

# Welcome!

## The learning series webinar will begin momentarily.



Your microphone will be muted while presenters are speaking.



Use the chat throughout the presentation to ask questions. We will get to them during the Q&A.



Please keep your video off during the presentation to avoid distractions.



The webinar is being recorded and will be posted on the HCA website within a week.

# Reentry Initiative

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## Provider Enrollment Webinar

January 8, 2025



# Reentry Initiative Learning Series

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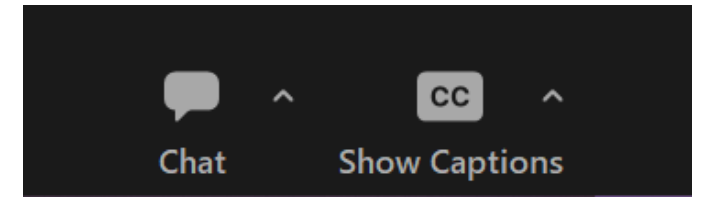
## Provider Enrollment Webinar

January 8, 2025

# Welcome

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- ▶ We're recording this webinar and have muted all attendees.
  - ▶ Turn on live captioning with the "Show Captions" button.
- ▶ There will be time at the end for Q&A.
  - ▶ Submit comments through the "Chat" function.
  - ▶ We will hold all questions until the Q&A portion.
- ▶ HCA does not permit Artificial Intelligence (AI) note taking apps.
- ▶ Slide deck and webinar recording will be available at:
  - ▶ <https://www.hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/reentry-carceral-setting>



# Webinar objectives

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Program requirements overview (15 mins)



Review provider enrollment requirements and process (30 mins)

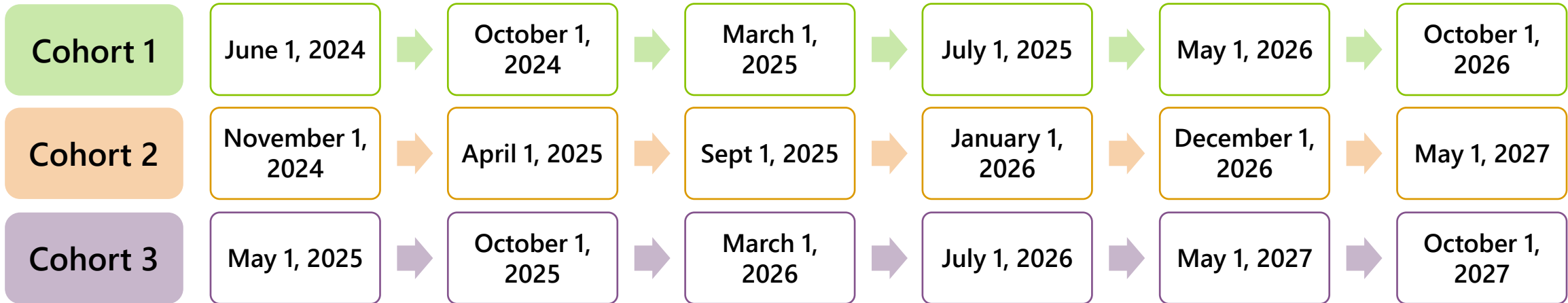
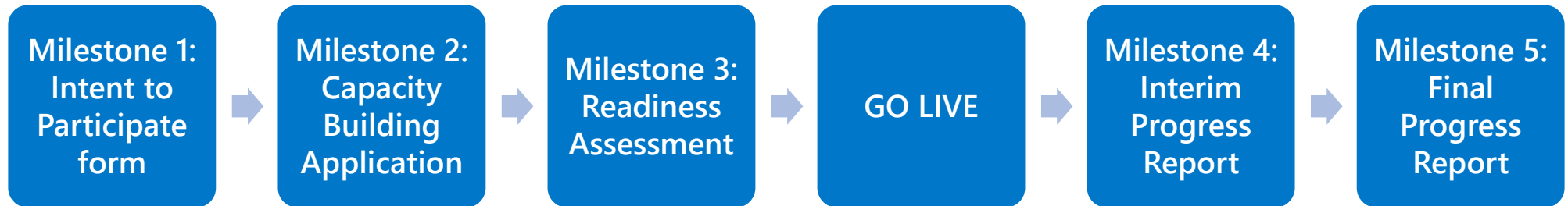


Q&A, resources, additional information (15 mins)

# Program Requirements Overview

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# Reentry Initiative Milestones



# Milestones 2 and 3

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- ▶ **Milestone 2:** Each attestation question in the Capacity Building Application (CBA) is a requirement for program participation.
- ▶ The Reentry Initiative Policy and Operations Guide provides step-by-step instructions for facilities to meet program requirements.
- ▶ This learning webinar series walks facilities through each requirement in the Reentry Initiative Policy and Operations Guide.
  - ▶ HCA will release the Reentry Initiative Policy and Operations Guide in sections over the next few months to correspond with each learning series webinar.
- ▶ **Milestone 3:** To pass the Readiness Assessment, facilities will need to demonstrate – in writing – how they achieved each requirement in the CBA.
  - ▶ Important: Facilities must pass the Readiness Assessment to go live.

