Washington State Health Care Authority

Reentry Initiative Policy and Operations Guide

A guide to prepare carceral facilities for participation in the Reentry Demonstration Initiative.

Medicaid Transformation Project (MTP 2.0)

Section 1: Introduction

On June 30, 2023, the Centers for Medicare & Medicaid Services (CMS) approved Washington State's request for a Section 1115 Medicaid demonstration waiver, called Medicaid Transformation Project 2.0 (MTP 2.0). This approval makes Washington the second state to receive federal approval to offer a pre-release of Medicaid services to youth and adults in state prisons, county jails, youth facilities (including juvenile rehabilitation and juvenile detention centers), and tribal jails, up to 90 days before their release. The Reentry Demonstration Initiative is the work HCA is implementing with carceral facilities (facilities) to fulfill the MTP 2.0 waiver.

Reentry Demonstration Initiative overview

What is the start date for the Reentry Demonstration Initiative (the Initiative)?

The first group of participating facilities – Cohort 1 – will launch in Washington State beginning on July 1, 2025. Facilities that have their Readiness Assessment approved by HCA may begin billing Apple Health for the limited Reentry Initiative benefit services as early as July 1, 2025.

There are three cohorts participating in the Initiative; each cohort has a different go-live or start date.

What are the goals of the Initiative?

Through this Initiative, we aim to:

- 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 and HIV before a person's release.
- Stabilize and treat other conditions before a person's release, so they can reenter their community as healthy as possible.

What services are included and paid for through the Initiative?

The Initiative will support and pay for the delivery of a limited set of Reentry Initiative benefit services for Apple Health-eligible adults and youth in state prisons, jails, and youth facilities. Participating facilities are required to support all **mandatory services**. The remaining services are optional, and facilities may implement one or more of the services.

Mandatory services:

1. **Reentry Targeted Case Management (rTCM)***
2. **Reentry SUD: Evaluation of and medication for substance use disorder (SUD), including opioid use disorder and alcohol use disorder**
3. **Reentry Pharmacy: Medications at release**
4. **Pre-adjudication CAA-eligible clients: Apple Health benefits***
5. **Post-adjudication CAA-eligible clients: Clinical assessment and evaluation***

Optional services:

6. Clinical assessment and evaluation for adults
7. Reentry Pharmacy: Pre-release medications (medications during the pre-release period)
8. Laboratory services
9. Radiology services
10. Services by providers with lived experience
11. Medical equipment and supplies at release

*Per the Consolidated Appropriations Act of 2023 (CAA), additional benefits affect facilities that house youth under age 21 and foster care alumni up to age 26. Those benefits are:

- Provide rTCM and clinical assessment and evaluation services during post-adjudication
- Provide Apple Health benefits during pre-adjudication beyond those listed under the Initiative

By offering a limited set of health care benefit services, the Initiative aims to bridge the gap between facility settings and community reintegration. This ensures that individuals have the necessary support to lead healthy, productive lives after their release.

Which facilities are eligible to participate in the Initiative?

The following types of facilities are eligible to participate after completing the necessary steps (milestones):

- State prisons operated by the Department of Corrections (DOC)
- City, county, and regionally operated adult jails
- Tribal jails
- Juvenile Rehabilitation Centers operated by the Department of Children, Youth and Families (DCYF)
- City, county, and regionally operated youth correctional facilities
- Juvenile detention centers

To be fully eligible, facilities must opt to participate (Milestone 1), complete the Capacity Building Application (Milestone 2), and pass the Readiness Assessment (Milestone 3).

What are the key steps to participating in the Initiative?

Facilities will go live with one of three cohorts, based on their readiness. Facilities must complete the following steps as part of participation:

1. **Milestone 1:** Submit an Intent to Participate form, which includes the facility's cohort selection.
2. **Milestone 2:** Complete a Capacity Building Application (CBA), which includes a set of attestations outlining the requirements of the Initiative and a detailed budget that:
    a. Covers planned expenses
    b. Requests capacity building funding
3. **Milestone 3:** Complete a Readiness Assessment describing the facility's current and/or planned readiness to support Reentry Initiative benefit services.
4. **Milestone 4:** Submit Interim Progress Report on initial implementation progress.
5. **Milestone 5:** Submit Final Progress Report on overall implementation progress and outcomes.

Correctional agencies that oversee multiple facilities (e.g., DOC) may complete each milestone at the agency level on behalf of all facilities they oversee; or may opt to submit milestones for individual facilities if not all of the facilities they oversee are participating in the Initiative.

Other relevant resources and information is available at:

- Reentry webpage
- Invitation to Participate
- Reentry Initiative overview document

Purpose of this guide

The Reentry Initiative Policy and Operations Guide outlines the process and provides detailed instructions for implementing the requirements of the Initiative. The guide clarifies the policy design and operational processes for facilities, county behavioral health agencies, providers, community-based organizations (CBOs), local health jurisdictions, Accountable Communities of Health (ACHs), and managed care organizations (MCOs). As the Initiative progresses and as CMS refines its guidance, HCA will update the Reentry Initiative Policy and Operations Guide to reflect new policy decisions and operational requirements.

