

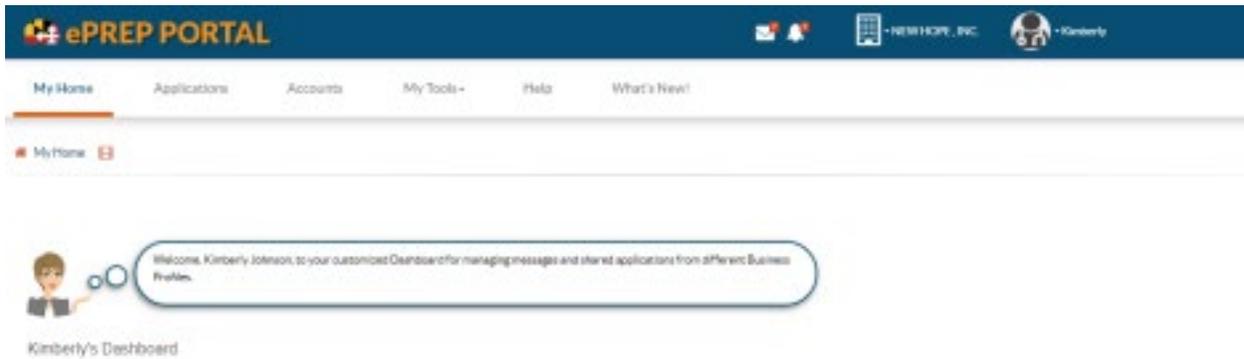
How to Complete a Change of Ownership (CHOW) Application

Change of Ownership (CHOW) Applications are only available for groups/organization/facilities that wish to change their tax ID and retain their NPI. (If the NPI is changing, please use a new application).

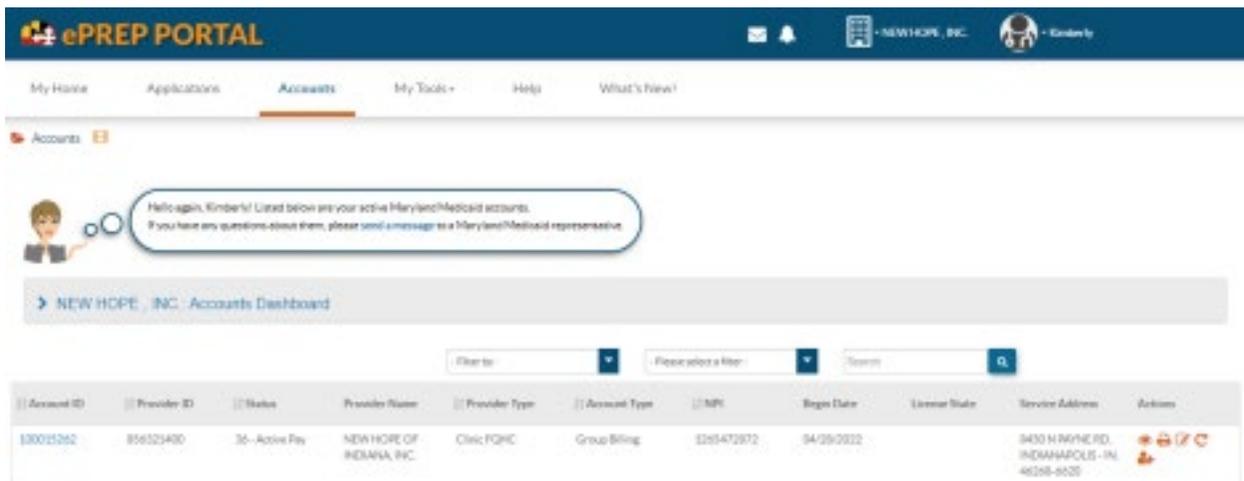
***If you are looking to make changes to a managing employee, owner(s) with controlled interest and/or agents, this would be a MOCA application (supplemental) and instructions for these types of changes may be found at the following link.**

[Group Applications: Share & Send Functionalities for e-Signature Requirements with Managing Employees, Owners, and Control Interests and Agents \(MOCAs\)](#)

Step 1: Log into the ePREP Business Profile you wish to make the tax ID/Ownership change. Then, click on the Accounts tab to take you to your accounts page.



Once on your accounts page, find the orange action icon that looks like a tablet and pencil 



After locating the icon, click it and a popup page will appear (See below).

Step 2: Click on the Change of Ownership section in purple at the bottom of the popup. This will turn blue, once that is complete hit the Start updates on the bottom right-hand corner.

Update your Account

What would you like to update?
Select all information you want to update. [Configure your settings](#)

NEW HOPE OF PECONIA, INC.
 Provider Type: Clinic PQHC
 NPI: 1255472972
 Account Type: Group Billing
 Approval Date: 04/28/2022
 Last Update Date: 04/28/2022
 Account ID: 10001262

Business Information

Business Information

- Doing Business As (DBA) name
- Business Phone Number, SSN/T
- Contact Person

Addresses

- Service Address
- Mailing Address
- Pay-to Address
- All My Addresses

Logistics

- Practice Operations

Practice Information

- Taxonomy & Specialty Codes
- CLIA Certificate
- Additional Information

Disclosure Information

- Adverse Actions
- Subcontractors, Managing Emplo...
- Fees and Credits
- Significant Transactions
- Delegated Officials

Other Change Options

- Change of Ownership

[Cancel](#) [Start updates](#)

The application that opens will look very much like a revalidation application and should be filled out as such (only slight differences).

ePREP PORTAL

Account ID: 10001262

NEW HOPE OF PECONIA, INC.
 Provider Name: NEW HOPE OF PECONIA, INC.
 Provider Type: Clinic PQHC
 Application ID: 2325746
 Creation Date: 03/02/2023
 Package Type: CHOV
 MA Number: 954321400

IN Complete:
 ASN Documents:

[New Message](#) [Submit](#)

Getting Started

Let's take a few minutes to watch these In-Context Tutorials before you start your application to update account **CLIA PQHC**. These videos will help you get oriented and make filling out your application a breeze.