# Learning series webinars and Milestone 2: CBA requirements

*Each webinar will cover a specific Milestone 2: CBA requirement.*

Topic	CBA sections and questions
Provider enrollment (today)	<ul style="list-style-type: none"> <li>• CBA section 4: Provider enrollment and billing (question 1)</li> </ul>
MCO contracting and credentialing	<ul style="list-style-type: none"> <li>• CBA section 4: Provider enrollment and billing (questions 2 and 3)</li> </ul>
Client eligibility and enrollment, Consolidated Appropriations Act (CAA) benefits for youth	<ul style="list-style-type: none"> <li>• CBA section 3: Apple Health intake and release data, screening, application support, and release date notifications (questions 1–7, 9–12)</li> </ul>
Pre-release services delivery	<ul style="list-style-type: none"> <li>• CBA section 5: Case management</li> <li>• CBA section 6: Support for medications</li> <li>• CBA section 7: Additional services – optional</li> </ul>
Links to HCA web resources, other outstanding requirements	<ul style="list-style-type: none"> <li>• CBA section 1: No cost to individuals</li> <li>• CBA section 2: Staffing and governance structure</li> <li>• CBA section 3: Apple Health intake and release data, screening, application support, and release date notifications (question 8)</li> </ul>
Billing and claiming	<ul style="list-style-type: none"> <li>• CBA section 4: Provider enrollment and billing (questions 4 and 5)</li> </ul>



# Webinars and corresponding dates

*Each webinar corresponds with a Policy and Operations Guide section.*

Topic	Webinar learning series dates	Policy and Operations Guide release date
Provider enrollment (today)	January 8, 2025 @ 10:00 a.m.	January 2025
MCO contracting and credentialing	January 15, 2025 @ 10:00 a.m.	January 2025
Client eligibility and enrollment, Consolidated Appropriations Act (CAA) benefits for youth	January 22, 2025 @ 10:00 a.m.	January 2025
Learning series office hour – open Q&A	January 29, 2025 @ 10:00 a.m.	N/A
Pre-release services delivery	February 5, 2025 @ 10:00 a.m.	February 2025
Links to HCA web resources, other outstanding requirements	February 19, 2025 @ 10:00 a.m.	February 2025
Billing and claiming	March 5, 2025 @ 1:00 p.m.	February 2025
Roles and responsibilities of implementation partners (TBD)	March 19, 2025 @ 10:00 a.m.	March 2025

# Program requirements being discussed today

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## CBA Section 4: Provider enrollment and billing

Question #1: CF's reentry services providers, including pharmacies and in-facility staff, are enrolled with Health Care Authority (ProviderOne).

- ▶ We will provide a high-level overview of provider enrollment steps.
- ▶ You will learn about the provider types that apply to correctional facilities and providers of reentry services.
- ▶ You will learn about the enrollment types for correctional facilities and providers of reentry services.
- ▶ This webinar primarily focuses on facility enrollment; we will have additional information for individual providers at a later date.
- ▶ We will provide step-by-step instructions on how to enroll as a correctional facility.
- ▶ We will answer questions until the walk-through presentation.

# Provider Network Options

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# Who needs to enroll as an Apple Health provider

All reentry service providers who will bill Apple Health for providing targeted reentry services must be enrolled as an Apple Health provider.

- ▶ Enrolled providers may include, but are not limited to:
  - ▶ Correctional facility providers and pharmacies
  - ▶ Correctional facility contractors that deliver all health care within a facility
  - ▶ Community-based health care providers and pharmacies, including Tribal health providers
  - ▶ Providers employed by other external entities (e.g., Medicaid managed care organizations (MCOs), third-party administrator (TPA))

*Note: If a correctional facility will not bill Apple Health for targeted reentry services (e.g., if their health care vendor/contractor will provide all targeted reentry services), the correctional facility does not need to enroll as an Apple Health provider.*

# Provider network options

*HCA  
will convene  
webinars on client  
enrollment on  
1/22 and billing on  
3/5.*

All reentry services providers, including pharmacies and in-facility staff, participating in Reentry Initiative must be enrolled as Apple Health providers in order to bill Apple Health for pre-release services.

## Examples of providers facilities may leverage:

### Facility-based providers/pharmacy

- Facilities may leverage their existing in-house providers, where possible (e.g., in-house care managers), and an existing in-house pharmacy.
- These providers may not be currently enrolled as Apple Health providers.

### Community-based providers

- Facilities may leverage existing or new community-based partners to provide in-reach services (e.g., outside medical group or health center).
- Many of these providers may already be enrolled in Apple Health.

### Managed care organization (MCO) providers

- Facilities may partner with Apple Health MCOs, where possible, to leverage MCO-employed service providers (e.g., case managers).
- These providers may be already enrolled in Apple Health.

