

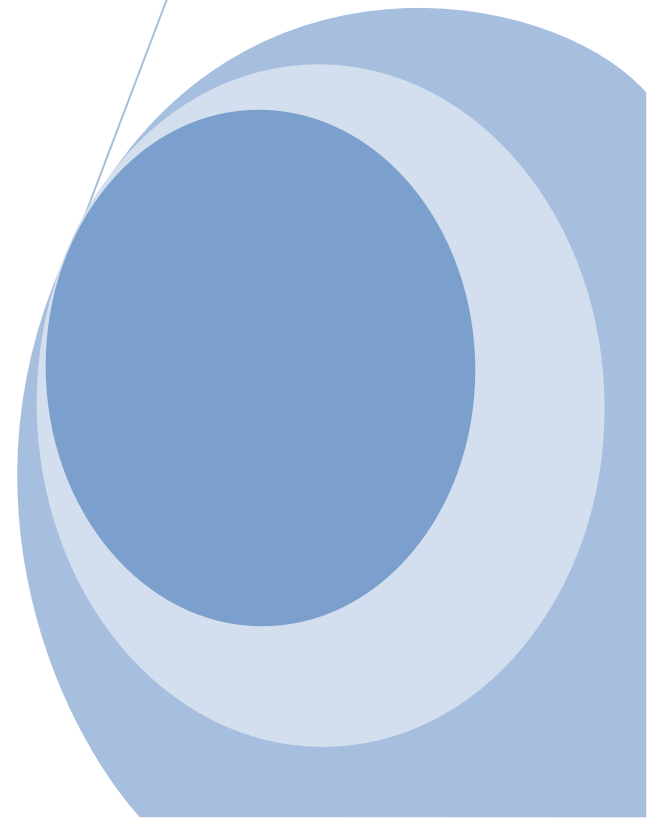
# HCP SPECIALTY CLINICS PHYSICIAN GUIDE

August 2010



Health Care Program  
*for children*  
with Special Needs

*Together we'll find the way.*



**HCP Specialty Clinic Physician Guide  
Health Care Program for Children with Special Needs (HCP):  
“Connecting Kids with Care”**

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# Health Care Program for Children with Special Needs (HCP) “Connecting Kids with Care”

## I HCP Specialty Clinics

### Purpose of the HCP Specialty Clinic Physician Guide

The purpose the HCP Specialty Clinic Physician Guide is to provide a reference for physicians attending the Specialty Clinics and assure the delivery of consistent, quality specialty care across the state. The Guide includes information about becoming an HCP Specialty Clinic Physician, billing and reimbursement, general information about the Title V Children with Special Health Care Needs Programs, the Colorado Medical Home Initiative, and the Health Care Program for Children with Special Needs (HCP).

### Purpose of the HCP Specialty Clinics

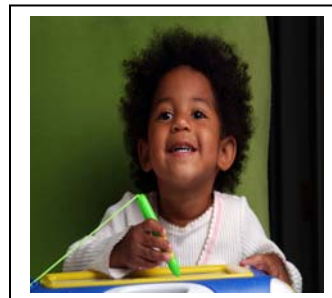
State, regional, and local public health services and care providers partner to:

- Provide access to pediatric specialty care in rural and frontier communities of Colorado
- Facilitate pediatric specialty care and collaboration with local primary care, public health, schools, early childhood systems, and other community agencies
- Support and model a local Medical Home Team Approach
- Provide specialty consultation and continuing education to local providers and specialists
- Facilitate shared responsibility for developing local quality health care systems

