are processed.

The following example illustrates how pro rata Part I and Part II payments will be made (please note that this is an example only, as the final payment allocation will be determined based on the processed and unpaid and undisputed claims total as of August 31, 2013):

Processed but unpaid and undisputed claims	=	\$60 million
Part I payments by Chartered	=	\$18 million

Under this example, each provider would receive 30% of the total claim amount due from Chartered, the 30% percentage determined by dividing \$18 million by \$60 million.

Each provider would receive 50% of the processed but unpaid and undisputed claim amount in a Part II payment from the District's grant program if the eligibility requirements set by DHCF are met. Part II 50% payment in this example is determined by dividing \$30 million by \$60 million.

Additional payments in a Part III distribution may be made later by the Rehabilitator from assets Chartered has available or may recover going forward. No interest on claim amounts will be paid unless and until 100% of the amount due on provider's claims has been paid.

**IF YOU HAVE PREVIOUSLY SUBMITTED AN APPLICATION,
PLEASE DO NOT RESUBMIT**

Grant Application Checklist

<input type="checkbox"/>	1. Signed Grant Application
<input type="checkbox"/>	a. including Narrative Justification
<input type="checkbox"/>	2. IRS W-9 Form: Request for Taxpayer Identification Number and Certification
<input type="checkbox"/>	3. Certificate from the DC Office of Tax and Revenue (OTR) stating that the entity has complied with the filing requirements of DC tax laws and has paid taxes due to DC, or is in compliance with any payment agreement with OTR.
<input type="checkbox"/>	4. Signed Statement of Certification for a DHCF Notice of Grant Award
<input type="checkbox"/>	5. Signed Statement of Disclosure of any indictments, convictions or criminal offenses.



**District of Columbia Department of Health Care Finance
Application for Grant Funding**

RFA #	COO-08-01-2013	RFA Title:	Provider Stabilization and Beneficiary Access Program
Release Date:	August 1, 2013	DHCF Administrative Unit:	Office of the Chief Operating Officer
Due Date:	September 17, 2013 by 5:00PM		

New Application Supplemental Competitive Continuation Non-competitive Continuation

The following documents should be submitted to complete the Application Package:

- DHCF Application for Grant Funding (inclusive of DHCF Assurances & Certifications)
- Narrative Justification (as per the RFA Guidance)
- All Required attachments
- An Assurance and Certification Package

Complete the Sections Below. All information requested is mandatory.

<u>1. Applicant Profile:</u>		<u>2. Contact Information:</u>	
Legal Agency Name:		Organization Head:	
Street Address:		Telephone #:	
City/State/Zip:		Email Address:	
Ward Location:			
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Federal Tax ID#:			
Chartered Heath Plan Provider ID#:		Email Address:	

<u>3. Application Profile:</u>		
	Provider type	Funding Request:
Select One Only:	<input type="checkbox"/> Primary Care Physicians	
	<input type="checkbox"/> Specialist Physicians	
	<input type="checkbox"/> Dentists	
	<input type="checkbox"/> Hospitals	
	<input type="checkbox"/> Other (Explain)	

▪ **Narrative Justification (Attach document if space is not enough)**

Enter Name & Title of Authorized Representative	Date
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GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health Care Finance



**Statement of Certification for a DHCF Notice of Grant Award
(Refer to Section 1807.4 of Title 29 of the District of Columbia Municipal Regulations)**

- A. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. The Applicant/Grantee certifies that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. The Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the Applicant/Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
- I. That the Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;

- J. That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website.
- K. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- L. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- M. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- O. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- P. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

Applicant /Grantee Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health Care Finance



**Statement of Disclosure of any indictments, convictions or criminal offenses
(Refer to Section 1806.1 f and g of Title 29 of the District of Columbia Municipal Regulations)**

1. The Grantee shall disclose in a written statement the truth of which is sworn or attested to by the applicant, whether the applicant, or where applicable, any of its officers, partners, principals, members, associates or key employees, within the last three (3) years prior to the date of the application, has:

(1) Been indicted or had charges brought against them (if still pending) and/or been convicted of:

(i) any crime or offense arising directly or indirectly from the conduct of the applicant's organization, or

(ii) any crime or offense involving financial misconduct or fraud; or

(2) Been the subject of legal proceedings arising directly from the provision of services by the organization.

2. If any response to the disclosures required in Section 1 is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances.

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

Applicant /Grantee Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

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) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	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).

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.