### Third-party administrator (TPA) providers

- If a facility is unable to leverage facility, community, or MCO-based providers to deliver Reentry Targeted Case Management (rTCM) services the TPA will be able to supply a provider for this service.
- These providers will already be enrolled in Apple Health.

*The TPA will also be available to advise facilities on how to build their pre-release provider networks.*

# Apple Health Provider Enrollment Steps

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# Snapshot of provider enrollment steps

HCA will convene a webinar on the MCO credentialing processes on 1/15.

Focus of Today's Discussion

**Step 1:**  
Obtain a National Provider Identifier (NPI) number

Only necessary for providers who do not already have an NPI number.

**Step 2:**  
Check current Apple Health enrollment status

Only necessary for providers who do not know their status.

**Step 3:**  
Enroll as Apple Health provider

- Step 3a: Determine Provider Type
- Step 3b: Determine Enrollment Type
- Step 3c: Submit Application
- Step 3d: Submit Supplemental Docs
- Step 3e: Enrollment Approval

**Step 4:**  
Complete MCO credentialing and contracting (if needed)

Important: All reentry services providers, including pharmacies and in-facility staff, must be credentialed with every MCO within a year of the correctional facility's go-live date.



# Step 1: Obtain a National Provider Identifier number

- ▶ An NPI number is a unique, 10-digit identification number for covered health providers issued by the Centers for Medicare and Medicaid Services (CMS).
- ▶ All Reentry Initiative providers (including individual providers) must obtain an NPI number.
- ▶ Individual health care providers will obtain a Type 1 NPI, while organizations (e.g., correctional facilities, clinics, and pharmacies) will obtain a Type 2 NPI.
- ▶ Providers who have an NPI do not need to take further action and should proceed to Step 2.

## How do providers obtain an NPI number?

Complete the application online through the [National Plan and Provider Enumeration System \(NPPES\)](#) website.

The screenshot shows the NPPES website interface. On the left, there is a 'Registered User Sign In' section with a 'User ID' field (labeled 'I&A User ID, used to access NPPES, EHR & PECOS') and a 'Password' field. Below these fields are buttons for 'SIGN IN' and 'FORGOT USER ID or PASSWORD?'. On the right, there is a 'Create or Manage an Account' section with a 'CREATE or MANAGE AN ACCOUNT' button. The page also includes a search bar and a help icon in the top right corner.





## Step 2: Check current Apple Health enrollment status

- ▶ Many service providers should know whether they are enrolled as an Apple Health provider.
- ▶ Correctional facilities should contact their health care providers to confirm if they are already enrolled in Apple Health.
- ▶ Most community-based providers are likely enrolled in Apple Health. Providers already enrolled in Apple Health do not need to take further action to be able to bill for reentry services.
- ▶ Facilities that plan to leverage in-house staff should confirm whether their providers are already enrolled in Apple Health.

**To check whether a provider is already enrolled:**

**Contact HCA at 1-800-562-3022  
ext. 16137**

**Tuesday and Thursdays  
7:30 a.m.–noon  
1:00–4:30 p.m.**

**Be sure to have the provider's NPI  
number when calling.**



## Step 3: Enroll as Apple Health provider

### *Step 3a: Determine provider type*

Before starting the enrollment application, eligible providers must confirm their provider type, which include “billing providers” and “health care professionals practicing under a group or facility.”

Apple Health provider type	Definition	Example
Billing provider	Licensed health care professionals who wish to bill Apple Health as a solo practice or practice in licensed health care groups or facilities, including suppliers and contractors.	<ul style="list-style-type: none"><li>• Correctional facility clinic or group practice</li></ul>
Health care professionals practicing under a group or facility	Licensed health care professionals who wish to bill Apple Health as a performing provider practicing under a group or facility.	<ul style="list-style-type: none"><li>• Physician or nurse employed by a correctional facility group practice or clinic</li></ul>



## Step 3: Enroll as Apple Health provider

### *Step 3b: Determine enrollment type*

Upon determining provider type (billing provider or health care professionals practicing under a group or facility), providers must determine their specific ProviderOne enrollment type.

Apple Health provider type	Enrollment types available	Reentry Initiative example
Billing provider	<ul style="list-style-type: none"><li>• <a href="#">Facility/Agency/Organization/Institution</a></li><li>• <a href="#">Tribal Health</a></li></ul>	<ul style="list-style-type: none"><li>• A correctional facility clinic enrolls under the "Facility/Agency/Organization/Institution" enrollment type.</li></ul>
Health care professionals practicing under a group or facility	<ul style="list-style-type: none"><li>• <a href="#">Health Care Professional Practicing Under a Group or Facility</a></li></ul>	<ul style="list-style-type: none"><li>• A licensed provider (e.g., RN, MD) employed by the correctional facility clinic enrolls under the "Health Care Professional Practicing Under a Group or Facility" enrollment type.</li></ul>



## Step 3: Enroll as Apple Health provider

### *Step 3c: Submit enrollment application*

All provider enrollment applications must be submitted through Washington's [ProviderOne system](#). ProviderOne is Washington State's Medicaid payment system, which adjudicates claims and encounters submissions and facilitates timely payment to providers.