Key objectives of this guide include:

1. **Establish clear policies:** Define the eligibility criteria for reimbursable services; clarify the scope of services; and describe the roles and responsibilities of providers involved in the Initiative.
2. **Standardize procedures:** Develop standardized procedures for the identification, enrollment, and delivery of services to eligible individuals.
3. **Promote coordination:** Foster collaboration and coordination among facilities, health care providers, CBOs, and other Initiative partners to facilitate seamless transitions.
4. **Ensure accountability:** Implement monitoring and evaluation mechanisms to assess the effectiveness of the Initiative and ensure compliance with established policies and procedures.
5. **Support continuous improvement:** Provide ongoing feedback and continuous improvement to enhance the quality and impact of the Reentry Initiative services provided.

The Initiative promotes a holistic approach to health, addressing not just the immediate health and health-related needs of clients upon release, but also the longer-term supports necessary for sustained health and well-being.

Key components of the Initiative include:

- **Medicaid enrollment and eligibility:** Ensure individuals have access to essential health care services by facilitating Medicaid enrollment prior to release, thus reducing gaps in care.
- **Pre-release Reentry Health Screening:** Conduct screenings to identify physical and behavioral health needs, such as substance use disorders (SUD) and other critical health conditions that require ongoing management.
- **Reentry Initiative benefits:** Implement mandatory and/or optional health care services within facilities to prepare individuals for successful reentry, including the following:
    - **Reentry Targeted Case Management (rTCM):** Provide personalized support through dedicated care managers who coordinate care and connect individuals to community resources.
    - **Reentry SUD:** Administer evidence-based treatments for SUD, including medications for opioid use disorder (MOUD) and medications for alcohol use disorder (MAUD), to support recovery and reduce the risk of relapse.
    - **Reentry Pharmacy: Medication at release:** Ensure individuals leave a facility with necessary medications, enhancing continuity of care and reducing immediate health risks.
    - **Clinical assessment and evaluation:** Offer visits from health care professionals to manage complex physical and behavioral health conditions.
    - **Providers with lived experience:** Leverage the insights and experiences of individuals who have successfully navigated the reentry process to provide peer support and mentorship.
    - **Lab and radiology:** Ensure access to essential diagnostic services to monitor and manage health conditions.
    - **Medical equipment and supplies**: Ensure individuals leave a facility with necessary medical equipment.

About this guide

Information in this guide supersedes earlier guidance from HCA training decks. Unless otherwise specified, the information described in this guide is governed by the rules found in Chapter 182-563 WAC.

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If a link within this guide is broken notify us at askmedicaid@hca.wa.gov.

Acronyms and abbreviations

Acronym	Meaning
ABP	Alternative Benefit Plan
ACA	Affordable Care Act
ACES	Automated Client Eligibility System
AHPDL	Apple Health Preferred Drug List
AI/AN	American Indian/Alaska Native
APCD	All-Payer Claims Database
AREP	authorized representative
AUD	alcohol use disorder
BH	behavioral health
BSP	benefits service package
CBH	community behavioral health
CBO	community-based organization
CHIP	Children's Health Insurance Program
CI	correctional industries
CLID	Client Identification (ID) Number in ACES
CM	care manager
CMS	Centers for Medicare & Medicaid Services
CN	categorically needy
DCYF	Department of Children, Youth and Family Services
DEA	Drug Enforcement Administration
DOH	Department of Health
DSA	data sharing agreement
DSHS	Department of Social and Health Services
EA-Z	Eligibility A-Z Manual
EFT	electronic funds transfer
EHR	electronic health record
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program
FAQ	frequently asked questions
FFS	fee-for-service
FMAP	Federal Medical Assistance Percentage
FPL	federal poverty level

FY	fiscal year
HCA	Health Care Authority
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HPF	Washington Healthplanfinder
LEP	limited English proficiency
MCO	managed care organization
MEDS	Medical Eligibility Determination Services
MH	mental health
MHW	Molina Healthcare of Washington, Inc.
MMIS	Medicaid Management Information Systems
MN	medically needy
MOUD	medication for opioid use disorder
NHOPI	Native Hawaiian and other Pacific Islanders
OTA	Office of Tribal Affairs (HCA division)
OTC	over the counter (medications)
OUD	opioid use disorder
PCP	primary care provider
PHI	protected health information
PMPM	per member per month
RAC	Recipient Aid Category
RCW	Revised Code of Washington
RDA	Research and Data Analysis (DSHS administration)
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	substance use disorder
TPA	third-party administrator
UHC	UnitedHealthcare Community Plan
WAC	Washington Administrative Code
WAH	Washington Apple Health