Other entities. Enter your business name as shown on required 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.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

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.

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

The following payees 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, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. 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 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

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.

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, 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 domestic 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 item 1, below, and items 4 and 5 on page 4 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* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

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.

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,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (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 not subject to backup withholding, give the requester the appropriate completed Form W-8.

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, 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 the instructions below and the separate instructions for the Requester of Form W-9.

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

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. 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 will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic 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, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the 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 tax classification in the space provided. If you are an LLC that is treated as a partnership for 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. 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 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.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Provider Stabilization and Beneficiary Access Grant
(RFA – C00-08-01-2013)

Frequently Asked Questions

General

- Where can I get more information about this grant? Who can I contact?
As of 9/3/13, you can access additional information on the grant at www.charteredrehabilitation.com or by calling 855-865-1769.

Eligibility

- Who is eligible to apply for the grants?
To be eligible, a provider must:
 - *Have provided services to the D.C. Medicaid and D.C. Health Care Alliance beneficiaries enrolled in CHP ; and*
 - *Demonstrate financial hardship based on the existence of undisputed unpaid claims for services rendered.*
- Can my organization still apply if I am not a Medicaid Fee for Service provider?
Yes. Only the two eligibility requirements listed above are required.
- What if I provided services to CHP beneficiaries under an agreement with DentaQuest or OneBeacon?
Grants for providers who rendered services through DentaQuest and OneBeacon will be processed directly through those vendors. Such providers do not need to submit grant applications to DHCF.

Responding to the Request for Applications (RFA)

- What is the deadline for submission? Can I get an extension on the deadline date?

The deadline for submission is 5:00 pm on September 17, 2013. DHCF will not accept applications after the deadline, unless an extension is granted. DHCF will provide notice of any extension via press releases and emails to the provider listserv.

- Can I submit my application electronically?

You may submit your application in the envelope provided or upload it to website. See website details above.

- Do I need separate applications for each Tax ID?

Yes. Each tax ID is a unique number that DHCF will use to match the provider with the undisputed claims record from Chartered Health Plan. Additionally, DHCF will issue 1099's for each provider; therefore, providers with multiple tax ID's should submit separate applications for each tax ID. Additionally, completed W-9 forms for each tax ID should be included.

- How and where do I get my OTR clean hands certificate?

The Office of Tax and Revenue (OTR) issues the clean hands certificate. See link provided:

<http://dcforms.dc.gov/webform/certificate-clean-hands-formerly-certificate-good-standing>

- I have not received my tax clearance certificate from OTR. Can I submit my application without the certificate?

Yes. The application is due September 17th and may be submitted without the clean hands certificate. However, the application remains incomplete without the OTR certificate. Providers are required to obtain and promptly submit their OTR clean hands certificate.

Please note that OTR may take up to 10 days to process your request. DHCF strongly encourages providers to submit requests to OTR no later than September 6, 2013, in order to have sufficient time to submit the certificate. DHCF will not process incomplete applications.

- The Application Profile section states "Select only one." However, I have claims for Primary Care, Specialists, and Mental Health. Can I select all applicable services?

No. Select one service that is most representative of your services provided e.g. your highest volume, etc.

- What should I submit as narrative justification?

A brief statement explaining why you are requesting the funds will be sufficient. For example: "I have undisputed, unpaid claims owed by CHP."

- What is the Application Name and/or Project Name requested on pages 3 and 4 the application? Do I have to complete this section?
Yes, this section must be completed. Complete this section by printing the provider name.
- What is Grantee IRS/Vendor Number? Do I have to complete this section?
Yes, this section must be completed. Please print your federal tax ID number.
- Does DHCF require a bond for this grant?
No. DHCF as the grant-making agency does not require any bond for this grant.

Post Submission

- How do I know if DHCF received my application?
Providers may check the status of their application using website or toll-free number.
- Has my grant application been awarded?
Please refer to section VI. - Award Notice and Administration Information in the Request for Application (RFA).
- Will I have to submit any additional documents after I submit the application?
Yes. Once an application has been approved, providers will receive a Notice of Grant Award (NOGA) and a release form. Providers must sign and return both documents to DHCF within 10 business days. Payments will not be made until DHCF is in receipt of both signed documents. Please refer to Section VI of the Request for Applications (RFA).
- How much money will I get?
The grant amount will be determined based on the undisputed claims report provided by Chartered Health Plan via the Receiver.
- Will I have to pay the grants fund back?
No.