Welcome!

The learning series webinar will begin momentarily.



Your microphone will be muted while presenters are speaking.



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



Use the Chat function to ask questions during the presentation. We will get to them during the Q&A.



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

Reentry Initiative Learning Series

Questions & Answers

March 19, 2025



Welcome

- We're recording this webinar and have muted all attendees
- HCA does not permit Artificial Intelligence (AI) note-taking apps
- Turn on live captioning with the "Show Captions" button at the bottom of the Zoom screen
- Slide deck and webinar recording will be available on the <u>Reentry webpage</u>



Show Captions

Webinar objectives

- Open forum for questions and answers
 - ► Submit your comments and questions through the "Chat" function
 - Raise hand and unmute when called on
- HCA subject matter experts available to answer topic-specific questions
- We are working on releasing additional sections of the <u>Reentry</u> <u>Initiative Policy and Operations Guide</u> (P&O Guide)



Reminder: Reentry Initiative Milestones





Learning series overview

- Walked through sections and questions of Milestone 2: Capacity Building Application (CBA)
 - Each attestation is a requirement for participating in the Reentry Initiative
- Learning series topics:
 - Provider enrollment
 - MCO contracting and credentialing
 - ► Apple Health client eligibility and enrollment
 - Consolidated Appropriations Act of 2023
 - ► Apple Health (Medicaid) benefit services
 - Data exchange requirements
- Also reviewed Milestone 3: Readiness Assessment



Provider enrollment

- Question: What are the pros/cons of using one National Provider Identifier (NPI) versus multiple?
 - ► In what situations is it common to see a single NPI for multiple entities?
 - ▶ In what situations is it common to see an NPI for each location?



Provider enrollment

• Answer:

- ► Single NPI:
 - > Providers who want all the claims for multiple locations rolled up under a single remittance advice.
 - > Providers who want to simplify the provider information on file; updates to information like banking information can be made to a single provider record.
- ► Multiple NPIs:
 - > Providers who want a separate remittance advice for each location. This simplifies office staff work when associating payments to each location.
 - In this case, updates to provider information like banking information must be made to each NPI (location).



MCO contracting and credentialing

- Question 1: Is there a grace period for contracting?
- Question 2: Is there a grace period for credentialing?
- Question 3: Who is eligible for the 1-year credentialing grace period?



MCO contracting and credentialing

MCO contracting:

- ► Facilities and providers establish a contractual relationship with MCOs that allow a provider or facility to bill an MCO for services provided to an MCO
- Carceral facilities providing Reentry Initiative services must contract with each MCO to implement the Reentry Initiative; regulations do not allow a grace period for contracting

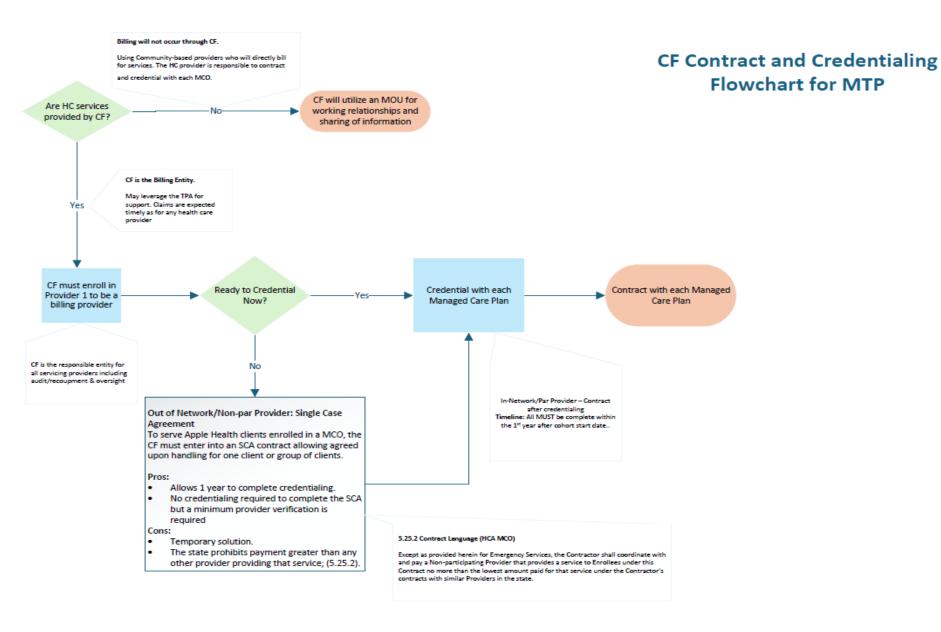
MCO credentialing:

- Credentialing with each MCO is required for all health care providers performing and billing for Reentry Initiative services (in-facility health care professionals or community providers)
- ► Facilities with in-facility health care staff performing Reentry Initiative services may opt to delay completion of credentialing no later than 1 year past implementation; however, community providers must be credentialed at implementation

Terminology check! Please remember:

- Provider licensing and provider enrollment are separate processes from contracting and credentialing. Regulations do not allow a grace period for these processes.
- In facility healthcare staff means providers for which the carceral facility is the responsible entity for all servicing providers including audit/recoupment & oversight







Apple Health eligibility and enrollment

- Question 1: What is the difference between the two pathways for Apple Health applications?
- Question 2: How will a provider know if an individual is within their 90-day pre-release period to be able to bill for services? Is this different for fee-for-service (FFS) versus managed care?



