

August 16, 2012

IMPORTANT NOTICE

Dear Interpreter:

We have just been informed by HCA that each interpreter needs to apply for an NPI (National Provider Identifier).

In an effort to expedite this requirement we have been allowed to apply for this information on your behalf. **PLEASE PROVIDE US WITH THIS INFORMATION AS SOON AS POSSIBLE BY SENDING TO hcainterpreters@ctslanguagelink.com OF BY FAXING IT TO (800) 513-7273 attention HCA Interpreters**

Below is the information we will be submitting to begin this process:

Enrollment Checklist Questions – A “no” is required under the enrollment checklist column. If a response to any of the checklist questions would be a “yes” for an enrolling individual, this individual would need to be enrolled using the normal online enrollment process as given in the “Become a Medicaid Provider” website at <http://hrsa.dshs.wa.gov/ProviderEnroll/enroll.shtml> and could not be enrolled through us.

Enrollment Checklist Questions

Legal Name _____
(Including middle name/initial if applicable)

Social Security Number _____

Date of birth _____ **Male** _____ **Female** _____

1. Have you or any employee ever had an Assessment taken against you?
____ Yes ____ No
2. Have you or any employee ever had an Administrative Sanction taken against you?
____ Yes ____ No
3. Have you or any employee ever had a Suspension of Payment taken against you?
____ Yes ____ No
4. Have you or any employee ever had a Restitution Order taken against you?
____ Yes ____ No
5. Have you or any employee ever had a Program Exclusion taken against you?
____ Yes ____ No
6. Have you or any employee ever had a Program Debarment taken against you?
____ Yes ____ No
7. Have you or any employee had a Pending Criminal Judgment taken against you?
____ Yes ____ No
8. Have you or any employee ever had a Judgment Pending Under False Claims Act taken against you?
____ Yes ____ No
9. Have you or any employee ever had a Criminal Fine taken against you?
____ Yes ____ No
10. Have you or any employee ever had a Civil Monetary Penalty taken against you?
____ Yes ____ No
11. Has Applicant, or employee, ever been convicted of any health related crimes?
____ Yes ____ No
12. Has Applicant, or employee, ever been convicted of a crime involving the abuse of a child or an elderly adult?
____ Yes ____ No