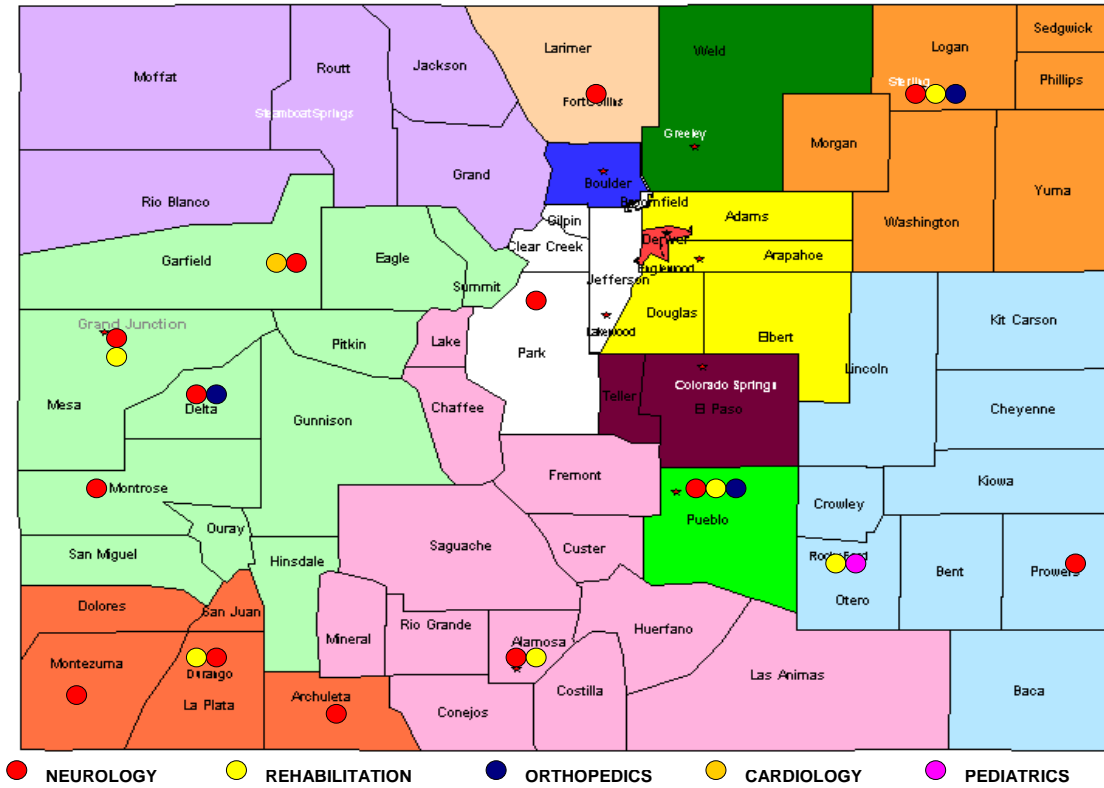
Primary care providers, therapists, school personnel, BOCES staff, Community Centered Board personnel, and other individuals the family would like to have attend and participate during the clinic visit are encouraged to attend the HCP Specialty Clinic on behalf of the family.

### Types of HCP Specialty Clinics

- Cardiology
- Neurology
- Orthopedics
- Pediatrics
- Rehabilitation



## Health Care Program for Children with Special Needs (HCP) HCP Specialty Clinics – 2010-11



Shaded Counties = “HCP Regions”

|   |  |
|---|--|
| Northwest (Steamboat Springs) 970 879-1632  | Denver 720 956-2086                      |
| Larimer (Fort Collins) 970 498-6732         | Tri-County (Englewood) 303 761 1340      |
| Weld (Greeley) 970 304-6420 ext 2309        | Southeast (Rocky Ford) 719 254-5300      |
| Northeast (Sterling) 970 867-4918 ext 257   | El Paso (Colorado Springs) 719 578-3200  |
| Boulder 303 678-6064                        | Pueblo 719 583-4431                      |
| Western Slope (Grand Junction) 970 248-6948 | South Central (Alamosa) 719 589-4313     |
| Jefferson (Lakewood) 303 239-7006           | Southwest (Durango) 970 247-5702 ext 209 |

## **II HCP Specialty Clinics Physician Information**

### **Specialty Clinic Physician Application**

Requests for an HCP Specialty Clinic must come from the local community based on their community needs assessment for services. The local HCP Office and/or State HCP Office will collaborate in locating specialty providers to provide services.

The State HCP Office asks that the provider submit the following:

- HCP Specialty Clinic Physician Application Form (Appendix A)
- All Physicians:
  - Copy of Medical license
  - Copy of Medical Liability Coverage
  - Insurance Certificate
- Private Physicians
  - Authorization Agreement for Automatic Deposits (Appendix B)
  - W-9 Form (Appendix C)
- UPI Physicians
  - Documentation of The Children’s Hospital/UPI Credentials
- Recommendation from a professional colleague

This information should be sent to:

**Colorado Department of Public Health and Environment  
PSD-HCP-A4  
Attn: HCP Care Coordination/Specialty Clinics, Program Manager  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
Fax: 303-753-9249**

A letter of confirmation specifying the “HCP Agreement” will be sent upon receipt of the above documentation.