Also look for the **?** icon.

Getting Started

Familiarize yourself with all the elements of this page, including:

- Application structure
- Social tools
- Status indicators

[Next](#)

Step 3: ePREP will generate a prepopulated CHOW application with existing data. Please add or change data where needed. Be sure to fill in the new Tax ID on the TIN/SDAT & Business License section. Then, delete the existing IRS TIN/EIN document and attach the new TIN/EIN.

The screenshot shows the ePREP PORTAL interface. At the top, there is a navigation bar with "My Home", "Applications", "Accounts", "My Tools", "Help", and "What's New!". Below this is a search bar for "Account ID: 10001262". The main content area displays application details for "NEW HOPE OF INDIANA, INC." with a "14% Complete" progress bar and "0/0 Documents" for SDAT. The "TIN/SDAT & Business License" section is highlighted in red. A message box says: "I need some additional information about your business. Don't forget to attach a clear copy of your documentation." The "Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)" field is empty. Below it, the "TIN/EIN" section shows a document titled "Simple EIN Co." with a delete icon. A sidebar on the left lists navigation options: "Getting Started", "Business Information", "Business Profile", "Contact Person", "Address", "Logistics", and "Practice Information".

Shown with new values, then "Continue" through

This screenshot shows the same ePREP PORTAL interface as the previous one, but with updated data. The "Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)" field now contains the value "02-3099141". The "TIN/EIN" section still shows the "Simple EIN Co." document. The progress bar now shows "14% Complete" and "6/6 Documents" for SDAT. The sidebar and navigation bar are identical to the previous screenshot.

NOTE: Please be sure to answer the W-9 and Telehealth questions on the logistics section, if applicable.

Step 4 (If applicable)*

Change of Ownership in the Ownership/Control Interest section

- Current owner
 - To make the change use the orange trash can icon to delete the current owner

Type	Name	Ownership/Control Interest	Status	Actions
	Kimberly Johnson	Managing Employee	<input checked="" type="radio"/>	   
	Memorial Hospital	Owner	<input checked="" type="radio"/>	   

In this scenario ownership will be changed from an entity, Memorial Hospital, to an Individual.

Once the current owner is removed your screen will look like the below, clicking the “Add” Icon is how you will begin adding the new owner.

Type	Name	Ownership/Control Interest	Status	Actions
	Kimberly Johnson	Managing Employee	<input checked="" type="radio"/>	   



A popup will appear after you click the previously mentioned “Add” button



The popup is titled "Add Ownership/Control Interest" and has a close button (X) in the top right corner. It contains two radio buttons: "Entity" (selected) and "Individual". Below the radio buttons is a text input field with the placeholder text "Required value:". At the bottom right of the popup are two buttons: a blue "+ Add" button and a red "x Cancel" button.

Once you click on “Individual” a dropdown will appear where you must enter the name of the individual, then click the next “Add” button

Add Ownership/Control Interest

Entity
 Individual

First name:

Middle name:

Last name:

This section is all about Joanne Coburn’s personal information (including individual’s resident address) and does not concern New Hope in any way

- Notice the labeled sub-sections at the top of this section, each must be filled out to completion so the circles all fill, which will designate completion

Individual Information
 Ownership/Control Interest
 Associations
 Adverse Actions
 Summary

Please enter the following information:

First name:

Middle name:

Last name:

Primary Residence Address

[View Address](#)

Street: Required value

Ste./Apt.#:

City: Required value

State/Province: Required value

County: Required value

ZIP Code/Postal Code: Required value

Social Security Number: Required value

National Provider Identification (NPI): N/A Required value

Date of birth: Required value

Age

Once this entire section is completed the below will show the new owner with a complete status circle filled in solid blue.

Type	Name	Ownership/Control Interest	Status	Actions
	Joanne Coburn	Owner, Director/Officer, CEO		88
	Kimberly Johnson	Managing Employee		88

Step 4: Except for Subcontractors and Delegated officials under the “Disclosure Information” section you may continue through the rest of the application. *(Because the CHOW application changes the Tax ID (and sometimes the ownership section), the previous answers to both the subcontractor question and delegated officials may have changed. Therefore, these 2 sections will not be prefilled and must be answered to complete the CHOW)*

Step5: You have now reached the end of the application. You may submit your CHOW application.

ePREP PORTAL

My Home Applications Accounts My Tools+ Help What's New!

Account ID: 000015262

Provider Name: NEW HOPE OF INDIANA, INC. RT% Complete: 70% 100% Documents: 100%

Provider Type: Clinic PQHC Application ID: 21250745 Creation Date: 02/02/2023 Package Type: CHOW MA Number: 954321400

Content Expand All

- Getting Started
- Business Information
- Person Information
- Disclosure Information
- Rendering Provider Affiliations
- Signatures
- Submit Application
- Checklist
- Submit

Document Attachments

Excellent!! This is your final document review. All legible documents listed below must be attached to this application before submitting. The Action column can be used to manage and preview your documents.

Document	Form/Subform/Section	Mandatory	Attached	Actions
TIN/EN	Business Information/Business Profile/TIN/SDAT & Business License	Yes		
W-9 Form	Business Information/Business Profile/TIN/SDAT & Business License	Yes		
Agenda/Supporting Document	Practice Information/Additional Information/Agenda/Supporting Documents	Yes		

Submit Application Previous Continue