- Provider-specific enrollment manuals provide step-by-step instructions for completing your application.
  - [Individual billing providers](#)
  - [Group provider](#)
  - [Facility/Agency/Organization/Institution](#)
  - [Tribe](#)
  - [Attending/servicing provider](#)
- **Facilities can enroll multiple providers at a time** by following the [bulk enrollment instructions](#).
- HCA will waive the enrollment/application fee for participating in the Reentry Initiative.

To submit an Apple Health provider enrollment application, visit the [HCA Provider Enrollment website](#) and click on the blue box with the text "Complete your enrollment."



## Step 3: Enroll as Apple Health provider

### *Step 3d: Complete supplemental documentation*

Supplemental submissions are required based upon the provider type under which a provider enrolls (billing provider or Health care professionals practicing under a group or facility).

#### Billing providers

- [Core Provider Agreement](#): A three-page agreement between HCA and the provider, requiring signature of an authorized representative.
- [Debarment Statement](#): A two-page certification signed by an authorized representative.
- [Internal Revenue Services \(IRS\) Form W-9](#): Tax form listing the provider's address, contact information, and Taxpayer Identification Number (TIN). Facilities may obtain their W-9 form from the auditor/county office.
- [Trading Partner Agreement](#): A nine-page agreement governing all electronic data interchange between HCA and the provider.

#### Health care professionals practicing under a group or facility

**Submit additional documents based upon their provider type, as described [here](#) and based upon the provider type under which they enroll.**

*For Example: Laboratory providers must submit their CLIA certification.*



## Step 3: Enroll as Apple Health provider

### *Step 3e: Receive Apple Health enrollment approval*

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**Submission Processing Timeline:** Apple Health enrollment applications are processed in no less than 30 days. HCA recommends that applications are submitted proactively to allow adequate time for processing and for the resolution of any issues in the application.



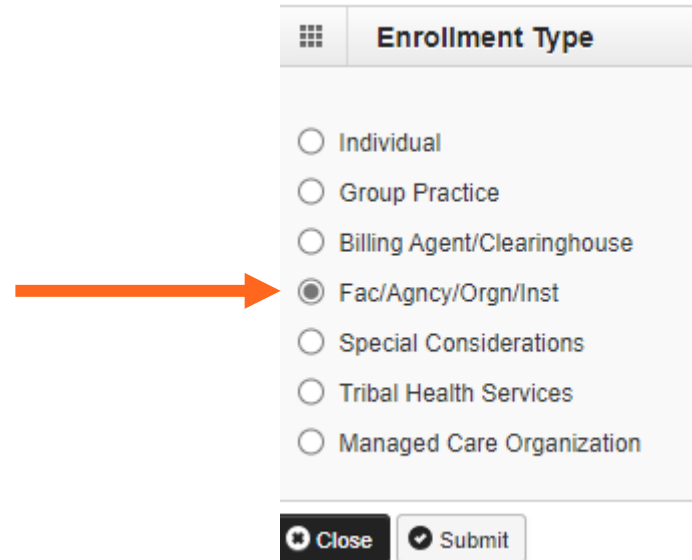
**Application Approval:** Once an application is approved for both the facility and health care professional practicing under a group or facility, a welcome letter will be mailed. Correctional facilities will receive a separate letter with instructions to gain access to ProviderOne.

# ProviderOne Enrollment Process Walk-Through

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# Walk-Through of the Facility/Agency/Organization/Institution ProviderOne enrollment process

## Step 1a: Select Enrollment Type



The screenshot shows a web form titled "Enrollment Type" with a grid icon in the top left corner. The form contains a list of radio button options: Individual, Group Practice, Billing Agent/Clearinghouse, Fac/Agency/Orgn/Inst, Special Considerations, Tribal Health Services, and Managed Care Organization. The "Fac/Agency/Orgn/Inst" option is selected, and an orange arrow points to it from the left. At the bottom of the form are two buttons: "Close" with a plus icon and "Submit" with a checkmark icon.

Enrollment Type	
<input type="radio"/>	Individual
<input type="radio"/>	Group Practice
<input type="radio"/>	Billing Agent/Clearinghouse
<input checked="" type="radio"/>	Fac/Agency/Orgn/Inst
<input type="radio"/>	Special Considerations
<input type="radio"/>	Tribal Health Services
<input type="radio"/>	Managed Care Organization



# Walk-Through of the Facility/Agency/Organization/Institution ProviderOne enrollment process

## Step 1b: Fill out Basic Information section

The screenshot shows the 'Basic Information' section of the ProviderOne enrollment process. At the top, there are 'Print' and 'Help' icons. Below the title bar, a note reads: 'If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll.' The form is divided into several sections:

- Agency Selection:** Two list boxes, 'Available Agencies' (containing DOC, DSHS, L&I) and 'Selected Agencies \*' (containing HCA), with arrows for moving items between them. An 'Agency:' label is to the left.
- HCA Billing Type:** A dropdown menu currently set to 'BL-Billing' with an asterisk.
- Provider Name/Organization Name:** A text input field with an asterisk, followed by '(as shown on Income Tax Return)'. Below it is the 'Organization Business Name:' field with an asterisk.
- Federal Employer Identification Number (FEIN):** A text input field with an asterisk.
- NPI Requirement:** A dropdown menu labeled 'All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?' with an asterisk.
- National Provider Identifier (NPI):** A text input field.
- W-9 Entity Type:** A dropdown menu with an asterisk.
- W-9 Entity Type (If Other):** A text input field.
- Other Organizational Information:** A dropdown menu with an asterisk.
- Enrollment Effective Date:** A date picker field.
- UBI:** A text input field.
- Contact Email Address:** A text input field with an asterisk.

At the bottom right, there are 'Next' and 'Cancel' buttons.

- ▶ All fields with a \* are required.
- ▶ Ensure that the "Provider Name/Organization Name" matches the IRS and FEIN supplied.
- ▶ NPI must be a Type 2 NPI for Facility/Agency/Organization/Institution.
- ▶ Ensure that the contact email address provided is a monitored email address.

# Walk-Through of the Facility/Agency/Organization/Institution ProviderOne enrollment process

## Step 1c: Make note of your Application ID

Application Id: 20241204265940      Name: Test      Enrollment Type: Fac/Agncy/Orgn/Inst

☰ Basic Information ▲

You have been assigned application #: 20241204265940.

Please make note of this application number before moving on to the next step of the application process.

Click Next to go into the Business Process Wizard. You will need to complete all the required steps before submitting your application for State review. This number will be emailed to you.

➡ Next

**Important:** Ensure you save your Application ID (provided on-screen and sent via email). HCA cannot provide your Application ID number if it is lost.

# Walk-Through of the Facility/Agency/Organization/Institution ProviderOne enrollment process

## Step 2: Add Location Details

**Location Details**

Location Business Name: TEST *	Location Number: 00001	Location Type: NPI Base Location
Contact First Name: Systest *	Contact Last Name: UAT test *	End Date: 12/31/2999
Phone Number: (882) 741-9932 *	Fax Number: (524) 163-5241	Email Address: [REDACTED]
Cell Phone Number:	WA Tax Revenue Code:	Communication Preference: Email
Web Page:		

# Walk-Through of the Facility/Agency/Organization/Institution ProviderOne enrollment process

## Step 3: Add Specialty

The screenshot displays two stacked forms. The top form, titled "Add Specialty/Subspecialty", contains several dropdown menus and a date field. The "Specialty" dropdown is highlighted with an orange arrow and is set to "32-Multi-Specialty". The other dropdowns are "Location: All", "Administration: HCA- Health Care Authority", and "Provider Type: 19-Group". The "End Date" field is empty. The bottom form, titled "Add Taxonomy Code", features two list boxes: "Available Taxonomy Codes" and "Associated Taxonomy Codes \*". The "Available Taxonomy Codes" list contains one entry, "193200000X-Multi-Specialty", which is selected. Between the list boxes are two arrow buttons: a right-pointing double arrow (») and a left-pointing double arrow («). At the bottom right of the forms are "Ok" and "Cancel" buttons.

# Walk-Through of the Facility/Agency/Organization/Institution ProviderOne enrollment process

## Step 4: Add Ownership & Managing/Controlling Interest Disclosures

**Add Ownership & Managing/Controlling Interest Disclosures**

Include information related to the disclosures of ownership, managing employees (ME), and other controlling interests including board of directors (BOD)

Disclosure Category: **Managing Employee** \*

Disclosure Type: **Individual** \*

SSN/FEIN: \*

Doing Business As:

Minority/Women Owned Business Enterprise(MWOBE):

Organization Name:

First Name:

Last Name:

Suffix:

Date of Birth:

Disclosure Start Date:  \*

Disclosure End Date:

Address Line 1:  \*

(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: OTHER \*

State/Province: OTHER \*

County: OTHER

Country: \*

Zip Code: \* -

Validate Address

Ownership Percentage:

**Owner Association**

If the person being disclosed is related to other owner (spouse, parent, child, sibling), managing employee, or other controlling interest including member of board of directors, list related individual

Relationship Type:

Associated Owner:

Copy Name and Tax OK Cancel

- ▶ Add the enrolling organization as the Owner.
- ▶ Add the appropriate managing employee as the Individual, including their date of birth and SSN/FEIN.
- ▶ Note: This individual will not be contacted.

# Walk-Through of the Facility/Agency/Organization/Institution ProviderOne enrollment process

## Step 5: Add Licenses/Certifications, depending on the specialization selected

**Add License/Certification**

Location: 00001-TEST \*

License/Certification Type: Business License \*

License/Certification #: \*

State of Licensure: WA - Washington \*

Effective Date: \*

End Date: \*

Ok Cancel

# Walk-Through of the Facility/Agency/Organization/Institution ProviderOne enrollment process

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## Steps 6–14

- ▶ Steps 6–8: Optional
- ▶ Step 9: ProviderOne will display already-entered information. Review and confirm.
- ▶ Steps 10–14: Optional
- ▶ Step 14: Where servicing providers may be enrolled as a part of the Facility/Agency/Organization/Institution application. This is not required, and they may be added at a later date.