## **Specialty Clinic Provider Reimbursement**

HCP contracts with participating private specialty physicians and University Physicians, Inc (UPI) for the University of Colorado pediatric specialty physicians. The individual contracts specify the honorarium for compensation of time away from their normal practices, reimburse for travel expenses, and expenses related to the transcription of the individual patient clinic visit.

The ***Invoice for Reimbursement for the HCP Specialty Clinics*** (Appendix D) should be submitted within **one month** of the clinic including the following information:

- Name of the physicians and contact information
- Date of each clinic or clinics
- Type of special clinic
- Location of each clinic
- Honorarium for each one day (8 hour clinic) attended

***Please retain a copy for you own records.***

- *The Children's Hospital/UPI Physicians*
  - Send the ***Invoice for Professional Services for the HCP Specialty Clinics*** to UPI. UPI will submit an Invoice to CDPHE for the honorarium and travel expenses. UPI is responsible for reimbursing physicians for their travel expenses
- *Private physicians*
  - Submit the ***Invoice for Professional Services for the HCP Specialty Clinics*** directly to CDPHE.

***Colorado Department of Public Health and Environment  
PSD-HCP-A4  
Attn: HCP Care Coordination/Specialty Clinics, Program Manager  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530***

### ***Please Note:***

***All invoices must be submitted within one month of the clinic for reimbursement.***

## **Specialty Clinic Physician Billing**

HCP specialty providers may bill private insurance companies, Medicaid and CHP+ if patients are covered by those reimbursement sources. In addition:

- Providers must accept Medicaid or CHP+ payment as full reimbursement
- Patients unable or unwilling to obtain their own insurance (identified as "self pay") will not be billed unless the family and the provider agree before services are rendered on payment plans based on the family's ability to pay
- If an insurance payment is denied because a deductible has not been met, a family with private insurance may be billed - the provider is asked to consult with the HCP Specialty Clinic Coordinator regarding any special circumstances for the family

### **The Children's Hospital/UPI Physicians**

- Billing is through UPI as for all The Children's Hospital patients

### **Private physicians**

- Billing is the responsibility of the provider

## **Specialty Clinic Dictation and Reports**

Based on the HCP Medical Home Team Approach, all dictated notes from the Specialty Clinics will be sent to:

- The child/youth's primary care provider and referral source if not the PCP
- The HCP Pediatric Specialty Clinic Coordinator for inclusion in the Clinic record
- The child/youth's family
- The HCP Care Coordination (public health nurse), if one is involved

In order to assure a quality report, all dictation will be completed on the day of clinic.

- The Children's Hospital physicians/UPI:
  - Use the TCH EPIC system as with other TCH patients
  - TCH Transcription services will track and send out the Specialty Clinic Report to the primary care provider and appropriate Specialty Clinic Coordinator
- Private physicians
  - Arrange for their own transcription of their dictation and distribution to the primary care provider and appropriate Specialty Clinic Coordinator

## **Specialty Clinic Physician Community Consultation and Education**

Through the HCP program, pediatric specialty providers are encouraged, whenever possible, to provide consultation and educational opportunities to local primary care providers, nurses, and other community health care providers in order to build the capacity of these providers to care for children with special health care needs.

## **Increasing, Adding, or Decreasing a HCP Specialty Clinic for a Host Site**

The HCP contracts with each local health agency for the Specialty Clinics and the contracts specify the number and type of specialty clinics they will host during a year. In order to increase, add, or decrease the number of clinics a written proposal from the host site Specialty Clinic Coordinator must be submitted to the State HCP Office by March 1 so that the fiscal impact can be evaluated on the upcoming contract year for both the physician contracts as well as the host site contracts.

The proposal should include:

- Description of the changes being requested - whether increasing, adding, or decreasing the number of clinics
- Review the current specialty clinic visit trends, appointment lead time, wait list, and community support for the change
- Assessment of other existing clinics in the area to combine with and/or consideration of combining efforts with other counties and communities
- Consideration of coordinating half-day clinics with neighboring counties to promote efficient use of physician's time and travel expenditures
- Recommendation of specialist in the surrounding community if known

### **III HCP Specialty Clinic Physician Responsibilities**

#### **Maintain patient and family confidentiality according to HIPAA regulations**

##### **Prior to Clinic**

- Communicate expectations to the HCP Specialty Clinic Coordinator

Each specialty physician will have different expectations of the clinic set up and staff support needs. Communicating these expectations prior to clinic will allow the staff time to appropriately prepare for the clinic and also allow them to negotiate their capacity to meet the requested expectations. Examples include:

- Clinic space needed
  - Clinic appointment scheduling times for new, follow up (within the year) and return patients (over a year since last visit)
  - Equipment and supplies
  - Special requests (arrangement of clinic room set up, resources, computer and phone access)
  - Staff support needs
- Provide consultation to the local HCP Specialty Clinic Coordinator

HCP Specialty Clinic Coordinators may request consultation (by phone or e-mail) to determine priority of children who have been referred to clinic and who should be seen.

- Determine insurance eligibility and negotiate physician rates with any insurance or HMO

Provider office staff should contact families regarding questions relating to insurance coverage, deductibles, and expected fees.

##### **During Clinic**

- Provide clinical evaluation addressing the questions of the primary care provider and family for each child/youth and dictate findings, recommendations, and needed follow up for the Primary Care Provider and Specialty Clinic visit record

##### **After Clinic**

- Submit the "Invoice for Professional Services for HCP" for reimbursement of their honorarium and travel within one month of the clinic
- Submit bills to the child's insurance, if available
- Provide consultation to the primary care provider, family, and HCP Specialty Clinic Coordinator regarding any follow-up care



## **IV HCP Specialty Clinic Coordinator & Clinic Staff Responsibilities**

### **Maintain patient and family confidentiality according to HIPAA regulations**

#### **Prior to Clinic**

- Obtain a referral from the primary care provider and talk with the family to complete the ***Specialty Clinic Medical History***

Clarify with the primary care provider the questions and concerns that need to be addressed by the pediatric specialist. Advise the PCP about the tests or procedures required prior to the clinic visit. If needed, have the PCP contact the pediatric specialist for further consultation about the clinic visit and needed recommendations.

- Request care coordination assistance if needed
- Consult with the Specialty Provider regarding any questions about timing of the appointment and need for more immediate evaluation and care
- Negotiate with the specialty provider the number of new, follow-up, and return patients to be seen
- Schedule HCP Specialty Clinic for a new, follow-up, or return appointment
- Prepare the HCP Specialty Clinic Chart and Clinic Visit Record for each visit

Pull together all the health and medical information as requested by the specific specialty provider and place into the HCP Specialty Chart including but not limited to:

- Family Information Interview Questionnaire
- PCP referral and/or questions
- Test results
- Procedure results
- Medical reports and health results from other providers
- Insurance information
- Care Coordinator reports
- Other information requested by the specific specialist

#### **During Clinic**

- Provide Specialty Clinic coordination and staff support

Specialty Clinic staff assist in confirming family contact information, insurance information and in obtaining consent for services

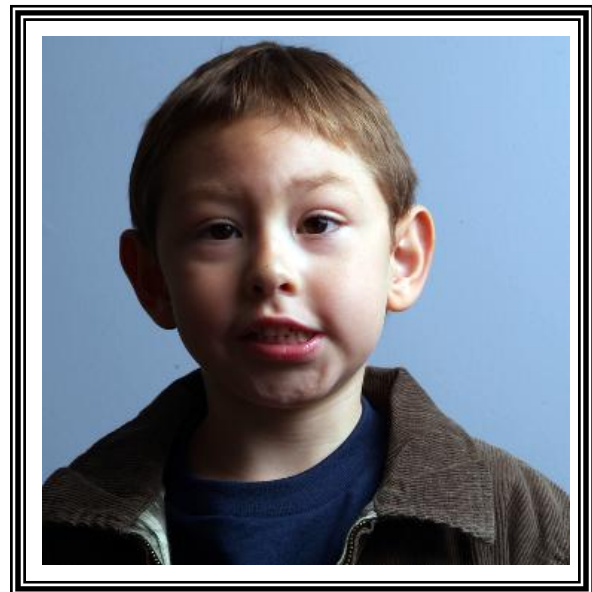
- Provide direct care to patients (e.g. height, weights, vital signs)

Clinic support staff is available to obtain height and weight measurement and vital signs according to the specific needs of the clinic.

