

Bulk Enrollment Instructions for Servicing Only Providers

Enrollment Checklist Questions for Spreadsheet Column V on the Bulk Enrollment Template tab

To the best of your agency's knowledge, the following information will need to be determined in order to enter either a YES or NO on the Bulk Enrollment Excel file for each individual Agency Provider (AP). If Yes to ANY question below, enter a single YES; If No for ALL questions, enter a single NO:

1. Has AP had an exclusion under Medicare, Medicaid, or any other federal health care program taken against them?
 Yes No

2. Has AP had any 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

3. Has AP had any restriction or sanction imposed on their professional license, accreditation, or certification?
 Yes No

4. Has AP had any program exclusion taken against them?
More info: <http://exclusions.oig.hhs.gov> and <https://www.sam.gov>
 Yes No

5. Has AP 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

6. Has AP 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

7. Has AP 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