Glossary of terms

Term	Definition
HCA designee	Any entity expressly designated by the HCA to act on its behalf.
American Indian/Alaskan Native	A person whose lineage is American Indian, Alaska Native, Inuit, or Aleut, or any combination thereof. The term also includes any person who is regarded as an Alaska Native by the Alaska Native Village or group of which he or she claims to be a member and whose father or mother is (or, if deceased, was) regarded as an Alaska Native by an Alaska Native Village or group. The term includes any Alaska Native as so defined, either or both of whose adoptive parents are not Alaska Natives.
ancillary services	Additional services ordered by the provider to support the core treatment provided to the patient. These services may include, but are not limited to, laboratory services, radiology services, drugs.
Apple Health	An umbrella term or "brand name" for all Washington State medical assistance programs, including Medicaid. Apple Health is a shortened name from Washington Apple Health.
Apple Health Preferred Drug List	A list of medications covered by Apple Health for various acute and chronic conditions.
Apple Health provider	An institution, organization, agency or person that is licensed, certified, accredited, or registered according to Washington state law, who is enrolled with/participates in Washington Apple Health (WAH), and has: a) A signed core provider agreement or contract with HCA or their designee, and is authorized to provide health care, goods, and services to WAH clients; or b) Authorization from a managed care organization (MCO) that contracts with HCA or their designee to provide health care, goods, and services to eligible WAH clients enrolled in the MCO plan.
application	An application, or application program, is a software program that runs on a computer. Web browsers, email programs, word processors, and specialized business software are examples.
authorized representative	A person may designate an authorized representative (AREP) to act on his or her behalf in eligibility-related interactions with the HCA by completing the HCA's Authorized Representative Designation Form (DSHS 14-532). See the HCA authorized representatives webpage for more information.
benefit package	The set of health care service categories included in a client's health care program. See WAC 182-501-0060.
billing code	A code used by a group health plan or health insurance issuer or its providers to identify health care items or services for the purposes of billing, adjudicating, and paying claims for a covered item or service.

billing provider	Billing provider means an institution, agency, or person that is licensed, certified, accredited, or registered according to HCA, and meets the definition below of (a), or (b), or (c): a) Has a signed core provider agreement or contract with the HCA or the HCA's designee, and is authorized to provide health care, goods, and services to WA State clients, and submit claims and receive payment from the HCA. b) Has an agreement with a managed care organization (MCO) that contracts with the HCA or the HCA's designee to provide health care, goods, and services to eligible WA State clients enrolled in the MCO plan and submit claims and receive payment from the MCO. c) Has an agreement with a behavioral health administrative services organization (BHASO) that contracts with the HCA or the HCA's designee to provide crisis and behavioral health services and support to WA State residents and submit claims and receive payment from the BHASO
Categorically Needy Income Level	The standard used by the HCA to determine eligibility under a categorically needy program.
Categorically Needy Program	The standard used by the HCA to determine eligibility under a categorically needy program.
Centers for Medicare & Medicaid Services (CMS)	The branch of the United States Department of Health and Human Services (DHHS) responsible for the federal requirements of the Medicaid and CHIP programs.
client	The client is an individual who seeks, currently has, or previously had benefits through HCA.
confidentiality	Preserving authorized restrictions on information access and disclosure, including means for protecting personal privacy and proprietary information. [44 U.S.C., SEC. 3542]
contracted entity	A managed care organization, behavioral health administrative services organization, or any other contractor or subcontractor who is paid a capitated rate for providing benefits or services to Apple Health clients.
Core Provider Agreement	A written contract that's terms and conditions bind each provider in the fee-for-service program to applicable federal laws, state laws, and the HCA's rules, provider alerts, billing guides, and other sub regulatory guidance. See WAC 182-502-0005. The core provider agreement is a unilateral contract.
county of residence	The county in which a person resides.
covered entity	A covered entity is a health plan, a health care clearinghouse, or a health care provider who transmits information electronically in connection with a HIPAA transaction (see 45 CFR 160.103). As defined in 45 CFR 164.103, HCA is a Hybrid Entity that has designated programs as Health Care Components within the

	administrations/divisions as provided on HCA Administrative Policy 10-05. HCA is a Hybrid Entity with only its Health Care Components (including BAOUs) subject to the HIPAA Rules.
covered services	A health care service contained within a "service category" that is included in a WAH benefits package described in WAC 182-501-0060. For conditions of payment, see WAC 182-501-0050(5). A noncovered service is a specific health care service (for example, cosmetic surgery), contained within a service category that is included in a WAH benefits package, for which the HCA or the HCA's designee requires an approved exception to rule (ETR) (see WAC 182-501-0160). A noncovered service is not an excluded service (see WAC 182-501-0060).
diagnosis	The process of identifying a disease, condition, or injury from its signs and symptoms.
disclosure	The release, transfer, provision of access to, or divulgence of individually identifiable health information outside HCA.
dual-eligible client	An eligible Medicaid client who is also a Medicare beneficiary. This does not include a client who is only eligible for a Medicare savings program as described in chapter 182-517 WAC.
electronic health record (EHR)	An electronic (digital) collection of medical information about a person that is stored on a computer. An electronic health record includes information about a patient's health history, such as diagnoses, medicines, tests, allergies, immunizations, and treatment plans. Electronic health records can be seen by all health care providers who are taking care of a patient and can be used by them to help make recommendations about the patient's care. Also called EHR and electronic medical record.
electronic signature	A signature in electronic form attached to or associated with an electronic record including, but not limited to, a digital signature.
emergency medical condition	The sudden onset of a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: a) Placing the patient's health in serious jeopardy; b) Serious impairment to bodily functions; or c) Serious dysfunction of any bodily organ or part.
facilities	In this guide, facilities refers to carceral facilities that are eligible to participate in the Reentry Initiative.
fee-for-service (FFS) program	The program which pays for services furnished to Apple Health clients for services not covered in a managed care plan.
Health Insurance Portability and Accountability Act (HIPAA)	HIPAA is the federal Health Insurance Portability and Accountability Act of 1996 as amended. The term as used in this policy also includes, as applicable, the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination

	Act. The term as used in this policy also includes the implementing regulations in parts 160 and 164 of title 45 CFR. All references are to the laws or rules as amended from time to time and as effective at the relevant time.
managed care organizations (MCO)	An organization having a certificate of authority or certificate of registration from the Washington State Office of Insurance Commissioner that contracts with HCA under a comprehensive risk contract to provide prepaid health care services to eligible HCA enrollees under HCA managed care programs.
managed care program	A comprehensive health care delivery system that includes preventive, primary, specialty, and ancillary services. These services are provided through a managed care organization.
Medicaid	The federal medical aid program under Title XIX of the Social Security Act that provides health care to eligible people.
Medicaid Transformation Project (MTP 2.0)	The demonstration waiver granted to Washington State by the federal government under section 1115 of the Social Security Act. Under this demonstration, the federal government allows the state to engage in a five-year demonstration to support health care systems, to implement reform, and to provide new targeted Medicaid services to eligible clients with significant needs.
MTP-participating facilities	Facilities in Washington State that opted to participate in and successfully passed the readiness assessment for the Reentry Demonstration Initiative.
medical assistance	The term HCA uses to mean all federal or state-funded health care programs, or both, administered by HCA or its designees. Medical assistance programs are referred to as Washington Apple Health.
medical condition	A term that refers to a person's state of health. For example, a patient's condition in the hospital may be described as good, stable, or serious. Condition may also refer to a normal state with regard to one's health, such as pregnancy, or to a disease, disorder, illness, or injury.
medically necessary	A term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purposes of this section, "course of treatment" may include mere observation or, where appropriate, no medical treatment at all. See WAC 182-501-0050.
medical record	The file created by a healthcare provider for a clinical episode of care. A separate record of each episode of care is combined into a personal medical record.

mental health	According to the World Health Organization (WHO), mental health is "a state of well-being in which the individual realizes his or her their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community."
medications for opioid use disorder	Medications specifically used to treat opioid use disorder
medications for alcohol use disorder	Medications specifically used to treat alcohol use disorder
non-billing provider	A health care professional enrolled with the HCA only as an ordering, referring, prescribing provider for the Washington Apple Health (Medicaid) program and who is not otherwise enrolled as an Apple Health (Medicaid) provider with the HCA.
over-the-counter (OTC) drugs	Medications available without a prescription
opioid treatment program	Licensed by the Department of Health (DOH) and use medications for opioid use disorder (OUD) that are approved by the U.S. Food and Drug Administration in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to individuals diagnosed with OUD.
patient	An individual who interacts with a clinician either because of real or perceived illness or for health promotion and disease prevention.
prescribing provider	A health care professional authorized by law or rule to prescribe drugs to Apple Health clients.
primary care provider	A physician, naturopath, nurse practitioner, physician assistant, or other health professional licensed or certified in Washington State whose clinical practice is in the area of primary care.
prior authorization	The requirement that a provider must request, on behalf of a client and when required by rule or HCA billing instructions, the HCA or the HCA's designee's approval to provide a health care service before the client receives the health care service, prescribed drug, device, or drug-related supply. The HCA or the HCA's designee's approval is based on medical necessity. Receipt of prior authorization does not guarantee payment. Expedited prior authorization (EPA) and limitation extension are types of prior authorization.
provider	An organization or person that is licensed, certified, accredited, or registered to practice health-related services or otherwise practicing health care services according to Washington State law.
ProviderOne	Washington States's Medicaid Management Information Payment Processing System (billing system) used by Apple Health providers for billing and insurance coverage checking by Apple Health.
ProviderOne client ID	A system assigned number that uniquely identifies an individual client within the ProviderOne system