# Walk-Through of the Facility/Agency/Organization/Institution ProviderOne enrollment process

## Step 15: Add Payment Details and Remittance Advice Information

**Payment Details**

Identify Payment Details

Location: 0001-TEST

Payment Method:  Electronic Funds Transfer(Direct Deposit)  Paper Check

**Financial Institution Information**

Financial Institution Name:

Financial Institution Routing Number:

Providers Account Number with Financial Institution:

Re-enter Providers Account Number:

Type of Account at Financial Institution:

EFT Account Type:

Payment Notification Preference:

Account Number Linkage to Provider Identifier:

**Electronic Remittance Advice Information**

Providers:

PDF version of your RA is retrievable through the Provider Portal. Please Note that EDI/835 will only be sent to one ProviderOne ID.

Method of Retrieval:  Paper  EDI/835

Please select one:

If you want to receive EDI/835 transactions directly using the ProviderOne, please leave the Clearinghouse ProviderOne ID blank.

Or

Please provide the Clearinghouse ProviderOne ID for sending EDI/835.

Preference for Aggregation of Remittance Data:

835-Healthcare Claim Payment Advice Authorized:

Clearinghouse ProviderOne ID:

Start Date:

End Date:

**Submission Information**

- ▶ Enrolling entity must include their banking information.
- ▶ Select "Corporate" for EFT Account Type.



# Walk-Through of the Facility/Agency/Organization/Institution ProviderOne enrollment process

## Step 16: Complete Provider Checklist questions

- ▶ As applicable, list any federal or state actions against the enrollee.
- ▶ Answer yes or no and add comments as needed.

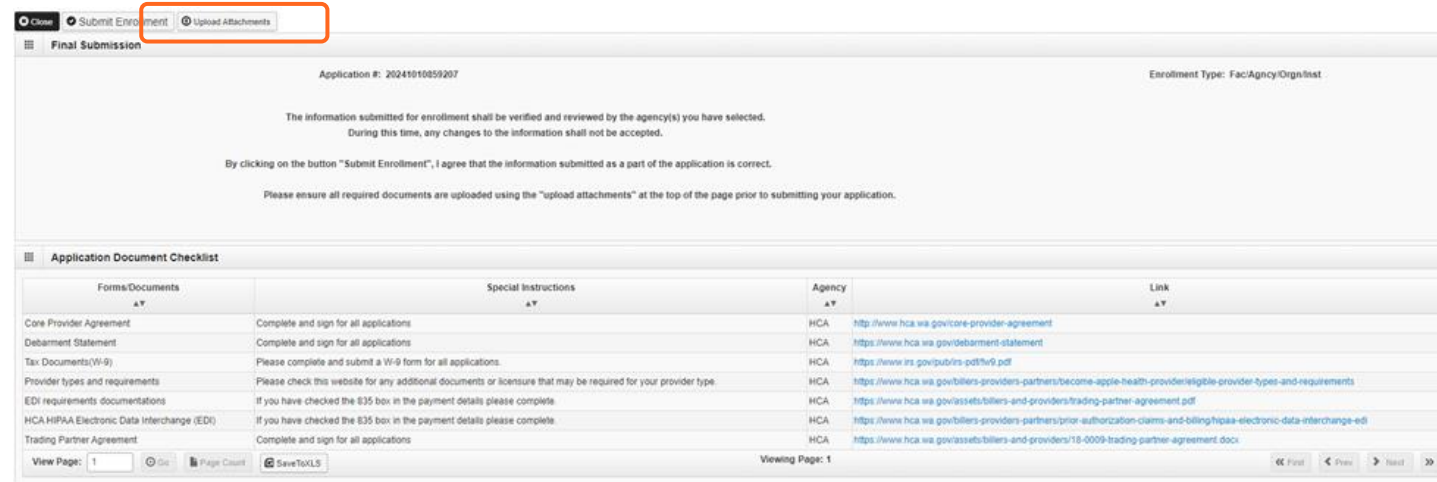
Question	Answer	Comments
Has the provider or any current employee ever had any of the following?	No <input type="text"/>	<input type="text"/>
Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?	No <input type="text"/>	<input type="text"/>
Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act? <small>-br- More info: <a href="http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm">http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm</a></small>	No <input type="text"/>	<input type="text"/>
Had a restriction or sanction taken against their professional license or certification?	No <input type="text"/>	<input type="text"/>
Had a Program Debarment taken against them? <small>-br- More info: <a href="http://exclusions.oig.hhs.gov">http://exclusions.oig.hhs.gov</a> <a href="https://www.sam.gov/">https://www.sam.gov/</a></small>	No <input type="text"/>	<input type="text"/>
Been convicted of any health related crimes as defined by Washington State Department of Health?	No <input type="text"/>	<input type="text"/>
Been convicted of a criminal offense as described in Section 1128(a) or (b), 1, 2, and 3 of the Social Security Act? <small>-br- More info: <a href="http://www.ssa.gov/OP_Home/ssact/title11/1128.htm">http://www.ssa.gov/OP_Home/ssact/title11/1128.htm</a></small>	No <input type="text"/>	<input type="text"/>
Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person? <small>-br- More info: <a href="http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540">http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540</a></small>	No <input type="text"/>	<input type="text"/>