- Provide health education along with local community resource and referral information
  - Specialty Clinic staff confirm with the family/youth their understanding of the recommendations of the specialist for appointment follow up
  - Specialty Clinic RN will confirm the family/youth understanding of medication recommendations, treatments, procedures, etc
  - Questions regarding assistance with follow up are referred to the PCP and the HCP Care Coordinator
  - A Request for HCP Services should be initiated if the family/youth does not have a HCP Care Coordinator prior to clinic, but as a result of being seen in clinic the need is now identified

### **After Clinic**

- Track and distribute the HCP Specialty Clinic Reports from the specialty providers
- Refer calls from families regarding the recommendations from the clinic visit to their primary care providers or to the pediatric specialist



## V HCP Care Coordinator Responsibilities

### Maintain patient and family confidentiality according to HIPAA regulations

#### Prior to Clinic

- Complete an interview with the family to obtain an assessment of the family and child/youth needs for health and other services
- Report back to the HCP Specialty Clinic Coordinator regarding the family status and any additional relevant information related to the specialty clinic visit (e.g. questions or concerns from the family that had not previously been identified but need to be addressed by the pediatric specialist)
- Assist the family in arranging transportation and child care if needed for the Specialty Clinic

#### During Clinic:

- HCP Care Coordinators are not expected to attend the HCP Specialty Clinics unless requested by the family AND they have the capacity to allow for travel time and time in the clinic within their HCP Contract

#### After Clinic:

- Review the Specialty Clinic visit record for recommendations via communication with the Specialty Clinic Coordinator, fax of the Specialty Clinic Visit Record, or the Specialty Clinic dictated note
- Follow up with the family to assure that they understand the recommendations of the Specialty Clinic and assist as needed with any follow up recommendations



## **VI Children With Special Needs HCP Program Overview**

### **Children with Special Health Care Needs**

The Maternal and Child Health Bureau defines Children and Youth with Special Health Care Needs (CYSHCN) as “those who have, or are at increased risk for having, a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” (McPherson, et al., 1998). Colorado has about 70,000 births a year with a total population of over 1.5 million children and youth birth to 21 years of age. Using the 2007 National Survey of Children’s Health (NSCH) it is estimated that 17.1% of children are children and youth with special health needs, or approximate 255,000 children and youth in Colorado.

### **Colorado’s Medical Home Team Approach**

A medical home team integrates patients as active participants in their own health and well-being. Patients are cared for by a health professional who leads the health care team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology. These relationships offer patients comfort, convenience and optimal health throughout their lifetimes.

The American Academy of Pediatrics, the American Academy of Family Physicians and the National Maternal & Child Health Bureau are promoting Medical Home partnerships between providers, families, and community organizations at the local and state level that support the family and providers. In a Medical Home, families and physicians work together to identify and access all the medical and non-medical services needed to help children and their families reach their maximum potential.

### **HCP: “Connecting Kids With Care – Improving Health Care Systems”**

The Health Care Program for Children with Special Needs (HCP) is a resource for families, health care providers, and communities. The program goal is to improve the health, development, and well being of Colorado’s children with special health care needs and their families by developing a system of health care services and supports for all families.

HCP receives federal Maternal Child Health Bureau Title V funds as well as state and local funding to serve Colorado children from birth to age 21 that have or are at risk for physical, behavioral, or emotional conditions. Through contracts with regional and local county public health agencies, HCP provides care coordination and assists families in accessing community-based health care, including specialty care and related services and supports to meet the individual needs of a particular family. HCP promotes a medical home team approach with the child’s primary care provider.



## **HCP Regional Office Teams**

Colorado is divided into 16 Regional Offices made up of local county public health agencies. HCP Regional Office teams utilize public health nurses, family coordinators, occupational and/or physical therapists, speech pathologists, audiologists, nutritionists, and social workers as well as other health care team members from the community to identify resources for families to assist in meeting the needs of children and youth with special health care needs.

## **HCP Care Coordination**

HCP care coordinators work directly with the child's family and primary care provider to assist in coordinating the many professionals and organizations involved in an individual child's care. This often includes coordinating the care among the specialty providers, school nurses, early childhood education programs, therapists, and community agencies working with an individual family. HCP care coordination is an essential activity of HCP. It is integrally involved in supporting the HCP Specialty Clinics Coordinators with the recommended follow-up after the Specialty Clinic to assure communication and planning among all the family's team members, including the PCP, other medical specialists, community programs and insurance plans.