provider type	A category that defines providers who share similar attributes and is contained in the first two positions of the taxonomy code. Provider type is an element of specialization in provider enrollment and maintenance.
Reentry Demonstration Initiative	The work being done under the MTP 2.0 demonstration waiver that serves Apple Health-eligible individuals within facilities prior to release. Also referred to as the Reentry Initiative and the Initiative.
Reentry Initiative benefits	The benefit package available to Apple Health clients of any age under the Reentry Demonstrative Initiative.
Reentry Targeted Case Management (rTCM)	A person-centered, recovery-focused approach to address the health of justice-involved Apple Health enrollees. Care manager staff play a significant role in supporting those leaving a carceral setting by providing these core elements of service: 1) Reentry Health Assessment when screening identifies an unmet care need 2) Reentry Care Plan developed according to reentry health assessment 3) Coordination according to the reentry care plan. Includes scheduling, linkages to services, monitoring and follow up activities to ensure Reentry Care Plan is effectively being implemented and needs are being addressed. Coordination requires routinely communicating with the enrollee and others, including discussions with the enrollee at a minimum of once per month via face-to-face interaction in person or telemedicine; additional activities may occur throughout the month to support the minimum requirements. 4) Warm handoff required if care manager is changing (e.g., during pre-release period, pre- to post-care manager change such as to MCO care coordinator, health home).
referring provider	A health care provider (or individual) who directed the client for care to the provider rendering the services being reported. Examples include, but are not limited to, primary care provider referring to a specialist; physician referring to a physical therapist.
State Plan	An official document describing the nature and scope of a program that uses federal funds and requires a State Plan. Without a State Plan, Washington would not be eligible for federal funding for providing services under those programs. A State Plan is Washington's agreement that it will conform to federal requirements and DHHS official issuances.
State Plan Amendment (SPA)	How the State makes changes to (amends) the State Plan.
Special Terms and Conditions	Specific guidelines and requirements outlined for the services provided.
Title XIX (Title 19)	The portion of the federal Social Security Act, 42 U.S.C. 1396 et seq., that authorizes funding to states for health care programs. Title XIX is also called Medicaid.
Title XXI (Title 21)	The portion of the federal Social Security Act, 42 U.S.C. 1397aa et seq., that authorizes funding to states for the children's health insurance program (CHIP).

telemedicine	The delivery of health care services using interactive audio and video technology, permitting real-time communication between the client at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. Telemedicine includes audio-only telemedicine, but does not include any of the following services: • Email and facsimile transmissions, • Installation or maintenance of any telecommunication devices or systems, • Purchase, rental, or repair of telemedicine equipment, or • Incidental services or communications that are not billed separately, such as communicating laboratory results.
Tribal member	To receive benefits from a Tribe or the federal government, most American Indians must be enrolled members of one of the 317 federally recognized Tribes. Each Tribe has its own rules for membership, usually outlined in their constitution and approved by the U.S. Bureau of Indian Affairs. Once enrolled, members receive an official tribal ID card or number confirming their status as part of the Tribe.
Washington Administrative Code	State agencies' regulations (rules') specifying the rights, privileges, benefits, limitations, restrictions, and sanctions of the programs they administer. A WAC carries the legal weight of administrative law.

Section 2: Provider enrollment

This section covers how to meet the following program requirement as mentioned in **section 4, question 1** of the Capacity Building Application (CBA):

> **Carceral facility's reentry services providers, including pharmacies and in-facility staff, are enrolled with the Health Care Authority (ProviderOne).**

Facilities that intend to bill for Reentry Initiative benefits or are considering billing for Reentry Initiative benefits must be enrolled with the Health Care Authority (HCA). Facilities and providers must complete HCA enrollment through Washington's ProviderOne system.

Facilities are responsible for ensuring that their providers are enrolled with HCA through ProviderOne. All service providers, including pharmacies and in-facility staff, participating in the Initiative must be enrolled as Apple Health providers in order to bill Apple Health for Reentry Initiative benefits. Enrolled providers may include, but are not limited to:

- Facility providers and pharmacies
- Facility contractors that deliver 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)

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

ProviderOne

ProviderOne or "P1" is the Medicaid Management Information System (MMIS) used by HCA to pay providers (including facilities) for Apple Health (Medicaid)-covered services. ProviderOne is the system facilities and providers will use to submit reimbursable Reentry Initiative services claims. ProviderOne also allows facilities to track their Apple Health payments and confirm an individual's Apple Health eligibility. Every facility that intends to bill for Reentry Initiative services must complete the provider enrollment process through ProviderOne.

Obtain a National Provider Identifier (NPI)

Before enrolling in ProviderOne, facilities and providers must have a National Provider Identifier (NPI). An NPI is a unique 10-digit number issued by CMS to identify health care providers in Medicaid claims transactions. CMS requires all Medicaid providers to have an NPI to ensure accurate processing of claims and secure electronic submissions. HCA links your NPI to your ProviderOne enrollment profile to accurately track payments and services.

There are two types of NPIs through CMS:

- Type 1: Individual health care providers (e.g., physicians, nurses)
- Type 2: Facilities/Organizations/Agencies/Institutions (e.g., carceral facilities, clinics, pharmacies)

In order to obtain an NPI, facilities and providers must submit an application online through the National Plan and Provider Enumeration System (NPPES) website. It can take approximately 2-3 weeks to receive an NPI.

- For providers who wish to submit their application by mail or via an electronic file interchange organization, please visit CMS's website on how to apply for an NPI for detailed instructions.

Facilities and providers can check to see if they already have an NPI using the NPPES NPI Registry.

Apple Health (Medicaid) provider enrollment

In order to bill for Reentry Initiative benefits, facilities and/or their providers must also be enrolled as an Apple Health provider. To enroll as an Apple Health provider, facilities and/or their providers must submit an application in ProviderOne.