View Page: 1    Viewing Page: 1

# Walk-Through of the Facility/Agency/Organization/Institution ProviderOne enrollment process

## Step 17: Final Enrollment instructions

- ▶ Upload Core Provider Agreement, Debarment Statement, W-9, and Third-Party Agreement (if a third party is doing billing for the entity).
- ▶ Ensure that the above forms are completed using the same information as listed in the ProviderOne enrollment in Steps 1-16.



Application #: 20241010059207

Enrollment Type: FaciAgncy/Orgn/Inst

The information submitted for enrollment shall be verified and reviewed by the agency(k) you have selected. During this time, any changes to the information shall not be accepted.

By clicking on the button "Submit Enrollment", I agree that the information submitted as a part of the application is correct.

Please ensure all required documents are uploaded using the "upload attachments" at the top of the page prior to submitting your application.

**Application Document Checklist**

Forms/Documents	Special Instructions	Agency	Link
Core Provider Agreement	Complete and sign for all applications	HCA	<a href="http://www.hca.wa.gov/core-provider-agreement">http://www.hca.wa.gov/core-provider-agreement</a>
Debarment Statement	Complete and sign for all applications	HCA	<a href="https://www.hca.wa.gov/debarment-statement">https://www.hca.wa.gov/debarment-statement</a>
Tax Documents(W-9)	Please complete and submit a W-9 form for all applications.	HCA	<a href="https://www.ins.gov/pub/irs-pdf/w9.pdf">https://www.ins.gov/pub/irs-pdf/w9.pdf</a>
Provider types and requirements	Please check this website for any additional documents or licensure that may be required for your provider type.	HCA	<a href="https://www.hca.wa.gov/billers-providers-partners/become-apple-health-provider/eligible-provider-types-and-requirements">https://www.hca.wa.gov/billers-providers-partners/become-apple-health-provider/eligible-provider-types-and-requirements</a>
EDI requirements documentations	If you have checked the \$35 box in the payment details please complete	HCA	<a href="https://www.hca.wa.gov/assets/billers-and-providers/trading-partner-agreement.pdf">https://www.hca.wa.gov/assets/billers-and-providers/trading-partner-agreement.pdf</a>
HCA HIPAA Electronic Data Interchange (EDI)	If you have checked the \$35 box in the payment details please complete	HCA	<a href="https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/hipaa-electronic-data-interchange-edl">https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/hipaa-electronic-data-interchange-edl</a>
Trading Partner Agreement	Complete and sign for all applications	HCA	<a href="https://www.hca.wa.gov/assets/billers-and-providers/18-0009-trading-partner-agreement.docx">https://www.hca.wa.gov/assets/billers-and-providers/18-0009-trading-partner-agreement.docx</a>

# ProviderOne Best Practices

# ProviderOne enrollment best practices

**Important:** During the provider enrollment process, enrollees receive an application number displayed on-screen and sent via email. Ensure that this enrollment number is saved as HCA cannot provide the application number if it is lost.

Application Id: 20241204265940

Name: Test

Enrollment Type: Fac/Agncy/Orgn/Inst

## Basic Information

You have been assigned application #: 20241204265940.

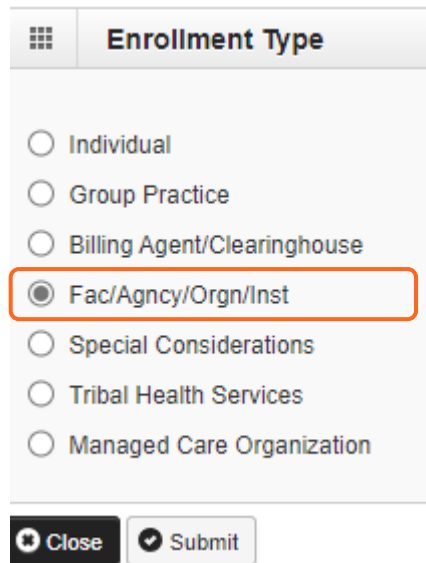
Please make note of this application number before moving on to the next step of the application process.

Click Next to go into the Business Process Wizard. You will need to complete all the required steps before submitting your application for State review. This number will be emailed to you.

