

Apple Health (Medicaid) Enrollment Application and Agreement for Nonbilling Provider Organizations

This form is to enroll organizations requesting their NPIs be recognized by the Health Care Authority (HCA) for the purpose of complying with enrollment requirements set forth in HCA Apple Health Managed Care Contracts. By submitting this form to HCA, an organization is expressing its desire to be recognized by HCA as a nonbilling organization that is providing services to Apple Health (Medicaid) clients under an Apple Health Managed Care Contract.

Note: A provider cannot have both a Core Provider Agreement (CPA) and this Nonbilling Provider Organization Agreement.

- For organizations submitting this form, any existing CPA with HCA for this NPI will be terminated and replaced by this Nonbilling Provider Organization Agreement.
- Failing to submit the requested information may cause HCA to refuse to enter into an agreement with the enrolling nonbilling provider organization.

This form should *not* be used by any organization intending to submit claims to HCA for reimbursement (billing provider). To enroll as a billing provider, see <http://hca.wa.gov/billers-providers/apple-health-medicaid-providers/enroll-provider>

1. Enrolling as a nonbilling provider organization			
<i>Complete this section with information about the organization. Specify the nonbilling provider organization's name, (legal name reported to the IRS), federal Employer Identification Number (EIN), Doing Business As name (DBA), National Provider Identifier (NPI), contact information, business license, facility license information (if applicable), the state the license was issued in, the Drug Enforcement Agency (DEA) number (if applicable), and the type / specialty / subspecialty and affiliated taxonomy of the enrolling organization.</i>			
Nonbilling organization name (legal name)		Federal EIN	
Doing Business As (DBA)		National Provider Identifier (NPI)	
Contact first & last name	Contact phone number	Email	
Business license number	Facility license number	License state of issue	Drug Enforcement Agency # (DEA)
Type of practice	Taxonomy	Taxonomy	Additional Taxonomies (if any)
Specialty	Subspecialty	Is the organization enrolling for Foundational Community Services (FCS)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
FOR PHARMACIES ONLY:			
NCPDP (NABP) number	Is the pharmacy part of the 340b drug rebate program? <input type="checkbox"/> No <input type="checkbox"/> Yes For specific questions regarding the 340B Drug Rebate Program, please email HCAWA340BRebate@hca.wa.gov		

2. Primary business location for the organization enrolling as a nonbilling provider		
<i>Complete this section with the address of the primary location where client services are performed, or in the case of multiple locations, where the head office of the business is located. Include the office telephone and fax numbers, and email address.</i>		
Primary business location name		
Street name and number, suite, room, etc.		
City/town	State	ZIP code + 4

3. Nonbilling provider debarment, suspension, and exclusion checklist

Complete this section by checking yes or no for each question. A response is required. If you answered "yes" to any of the questions in section 3A, complete section 3B.

A. Has the enrolling organization ever:

- Had exclusion under Medicare, Medicaid, or any other federal health care program taken against them? YES NO
- Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act? YES NO
 More info: http://www.socialsecurity.gov/OP_Home/ssact/title11/1128A.htm
- Had a program exclusion taken against them? YES NO
 More info: <http://exclusions.oig.hhs.gov> and <https://www.sam.gov/>

B. If the answer to any of the questions listed under section 3A was "yes":

Report final adverse legal action history, including each final adverse legal action, when it occurred, the federal or state agency or the court / administrative body that imposed the action, and the resolution, if any. Attach a copy of the relevant final adverse legal action documents.

Final adverse legal action	Date	Taken by	Resolution

4. Individuals with Ownership Interest and Individuals Managing Employees

List each individual who has direct or indirect ownership, separately or in combination, amounting to an ownership interest of 5% or more of the provider listed in Section I. Attach additional pages as necessary.

List each managing employee and other controlling interests (e.g. members of a board of directors or officer) of the provider listed in Section I. Attach additional pages as necessary.