Check providers' current Apple Health enrollment status

The first step is for facilities to contact their health care providers and confirm they are enrolled in Apple Health. Providers already enrolled in Apple Health do not need to take further action to bill for Reentry Initiative services. Providers not enrolled in Apple Health who plan to bill for Reentry Initiative services must submit an application in ProviderOne.

To check whether a provider is enrolled as an Apple Health provider, contact HCA at **1-800-562-3022, ext. 16137, Tuesday and Thursday, 7:30 a.m. to noon and 1:00 p.m. to 4:30 p.m.** Be sure to have the facility or provider's NPI number ready when calling.

Enroll as an Apple Health provider

If a facility or provider is not currently enrolled in Apple Health, they must complete the following steps:

- Step 1: Determine the appropriate provider type for Apple Health enrollment.
- Step 2: Complete the supplemental paperwork.
- Step 3: Complete the enrollment application in ProviderOne.

Step 1: Determine provider type

Prior to starting the Apple Health provider enrollment application in ProviderOne, facilities and providers should determine their appropriate provider type. Facilities and providers of Reentry Initiative services will fall into one of two provider types:

- Billing provider: This provider type application process is for facilities.
- Health care professional practicing under a group or facility: This provider type application process is for in-staff providers practicing under a facility. When selecting this enrollment type, the group or facility under which a provider practices must be enrolled with HCA as a billing provider.

Step 2: Supplemental documentation

In order to complete the Apple Health provider enrollment application in ProviderOne, facilities and providers must submit the required documents listed below.

Required Information:

- Federal Employer Identification Number (EIN) or Social Security Number (SSN)
- UBI (Unified Business Identifier)
- Business License (dates, license number)
- Banking information (routing number & account number) for direct deposit

Required documents:

- Core Provider Agreement (signature required)
- Debarment Statement (signature required)
- Copy of Internal Revenue Services (IRS) Form W-9 (signature required)
- Practice-specific supporting documents

Step 3: Complete enrollment application in ProviderOne

Once a facility or provider has determined their provider type, they can then start an application in ProviderOne. In ProviderOne, a provider will need to match their provider type with an enrollment type.

Use this chart to match the provider type with the enrollment type options in ProviderOne.

Provider type	Select the following enrollment type option in ProviderOne	Example
Billing provider (general facilities)	Facility/Agency/Organization/Institution	All facilities will enroll as a billing provider under the Facility/Agency/Organization/Institution enrollment type.
Billing provider (Tribal facilities)	Tribal Health	All facilities will enroll as a billing provider under the Facility/Agency/Organization/Institution enrollment type.
Health care professional practicing under a group or facility (In-Staff providers)	Individual	A licensed provider (e.g., RN, MD) employed by a facility enrolls under the health care professional practicing under a group or facility enrollment type.

Step-by-step ProviderOne enrollment process

This section provides a walk-through of the Facility/Agency/Organization/Institution Provider One enrollment process.

- Start a new ProviderOne application.
- Select Fac/Agncy/Orgn/Inst.
- Click submit.

Step 1: Basic Information

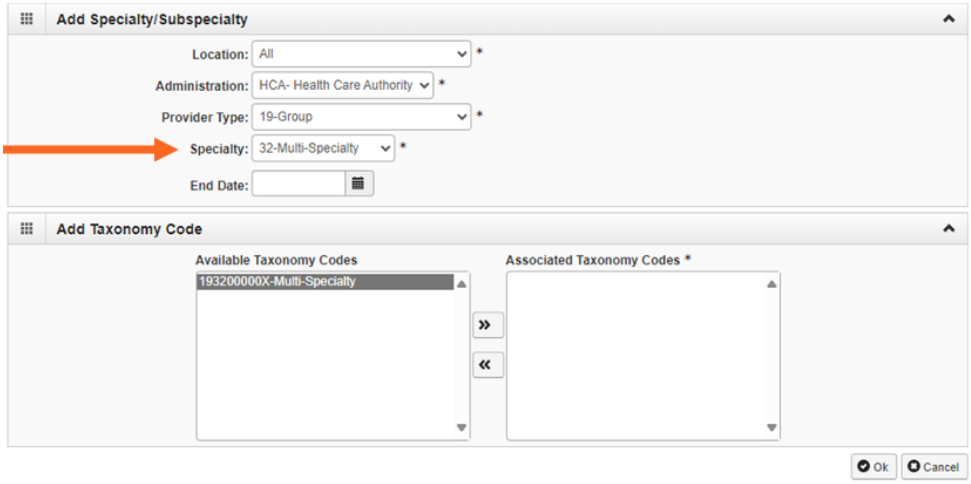
- Select **HCA** from the available agencies then the Billing type will default to **BL-Billing**.
    - See Instructions for adding Billing Type and Available Agencies
- Under Provider Name (Organization Name): Enter the legal name that is registered with the Internal Revenue Service (IRS).
- Enter your FEIN and your business name (this will display at the top of your domain and application).
- Select **Yes** for required to have an NPI, enter NPI number. Select relevant W-9 entity type.
- For other organizational information select **Government**.
- **Use an email that is monitored frequently.** (HCA will use this to contact your facility. Your application ID number is also sent here.)
- Do not enter enrollment effective date and click **next**.
- You will then receive your application ID number.
    - **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.