## **Other Programs Supported through Colorado's Children with Special Health Care Needs Unit (Title V – Maternal and Child Health Programs)**

### **Additional Clinics Supported by HCP**

#### **Diagnostic and Evaluation Clinics (D & E Clinics)**

The D&E Clinics provide family's access to evaluation services within or near their own community. A team of professional's works to provide a comprehensive diagnostic medical evaluation of a child with suspected special needs. These teams typically include a developmental pediatrician along with related service professionals including speech language pathologists, physical therapists, occupational therapists, social workers, psychologists, service coordinators, parent advocates and nurses.

#### **The Children's Hospital Genetics Clinics**

The TCH Regional Genetics Clinics are located in various locations throughout Colorado and are scheduled several times per year at each location. The clinics are housed primarily in local county health departments with support from their staff. The geneticists and genetic counselors travel from The Children's Hospital in Denver to staff the clinic. The purpose of the Genetics Clinics is to provide genetic diagnostic and counseling services to patients and families who do not live in the Denver-metro area. The TCH Genetics clinics allow families to access this highly specific medical specialty right in their communities.

### **Population Based Services**

In addition to HCP Care Coordination, HCP supports early identification and follow up of health issues identified through Colorado Responds to Children with Special Needs (Colorado Birth Defects Registry), newborn hearing and metabolic screening and follow up.

### **Community Consultation and Systems Building**

HCP personnel collaborate to develop and strengthen community based service systems so families and children with special health care needs can use them easily. HCP strives **to** build the capacity within a community to serve families with children with special health care needs.

## VII Colorado State HCP Contact Information

Colorado Department of Public Health & Environment  
Children with Special Health Care Needs Unit (CSHCN)  
4300 Cherry Creek Dr. South  
Denver CO 80246-1530  
Main Line: 303-692-2370  
Fax: 303-753-9249

Laura Zúñiga-Barrón  
Community Liaison  
(303) 692-2409  
[laura.zuniga@state.co.us](mailto:laura.zuniga@state.co.us)

Barbara J. Deloian, PhD, RN, CPNP  
Program Manager, Care Coordination – Specialty Clinics  
303-692-2303  
[Barbara.Deloian@state.co.us](mailto:Barbara.Deloian@state.co.us)

Shirley Babler, RD  
HCP Director  
303-692-2455  
[Shirley.babler@state.co.us](mailto:Shirley.babler@state.co.us)

Kathy Watters, MA  
Unit Director  
303-692-2418  
[Kathy.waters@state.co.us](mailto:Kathy.waters@state.co.us)



## **VIII Appendix: Forms**

**HCP Specialty Clinics Physician Application**

**Authorization Agreement For Automatic Deposits (ACH Credits)**

**State of Colorado W-9 Form**

**Invoice for Professional Services for the HCP Specialty Clinics – Private Physicians**

**Invoice for Professional Services for the HCP Specialty Clinics – UPI**





## HCP Specialty Clinics Physician Application

**Name:** \_\_\_\_\_

**Title/Credentials:** \_\_\_\_\_

**Preferred Mailing Address:** \_\_\_\_\_

**City and Zip Code:** \_\_\_\_\_

**Message Phone:** \_\_\_\_\_ **Pager/Cell:** \_\_\_\_\_

**Preferred e-mail:** \_\_\_\_\_

**Pediatric Specialty:** \_\_\_\_\_

### Please send the following along with this application:

HCP Specialty Clinic Physician Application Form (Appendix A)

- All Physicians:
  - Copy of Medical license
  - Copy of Medical Liability Coverage
  - Insurance Certificate
- Private Physicians
  - Authorization Agreement for Automatic Deposits (Appendix B)
  - W-9 Form (Appendix C)
- The Children's Hospital/ UPI Physicians
  - Documentation of The Children's Hospital/UPI Credentials
- Recommendation from a professional colleague by letter or phone call

### Send to:

Colorado Department of Public Health and Environment  
PSD-HCP-A4  
Attn: Program Manager- Care Coordination & Specialty Clinics  
HCP Pediatric Specialty Clinics  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
Fax: 303-753-9249  
Phone: 303-692-2370

A letter of confirmation specifying the HCP agreement and HCP Specialty Clinic Physician Provider Guide will be sent to you as soon as possible upon receipt of the above documentation. Thank you.



Agency ID \_\_\_\_\_

STATE OF COLORADO  
**AUTHORIZATION AGREEMENT  
FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

I (we) hereby authorize the Department of \_\_\_\_\_, State of Colorado, hereinafter called STATE, to initiate credit entries, and if necessary, reverse any incorrect EFT entries made in error to my bank account indicated below.