Apple Health eligibility and enrollment, continued

Facilities have two pathways to access ProviderOne and verify an individual's Apple Health eligibility and managed care enrollment and FFS status:

ProviderOne

Apple Health billers or providers have direct access to ProviderOne by using the ProviderOne Provider Portal

OneHealthPort (OHP)

OHP is a secure portal where Apple Health billers or providers can access ProviderOne

Eligibility and enrollment for a client can be verified under ProviderOne eligibility benefit inquiry. For more information on how to view eligibility and enrollment in ProviderOne, view the <u>ProviderOne</u> <u>Billing and Resource Guide</u>.

Apple Health application pathways

- For the purposes of eligibility and processing applications, Apple Health is divided into two application pathways
- Facilities need to determine which pathway to use for the Apple Health application using the below eligibility criteria

Pathway	Eligible populations	Application modalities
Modified Adjusted Gross Income (MAGI)	 Adults ages 19 to 64 years old Children under 18 Parents or caretakers applying on behalf of a child Pregnant individuals or individuals applying for someone who is pregnant 	 Online: WAHealthplanfinder.org Mobile app: WAPlanfinder app Phone: 1-855-923-4633 Paper: Application for health care coverage
Apple Health Classic	 Adults ages 65 or older Individuals who are eligible for Medicare, blind, or disabled Individuals who need long-term services and supports 	 Online: <u>WashingtonConnection.org</u> Phone: 1-877-501-2233 Paper: <u>Application for aged, blind, disabled/long-term care coverage</u>

90-day pre-release service restart scenarios

A restart will give an individual a new 90-day period of pre-release services when an estimated release date (ERD) is established or changed, or when the individual moves carceral facilities.

90-day reentry service coverage

90-day reentry service period scenarios	30-day reelitry service coverage
Client is incarcerated in a jail without an ERD.	Client is eligible for reentry services from the day of booking up to 90 days.
Client is incarcerated in a jail and receives an updated ERD.	Client is eligible for reentry services 90 days prior to updated ERD.
Client is released and re-booked the same day without an ERD.	Client is eligible for up to 90 days of reentry services for each unique booking.
Client is released from one jail and transferred to another jail without an ERD.	Client is eligible for up to 90 days of reentry services for each unique booking.
Client transfers from jail to a prison.	Client is eligible for reentry services 90 days prior to ERD at the prison

Consolidated Appropriations Act of 2023 (CAA)

- Question: What are participating facilities required to provide to CAA-eligible youth as a part of the Reentry Initiative?
 - ▶ Does this apply to adult facilities?



CAA, continued

- In addition to the mandatory Reentry Initiative services, Reentry Initiative-participating facilities are required to offer certain additional benefits to CAA-eligible individuals for Sections 5121 and 5122 of the CAA
- CAA-eligible population:
 - Medicaid or Children's Health Insurance Program (CHIP) clients aged 20 and under
 - Medicaid clients between the ages of 18 and up to age 26 who aged out of foster care on or after the 18th birthday



CAA, continued

Service type	Additional required benefit	Examples of impacted facilities
Pre- adjudication	Apple Health benefits beyond those under the Reentry Initiative	 Locally-run youth correctional facilities
(5122 benefits)		 City, county, and Tribal jails
Post- adjudication (5121 benefits)	Clinical assessments and evaluations in the 90 days prior to release or no later than 7 days post-release or as soon as practicable after release	 Department of Children, Youth and Families facilities Locally-run youth correctional facilities Department of Corrections facilities City, county, and Tribal jails



Apple Health pharmacy benefits

• Question: How do we comply with the 30-day supply of medication in hand at release requirement? Individuals are often released unexpectedly or outside of pharmacy business hours. Will there be guidelines in the P&O Guide or best practices that can help?



Apple Health pharmacy benefits

Answer:

- The 30-day fill requirement applies whenever feasible for pharmacy access, such as if the client's release occurs:
 - During the pharmacy's business hours (whether the release is planned or unexpected), or
 - ▶ After hours but is an expected release (known release time) so that the carceral facility has time to support coordination of access to and fill of medications.
- If a client is released unexpectedly outside of pharmacy hours, a facility can give the client two options:
 - Come to the facility the next pharmacy business day to pick up medications, or
 - Identify a community pharmacy to access the 30-day medication supply.
- Additional details are provided in the "Pre-Release Services" section of the P&O Guide

Health Care Muthority

Open questions & answers

Please continue to submit questions via the Reentry Inbox.