Step 2: Locations

- Click the **add** button, then a screen will show a locations list starting with physical location. Select **NPI base location** under location type.
- Under physical location, enter the address of your facility.
- Add information to the mailing address and the pay-to sections of the locations list. If they are the same as your physical location, you can check the box: same as location address.
- Click the **Ok** button to save. If no additional location addresses are needed, click **close**.

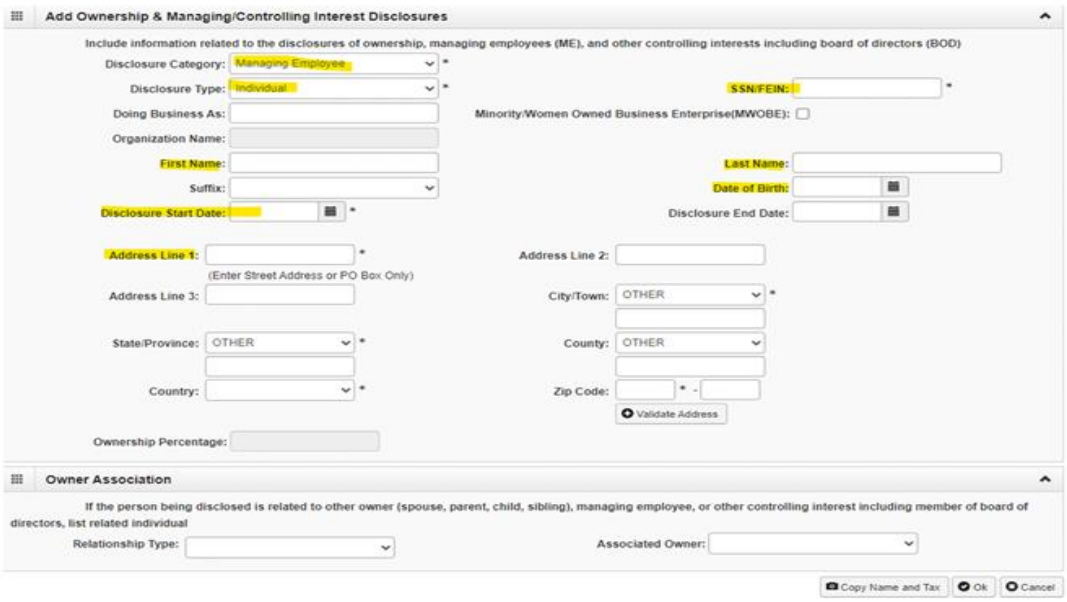
Step 3: Add specializations

- For location select **All**.
- For Administration, select **Health Care Authority**.
- For provider type select **19-Group**.
- For specialty, select **32-multi-specialty**.
- You can leave the end date blank.
- This will open the Available Taxonomy Codes loaded in ProviderOne.
- Use the arrows to move the taxonomy code, **26 Ambulatory Heath Care Facilities, 1Q Clinic/Center, P2400X Prison Health** from the Available Taxonomy Codes box to the Associated Taxonomy Codes box
- Click the **Ok** button to save the information and close the window.



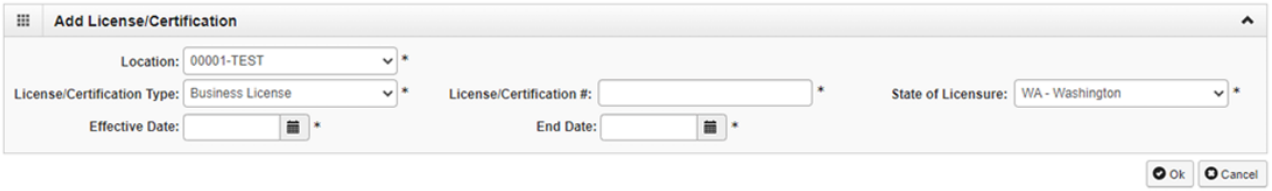
Step 4: Add Ownership & Managing/Controlling Interest Disclosures

- To add a new record, click **add**.
- Under disclosure category, select **owner**.
- Under disclosure type, select **organization**.
- Enter the facilities FEIN (no dashes).
- Fill out the disclosure start date (first day of ownership); ownership percentage and the facilities address.
- Click **Ok**, then **add** to add a new record.
- Under disclosure category, select **Managing employee**.
- Under disclosure type, select **Individual**.
- Enter the managing employee SSN (no dashes).
- Under first name, last name, DOB, add the information of a managing employee.
- Fill out the disclosure start date; ownership percentage and the address section can be filled out using the facility's address.
- Click **Ok** and then **close**.



Step 5: Add licenses and certifications

- All facilities must enter a **business license**. Use the Location dropdown to add a license or certification to a specific provider location. Only select All if the license pertains to every location.
- Using the dropdowns, select the License/Certification Type, the License/Certification #, State of Licensure, and enter the Effective Date and the End Date.
- Click **Ok** to save the information and close the window or cancel to close the window without saving.
- ProviderOne validates the information entered and saves and returns to the License/Certification List.



