



How to Complete the Medicaid Enrollment Application Packet

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Medicaid Program Operations and Integrity
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I. Enrolling Provider Information

Complete this section with information about the enrolling provider submitting a Core Provider Agreement.

Specify the provider's name, (legal name reported to the IRS), Federal Tax ID (SSN or FEIN), National Provider Identifier (NPI), address of the location where client services are performed, or in the case of multiple locations, where the head office of the business is located. Include the office telephone and facsimile (FAX) numbers, and the National Association of Boards of Pharmacy (NABP) number. Include contact information, type of practice, specialty, professional license number and associated taxonomies.

For enrolling solo practice health care professionals, include the Drug Enforcement Agency (DEA) number, date of birth and gender. Section III must be completed for the enrolling health care professional.

BUSINESS NAME (LEGAL NAME) <i>Jane Doe</i>		FEDERAL TAX ID: SSN/FEIN <i>123456789</i>
DOING BUSINESS AS (DBA) <i>Happy ASL</i>		NATIONAL PROVIDER IDENTIFIER (NPI) N/A
PHYSICAL BUSINESS ADDRESS <i>1234 Easy Street SE Olympia, WA 98501</i>	MAILING ADDRESS <i>1234 Easy Street SE Olympia, WA 98501</i>	PAY-TO ADDRESS <i>1234 Easy Street SE Olympia, WA 98501</i>
BUSINESS PHONE NUMBER <i>360-555-6789</i>	BUSINESS FAX NUMBER <i>360-555-1234</i>	NCPDP (NABP) NUMBER [if applicable] N/A
CONTACT FIRST & LAST NAME <i>Jane Doe</i>	CONTACT PHONE NUMBER <i>360-555-6789</i>	CONTACT EMAIL <i>HappyASL@gmail.com</i>
BUSINESS LICENSE NUMBER <i>987654321</i>	MEDICARE NUMBER N/A	FACILITY LICENSE N/A
TYPE OF PRACTICE <i>ASL Interpreter Services</i>	SPECIALTY N/A	PROFESSIONAL LICENSE [if applicable] <i>RID Certified</i>
TAXONOMY	TAXONOMY	TAXONOMY
Drug Enforcement Agency (DEA) [if applicable] N/A	DATE OF BIRTH [if applicable] <i>06/24/1989</i>	GENDER [if applicable] <i>Female</i>

II. Performing provider information:

Complete this section with information about the individual performing provider. Specify the provider's name, (legal name reported to the IRS), Social Security number, national provider identifier (NPI), date of birth and gender. Enter applicable professional license, the state the license was issued in, the Drug Enforcement Agency (DEA) number, and the type/specialty/subspecialty of the enrolling provider's practice.

FIRST NAME <i>Jane</i>	LAST NAME <i>Doe</i>	MIDDLE NAME <i>Anne</i>
SOCIAL SECURITY NUMBER <i>123-45-6789</i>	DATE OF BIRTH <i>06/24/1989</i>	GENDER <i>Female</i>
TYPE OF PRACTICE <i>ASL Interpreter Services</i>	SPECIALTY <i>N/A</i>	Drug Enforcement Agency (DEA) Number <i>N/A</i>
PROFESSIONAL LICENSE NUMBER	STATE OF PROFESSIONAL LICENSE	National Provider Identifier (NPI) Number <i>N/A</i>

III. Provider Debarment, Suspension, and Exclusion Checklist

Complete this section by checking yes or no for each question. A response is required. If you answered "yes" to any of the questions in section III A, complete section III B.

A. Has the individual ever:

Had exclusion under Medicare, Medicaid, or any other federal health care program taken against them? YES NO

Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act?
More Info: http://www.socialsecurity.gov/OP_Home/ssact/title11/1128A.htm YES NO

Had a restriction or sanction imposed on their professional license, accreditation, or certification? YES NO

Had a program exclusion taken against them?
More info: <http://exclusions.oig.hhs.gov> and <https://www.sam.gov/> YES NO

Been convicted of any health related crimes as defined by Washington State Department of Health?
[RCW 18.130.180: http://apps.leg.wa.gov/rcw/default.aspx?cite=18.130](http://apps.leg.wa.gov/rcw/default.aspx?cite=18.130) and
[WAC 246-16: http://apps.leg.wa.gov/wac/default.aspx?cite=246-16](http://apps.leg.wa.gov/wac/default.aspx?cite=246-16) YES NO

Been convicted of a criminal offense as described in Section 1128A (1), (2) or (3) of the Social Security Act?
More Info: http://www.socialsecurity.gov/OP_Home/ssact/title11/1128A.htm YES NO

Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person? More info: [WAC 388-71-0540; http://apps.leg.wa.gov/WAC/default.aspx?cite=388](http://apps.leg.wa.gov/WAC/default.aspx?cite=388) and [RCW 74.34, http://apps.leg.wa.gov/RCW/default.aspx?cite=74.34](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.34) YES NO

B. If you answered "yes" to any of the questions listed under III A:

Report final adverse legal action history, including each final legal adverse action, when it occurred, the federal or state agency or the court/administrative body that imposed the action, and the resolution, if any. Attach a copy of the relevant final legal adverse action documents.

Final adverse legal action	Date	Taken by	Resolution

**DEBARMENT STATEMENT
SECTION TWO**

NAME <i>Jane Doe</i>	NPI N/A
DOING BUSINESS AS (DBA) <i>Jane Doe's ASL</i>	FEIN/SSN <i>123456789</i>
This certification is submitted as part of a request to contract. The applicable Procurement or Solicitation Number, if any, is <i>N/A</i>	
Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion- -Lower Tier Covered Transactions	
READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.	

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion- - Lower Tier Covered Transactions	
<ol style="list-style-type: none">1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared in eligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.	
BIDDER OR CONTRACTOR SIGNATURE <i>Jane Doe</i>	DATE <i>02/03/2020</i>
PRINT NAME AND TITLE <i>Jane Doe, ASL Interpreter</i>	

Resources

HCA IS Program

Contact

- INTERPRETERSVC@hca.wa.gov

Additional Information

- www.hca.wa.gov/isproviders
- www.hca.wa.gov/sli-transition

Additional Resources

Prior Authorization

- www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing
- 1-800-562-3022

ProviderOne

- www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-provider
- 1-800-562-3022 Ext 16137

ODHH

- <https://www.dshs.wa.gov/altsa/sign-language-interpreter-contractors>
- 1-800-422-3263