APPLICATION (Payment Type) \_\_\_\_\_

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

TRANSIT NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CHECKING  (Please attach one (1) voided check)      SAVINGS  (Please attach one (1) deposit slip)

This agreement is to remain in full force and effect until the STATE has received written notification from the PAYEE of its termination in such time and manner to afford STATE and FINANCIAL INSTITUTION a reasonable opportunity to act on it. It is the responsibility of the PAYEE to fill out a new agreement if the PAYEE changes banks or accounts.

Date \_\_\_\_\_ Phone No. \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

|   |   |  |  |
|---|---|--|--|
| Print or Type<br>See Specific Instructions on page 3. | Name  |  | <b>EMPLOYEE Y N</b>                    |
|   | Business name, if different from above  |  |  |
|   | Check appropriate box:<br><input type="checkbox"/> Individual/ Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding |  |  |
|   | Address (number, street, and apt. or suite no.)   |  | CDPHE Requester Name & Extension:      |
|   | City, state, and ZIP code.  |  |  |
|   | Phone Number.   |  | List Account number(s) here (optional) |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if the IRS has notified you 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 ▶ |
|-----------|----------------------------|--------|

#### Minority and Women-owned Businesses (M/WBEs) Self Certification (Please check all boxes that apply)

In an effort to track levels of participation by women and minorities doing business with the State of Colorado, the following information is requested. Please indicate the appropriate category of ownership for your company. "Owned" in this context means a business that is at least 51 percent owned by an individual(s) who also control(s) and operate(s) it. "Control" in this context means exercising the power to make policy decisions. "Operate" means actively involved in the day-to-day management. If your business is jointly owned by both men and women or is a publicly held corporation, please check the box labeled "Not Applicable."

#### Gender Information:

- Female-Owned       Male-Owned       Not Applicable

#### Owner Ethnicity Information

- African American       Asian/Pacific American       White (non-Hispanic)       Not Applicable
- Hispanic American       Native American       Other: \_\_\_\_\_

#### Small Business Information

Small Business (a business that is organized for profit, is independently owned and operated, and has 25 or fewer full time equivalent employees.)

- Yes       No

## 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.

**U.S. person.** 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.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**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,
- 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 recipient 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 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include 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 4 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 regarding partnerships* on page 1.

## 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" line.

**Limited Liability Company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

**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" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

**Exempt From Backup Withholding**

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business 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.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

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 chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

| IF the payment is for . . .  | THEN the payment is exempt for . . .   |
|--|--|
| Interest and dividend payments   | All exempt recipients except for 9   |
| Broker transactions  | Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends                                   | Exempt recipients 1 through 5  |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt recipients 1 through 7 <sup>2</sup>  |

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

2. However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.socialsecurity.gov](http://www.socialsecurity.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](http://www.irs.gov/businesses) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.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.** Writing "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 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-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., 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,

## Part II. Certification

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

For a joint account, only the person whose IN is shown in Part I should sign (when required). Exempt recipients; see *Exempt From Backup Withholding* on page 2.

**Signature requirements.** Complete the certification as indicated in 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 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 <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)  | The minor <sup>2</sup>  |
| 4. a. The usual revocable savings trust (grantor is also trustee)   | The grantor-trustee <sup>1</sup>  |
| b. So-called trust account that is not a legal or valid trust under state law   | The actual owner <sup>1</sup>   |
| 5. Sole proprietorship or single-owner LLC  | The owner <sup>3</sup>  |
| For this type of account:   | Give name and EIN of:   |
| 6. Sole proprietorship or single-owner LLC  | The owner <sup>3</sup>  |
| 7. A valid trust, estate, or pension trust  | Legal entity <sup>4</sup>   |
| 8. Corporate or LLC electing corporate status on Form 8832  | The corporation   |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization  | The organization  |
| 10. Partnership or multi-member LLC   | The partnership   |
| 11. A broker or registered nominee  | The broker or nominee   |
| 12. 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   |

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 second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.
4. List first and circle the name of the legal 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 regarding partnerships* on page 1.

