

Reentry Initiative learning series

Q&A from provider enrollment webinar

January 8, 2025

- 1. If we still have not fully submitted or had our budget approved, are we that far behind?**
Answer: Not at all. The Health Care Authority (HCA) Reentry Initiative team understands that facilities may need more information before feeling comfortable submitting a Capacity Building Application (CBA) and associated budget. We expect many facilities will not submit the CBA or budget until after the webinar learning series.

- 2. In ProviderOne, should providers be enrolled as a group, a facility, or both?**
Answer: For the Reentry Initiative, HCA recommends that providers enroll as a Facility/Agency/Organization/Institution (FAOI) Provider.

- 3. In an effort to enroll our facility, we have been unable to get clarity on "provider type" for our correctional facility. We have been referred to WAC 182-502-003 for the list of provider types. Correctional Facility is not an option. What type of providers are correction facilities?**
Answer: WAC 182-502-003 does not reference correctional/carceral facilities right now.

However, you do not need that information to enroll with ProviderOne. You will enroll as an FAOI (see question #2) and can use the associated guide. In ProviderOne, HCA uses taxonomy systems to identify the category of provider and practitioner provider types.

For correctional facilities, we have identified the 26 Ambulatory Health Care Facilities, 1Q Clinic/Center, P2400X Prison Health taxonomy to use for initial enrollment. Additional taxonomies will be added later as the program is developed.

For enrollment of individual licensed practitioners, use the taxonomy that is most specific to the provider type (i.e., physician, occupational therapist, etc.).

- 4. Please provide a definition/example of "provider" and "practitioner."**
Answer: A Medicaid provider is an individual or organizational entity with a National Provider Identifier (NPI) and enrolled with HCA to provide Apple Health (Medicaid) services. A Medicaid practitioner is an individual with an NPI and enrolled with HCA to provide Apple Health (Medicaid) services.
- 5. Do carceral facilities need to enroll as an Apple Health clinic or servicing location?**
Answer: Carceral facilities will need to enroll as Facility/Agency/Organization/Institution (FAOI) if billing for reentry services. Providers have the option to enroll all their business entities under one NPI or they can enroll each of their business entities under separate NPIs if they choose to.
- 6. Does a facility with an "in-house" pharmacy need a separate NPI for pharmacy billing or is billing done using the facility's NPI?**

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Answer: This is the facility's decision. See question #5. However, if all of the locations/business entities are enrolled under one NPI, then all claims would be rolled up under the singular NPI, and it would be the responsibility of the entity completing the billing process to reconcile the claims. This may require additional work for the facility staff.

7. Does "in-house" pharmacy also include facilities that store and administer the medications for opioid use disorder (MOUD) and medications for alcohol use disorder (MAUD) only?

Answer: An 'in-house' pharmacy does not include facilities that store and administer MOUD/MAUD. Among other requirements, an "in-house" pharmacy needs to be able to bill pharmacy claims on standard National Council for Prescription Drug Programs (NCPDP) claim types to a pharmacy claims processor and have the ability and authority to label and dispense medications. A facility that receives medications for storage and administration is not an in-house pharmacy. For drugs other than MOUD, facilities will not get paid for medications dispensed out of your medicine cabinet if you are unable to bill through the Pharmacy Point of Sale system.

8. Would "in-house" include MOUD and MAUD because we purchase in bulk and then package per dose or per patient?

Answer: Receiving medication in bulk and packaging per dose or per patient does not qualify as an "in-house" pharmacy. Additionally, see questions #6 and #7.

9. Regarding pharmacy enrollment, will we need to determine whether enrolling our jail's "medication cabinet" as a "pharmacy" with its own NPI is going to invoke or trigger DOH pharmacy regs/enrollments/licenses?

Answer: A jail's medication cabinet would not be sufficient to allow a facility to enroll as an "in-house" pharmacy. See questions #7 and #8.

10. If a non-advanced practice RN is going to provide case management, are they considered a provider?

Answer: Yes, they would need to be enrolled with Medicaid as a servicing provider, which would include:

1. Meet the general provider requirements in chapter 182-502 of the WAC.
2. Be enrolled with Medicaid:
 - i. Have an individual National Provider Identifier (NPI).
 - ii. Be enrolled in ProviderOne under the provider's billing NPI as a rendering provider with a Reentry Targeted Case Management (rTCM) taxonomy.
 - iii. Have a signed core provider agreement with HCA.

11. Group enrollment has caused issues (two-part question below):

a. Part 1: Does each location need a new NPI and facility enrollment or is one enrollment okay, even for multiple locations?

Answer: It is the choice of the facility. If you want to get an NPI for each facility location, you can enroll facilities separately. The advantage of this will be that each location can be billed separately under those NPIs and receive an Explanation of Benefits (EOB) for claims separately. Alternatively, enrolling all locations under one facility NPI will make it easier for facilities to enroll. Downsides include needing to receive an EOB for all claims under one NPI, which may include more work for your administrative team.

b. Part 2: Is there an easy way to transfer out "group practice" to a "facility" without starting completely over?

Answer: We recommend contacting Provider Enrollment to discuss this scenario.

12. About 5 years ago we submitted an application for a licensed health care professional practicing under a group facility. We submitted applications for each provider for enrollment for a non-billing provider organization. Is it possible that we be converted to billing provider or do we need to resubmit?

Answer: You will have to submit a new application for each facility to be enrolled as a billing provider.

13. Our county has many departments under one Federal Employer Identification number. Will we have different NPI numbers? For example, health department, jail, juvenile detention, etc.

Answer: This is up to the county. HCA does not require every facility to be enrolled under a different NPI. See questions #5, #6 and #11 for additional information.

14. What were the two taxonomy codes you recommended for facilities?

Answer: HCA asks that facilities use the taxonomy:

- 26-Ambulatory Health Care Facilities-1Q Clinic/Center/P2400X-Prison Health (261QP2400X)
- The group taxonomy is optional: 19-Group 32-Multi-Specialty/00000X (193200000X)