▶▶ Next

# ProviderOne enrollment best practices

All correctional facility providers will enroll as:  
Facility/Agency/Organization/  
Institution



The screenshot shows a web form titled "Enrollment Type" with a grid icon in the top left. Below the title is a list of radio button options: Individual, Group Practice, Billing Agent/Clearinghouse, Fac/Agency/Orgn/Inst (which is selected and highlighted with an orange border), Special Considerations, Tribal Health Services, and Managed Care Organization. At the bottom of the form are two buttons: "Close" and "Submit".

HCA recommends collecting the following information prior to starting the enrollment process:

- ▶ Provider Name (same as IRS/FEIN name)
- ▶ Type 2 NPI
- ▶ Contact email address (must be monitored and responsive to HCA inquiries)
- ▶ Name, SSN/FEIN, date of birth, and disclosure start date of a managing employee
- ▶ Taxonomy codes for specialization
- ▶ Business License
- ▶ Licenses and Certifications relating to specializations
- ▶ Organization banking information/EFT account type
- ▶ Information on any state sanctions or federal exclusions
- ▶ Documents for upload (core provider agreement, debarment statement, W9, etc.), with all information mirroring the information submitted as a part of the enrollment

# Questions & Answers

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Please keep these questions more general. Facility-specific questions can be directed to the [HCA Reentry Inbox](#).

# Learning series webinars

*Your facility's  
Reentry Initiative  
lead should  
attend all  
webinars.*



## Provider enrollment

Wednesday, January 8  
at 10:00 a.m.

(providers, leadership,  
administrative staff)



## MCO contracting and credentialing

Wednesday, January 15  
at 10:00 a.m.

(leadership, admin staff)



## Client eligibility and enrollment

Wednesday, January 22  
at 10:00 a.m.

(intake screening staff,  
community workers, MCOs)



## Open forum Q&A session

Wednesday, January 29  
at 10:00 a.m.

(all staff with outstanding  
questions)



## Pre-release services delivery

Wednesday, February 5  
at 10:00 a.m.

(clinical staff, community  
providers, intake screening staff)



## HCA web resources and other requirements

Wednesday, February 19  
at 10:00 a.m.

(leadership, admin staff)



## Billing and claiming

Wednesday, March 5  
at 1:00 p.m.

(staff performing billing  
functions, leadership)



## Roles and responsibilities of implementation partners

Wednesday, March 19  
at 10:00 a.m.

(leadership, admin staff)

# Important resources

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- ▶ About Provider Enrollment
- ▶ ProviderOne Enrollment Portal
- ▶ Provider Enrollment Manuals:
  - ▶ Individual billing providers
  - ▶ Group provider
  - ▶ Facility/Agency/Organization/Institution
  - ▶ Tribe
  - ▶ Attending/servicing provider
- ▶ Contact HCA:
  - ▶ Phone: 1-800-562-3022, ext. 16137
    - ▶ (Tuesday and Thursday from 7:30 a.m.–noon and 1:00 p.m.–4:30 p.m.)
  - ▶ Reentry Initiative Inbox: [HCAReentryDemonstrationProject@hca.wa.gov](mailto:HCAReentryDemonstrationProject@hca.wa.gov)



# Appendix

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## Reentry Initiative Overview

# About the Reentry Initiative

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The Reentry Initiative is a new Apple Health initiative under the Medicaid Transformation Project (MTP) to provide select pre-release services to incarcerated individuals in the 90 days prior to release beginning July 2025.

## Reentry Initiative objectives include:

- ☑ Deliver targeted pre-release services to incarcerated individuals who are Apple Health eligible for up to 90 days before their release date.
- ☑ Prepare people for a successful transition and reentry into their community and help them live their healthiest life.
- ☑ Improve health outcomes and reduce recidivism (re-offense), emergency department visits, overdoses, and death.
- ☑ Support substance use disorder and recovery and target infectious diseases like Hepatitis C before an individual's release.
- ☑ Stabilize and treat other conditions before an individual's release, so they can reenter their community as healthy as possible.

# Eligible Reentry Initiative Services

HCA will convene  
a deep dive  
webinar on pre-  
release services  
on 2/5

## Mandatory services

*Participating facilities must support all services*

- Reentry Targeted Case Management (rTCM)\*
- Reentry SUD Evaluation/Assessment & Medications
- Reentry Pharmacy: Medications at Release
- Clinical Assessment and Evaluation for CAA-Eligible Clients Post-Adjudication\*
- Apple Health Benefits for CAA-Eligible Clients Pre-Adjudication\*
- Inpatient Hospitalization (existing benefit)

## Optional services

*Participating facilities may select one or more services*

- Clinical Assessment and Evaluations for Adults
- Reentry Pharmacy: Pre-Release Medications
- Laboratory Services
- Radiology Services
- Services from Provider with Lived Experience
- Medical Equipment and Supplies at Release

\*Per the Consolidated Appropriations Act of 2023, all facilities that house youth under age 21 and former foster care youth between the ages of 18 and 26 must also:

- Provide rTCM and clinical assessment and evaluation services for post-adjudication individuals; and,
- Apple Health benefits for pre-adjudication individuals.