**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.

**Invoice for Professional Services for the HCP Specialty Clinics**  
**Health Care Program for Children with Special Needs (HCP)**

Remit Invoice to:  
 Colorado Dept of Public Health & Environment  
 4300 Cherry Creek Drive South, PSD-HCP-A4  
 Denver, CO 80246-1530  
 Attn: Laura Zuniga

**PROVIDER NAME and/or AGENCY NAME to be reimbursed:**

**ADDRESS:** \_\_\_\_\_ **CONTRACT AGREEMENT # or TAX ID NUMBER:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **CONTACT NAME:** \_\_\_\_\_  
**ZIP CODE:** \_\_\_\_\_ **CONTACT PHONE # OR E-MAIL:** \_\_\_\_\_

| Clinic Date   | Daily Honorarium Rate | Specialty | Clinic Location | If applicable and allowable by contract, itemize miscellaneous expenses (ie., mileage, lodging). | Total Miscellaneous Expenses |
|---------------|-----------------------|-----------|-----------------|--|------------------------------|
|               |                       |           |                 | Included in honorarium   |                              |
|               |                       |           |                 |  |                              |
|               |                       |           |                 |  |                              |
|               |                       |           |                 |  |                              |
|               |                       |           |                 |  |                              |
|               |                       |           |                 |  |                              |
|               |                       |           |                 |  |                              |
| <b>TOTAL:</b> | \$ -                  | \$ -      |                 |  | \$ -                         |

**TOTAL REQUESTED REIMBURSEMENT:** \$ -

**CONTRACTOR/VENDOR:** I hereby certify that the services above have been performed on behalf of the Health Care Program for Children with Special Needs of the Colorado Department of Public Health and Environment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CDPHE USE ONLY:**

**CDPHE PROGRAM DIRECTOR/DELEGATED PROGRAM STAFF:** I affirm that I or my staff have reviewed the contractors invoice and supporting documentation (as required), progress reports and other communications with the contractor, and believe to the best of my knowledge that the contractor is in compliance with all contract provisions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CDPHE PROGRAM FISCAL OFFICER:** I certify that the claimed expenses have been reviewed by me for compliance with requirements of the funding source and State of Colorado's Fiscal Rules, and are charged to the appropriate funding source.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Invoice for Professional Services for the HCP Specialty Clinics

Health Care Program for Children with Special Needs (HCP)

Remit Invoice to:  
 Colorado Dept of Public Health & Environment  
 4300 Cherry Creek Drive South, PSD-HCP-A4  
 Denver, CO 80246-1530  
 Attn: Laura Zuniga

**PROVIDER NAME and/or AGENCY NAME to be reimbursed:**

University Physicians, Inc

**CONTRACT AGREEMENT # or TAX**

**ADDRESS:** 13611 East Colfax Avenue, A069

**ID NUMBER:** \_\_\_\_\_

**CITY:** Aurora, Colorado

**CONTACT NAME:** \_\_\_\_\_

**ZIP CODE:** 80045-8319

**CONTACT PHONE # OR E-MAIL:** \_\_\_\_\_

| Clinic Date   | Daily Honorarium Rate | Specialty | Clinic Location | If applicable and allowable by contract, itemize miscellaneous expenses (ie., mileage, lodging). | Total Miscellaneous Expenses |
|---------------|-----------------------|-----------|-----------------|--|------------------------------|
|               |                       |           |                 |  |                              |
|               |                       |           |                 |  |                              |
|               |                       |           |                 |  |                              |
|               |                       |           |                 |  |                              |
|               |                       |           |                 |  |                              |
|               |                       |           |                 |  |                              |
|               |                       |           |                 |  |                              |
| <b>TOTAL:</b> | \$ -                  | \$ -      |                 |  | \$ -                         |

**TOTAL REQUESTED REIMBURSEMENT:** \$ -

**CONTRACTOR/VENDOR:** I hereby certify that the services above have been performed on behalf of the Health Care Program for Children with Special Needs of the Colorado Department of Public Health and Environment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CDPHE USE ONLY:**

**CDPHE PROGRAM DIRECTOR/DELEGATED PROGRAM STAFF:** I affirm that I or my staff have reviewed the contractors invoice and supporting documentation (as required), progress reports and other communications with the contractor, and believe to the best of my knowledge that the contractor is in compliance with all contract provisions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CDPHE PROGRAM FISCAL OFFICER:** I certify that the claimed expenses have been reviewed by me for compliance with requirements of the funding source and State of Colorado's Fiscal Rules, and are charged to the appropriate funding source.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_