Steps 6–8: Optional

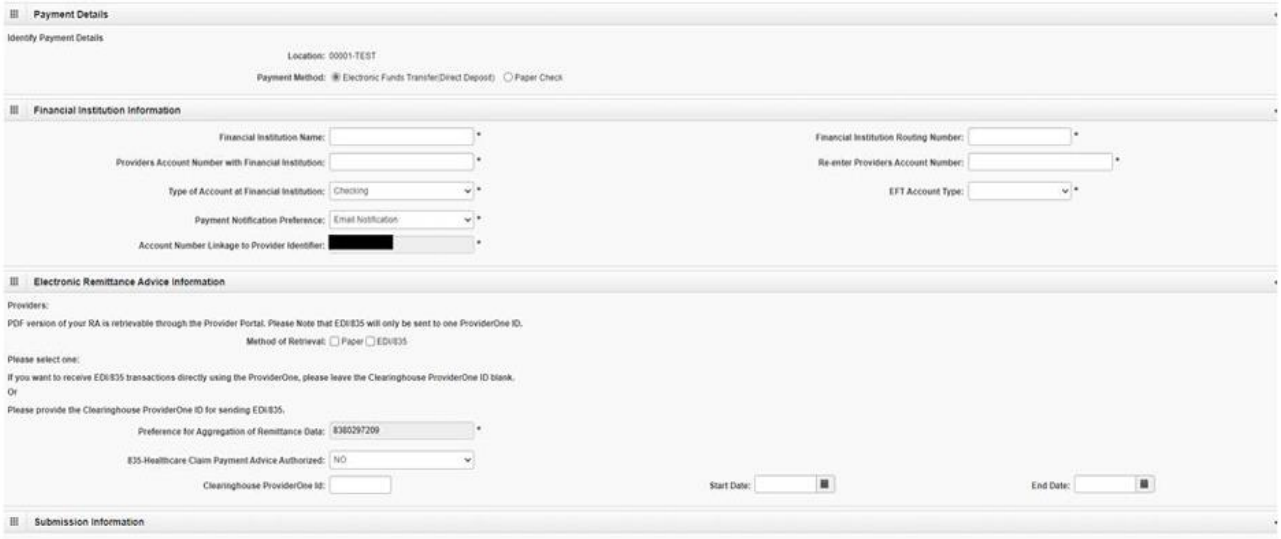
Step 9: ProviderOne will display already-entered information

- Review and confirm.

Steps 10-14: Optional

Step 15: Add Payment Details and Remittance Advice Information

- To add a new record, click **add**.
- If using electronic funds transfer, select **EFT**.
- Input relevant banking information.
- Under account type, select **corporate**.
- If using paper check, select **paper check** and input relevant information.
- After making your changes, click **Ok** to save.



Step 16: Complete Provider Checklist questions

- Answer relevant questions, specifically focus on any federal or state actions taken against the facility.
- If you answer yes to any questions, add detail in the comment section and upload relevant documents during step 17.

Step 17: Final enrollment instructions

- Prior to the final submission of the enrollment application, facilities must submit the required documentation by using the **Upload Attachments** button.
    - See How to upload attachments in ProviderOne
- These documents include: the Core Provider Agreement, Debarment Statement, W-9, and Trading partner agreement (if a third party is doing billing for the entity).
- When naming the file, do not use punctuation or characters.
- The system only allows one document to be uploaded at a time.
- Ensure that the above forms are completed using the same information as listed in steps 1-16.
- Once all documents are uploaded, click **close**.
- Click **Submit Enrollment**. (Changes cannot be made once the application is "In Review" status)

Apple Health enrollment approval

HCA strives to process ProviderOne enrollment applications within 30 days from when they are received. HCA recommends that applications are submitted proactively to allow time for processing and for the resolution of any issues.

Once an application is approved, HCA will mail a welcome letter to both the facility and health care professional practicing under a group or facility. Facilities will receive a separate letter with instructions to gain access to ProviderOne.

Available resources

General

Website: Visit the HCA Learn ProviderOne webpage.

Email: Facilities may e-mail the Reentry Initiative Inbox for individual technical assistance.

Phone: Facilities may call HCA at 1-800-562-3022, ext. 16137

- Tuesdays and Thursdays from 7:30 a.m. to 4:30 p.m. (Closed from noon to 1 p.m.)
- Phones are closed: Mondays, Wednesdays, and Fridays.

Video: A recording of the Reentry Initiative: Provider enrollment learning series webinar held on January 8, 2025, is available on the MTP YouTube playlist and the Reentry Initiative webpage.

ProviderOne links

Link to start a new provider enrollment application:
https://www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp

Link to resume or track an enrollment application:
https://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp

Enrollment manuals

The following manuals provide step-by-step instructions for completing a ProviderOne application:

- Facility/Agency/Organization/Institution
- Tribe
- Attending/servicing provider

Section 3: Client eligibility and enrollment

Coming soon.

Section 4: Reentry Initiative benefits

Coming soon.

Section 5: Billing and claiming

Coming soon.

Section 6: Roles and responsibilities of implementation partners

Coming soon.