FIRST NAME	LAST NAME	DATE OF BIRTH	(check one) <input type="checkbox"/> OWNERSHIP INTEREST <input type="checkbox"/> MANAGING EMPLOYEE OR OTHER CONTROLLING INTEREST
SOCIAL SECURITY NUMBER (SSN)	START DATE	OWNERSHIP PERCENTAGE	
STREET NAME AND NUMBER, SUITE, ROOM, ETC.			
CITY/TOWN	STATE	ZIP CODE + 4	

Individuals with Ownership Interest and Individuals Managing Employees (continued)

FIRST NAME	LAST NAME	DATE OF BIRTH	(check one) <input type="checkbox"/> OWNERSHIP INTEREST <input type="checkbox"/> MANAGING EMPLOYEE OR OTHER CONTROLLING INTEREST
SOCIAL SECURITY NUMBER	START DATE	OWNERSHIP PERCENTAGE	
STREET NAME AND NUMBER, SUITE, ROOM, ETC.			
CITY/TOWN	STATE	ZIP CODE + 4	

5. Organizations with Ownership or Management Interest

List each office, organization, corporation or entity that has a management interest or direct / indirect ownership separately or in combination, amounting to an ownership interest of 5% or more in the provider listed in Section I. Attach additional pages as necessary.

ORGANIZATION NAME (LEGAL NAME)	Federal Employer Identification Number (FEIN)		(check one)
DOING BUSINESS AS (DBA)	START DATE	OWNERSHIP PERCENTAGE	<input type="checkbox"/> OWNERSHIP INTEREST
			<input type="checkbox"/> MANAGEMENT INTEREST
PRIMARY BUSINESS STREET ADDRESS			
CITY/TOWN	STATE	ZIP CODE + 4	

Organizations with Ownership or Management Interest

List each office, organization, corporation or entity that has a management interest or direct / indirect ownership separately or in combination, amounting to an ownership interest of 5% or more in the provider listed in Section I. Attach additional pages as necessary.

ORGANIZATION NAME (LEGAL NAME)	Federal Employer Identification Number (FEIN)		(check one)
DOING BUSINESS AS (DBA)	START DATE	OWNERSHIP PERCENTAGE	<input type="checkbox"/> OWNERSHIP INTEREST
			<input type="checkbox"/> MANAGEMENT INTEREST
PRIMARY BUSINESS STREET ADDRESS			
CITY/TOWN	STATE	ZIP CODE + 4	

6. Nonbilling Provider Organization Agreement (“Agreement”)

The Health Care Authority (HCA) provides medical assistance or medical care services to certain eligible Apple Health (Medicaid) clients through the HCA Apple Health Managed Care Contracts. This Nonbilling Provider Organization Agreement is required so that the enrolling organization can be recognized by HCA as a nonbilling provider organization under an HCA Apple Health Managed Care Contract.

An organization will be considered enrolled as a nonbilling provider organization once the organization completes the above application and signs this agreement, and HCA has approved the nonbilling provider organization’s application.

As a nonbilling provider organization under the HCA Apple Health Managed Care Contracts, the organization agrees to the following:

1. The nonbilling provider organization shall abide by all applicable state and federal laws and regulations. The medical assistance and medical care services programs are authorized and governed by Title XIX of the Social Security Act, Title XXI of the Social Security Act, Chapter IV of Title 42 of the Code of Federal Regulations (CFR), Chapter 74.09 of the Revised Code of Washington (RCW), and Washington Administrative Code (WAC) 182-502-0006. The nonbilling provider organization is subject to and shall comply with all program policy provisions, including Pre-2012 Numbered Memoranda, Provider Notices, Medicaid Provider Guides, and other associated written HCA issuances in effect at the time the service is rendered, which are incorporated into this agreement by this reference.
2. **National Provider Identifier (NPI).** The nonbilling provider organization must provide its NPI to HCA.
3. **Changes.** At any time during the course of this agreement, the nonbilling provider organization agrees to notify HCA of any material and/or substantial changes in information contained in this application. This notification must be made in writing within thirty (30) calendar days of the event triggering the reporting obligation. Material and/or substantial changes include, but are not limited to changes in:
 - a. Licensure (e.g., limitations, sanctions and expirations);
 - b. Any denial, termination, or lack of professional liability coverage, or any change in professional liability coverage, including restrictions, modifications, or discontinuing coverage;
 - c. Any change in address or telephone number.
4. If the organization wishes to be reimbursed by HCA directly, the organization must enroll and sign a Core Provider Agreement as required under WAC 182-502-0005 instead of submitting this Nonbilling Provider Organization Agreement.

5. **Governing law and venue.** This agreement will be governed by the laws of the State of Washington. The jurisdiction for all lawsuits in which the nonbilling provider organization alleges a breach of this agreement will be exclusively in the Superior Court for the State of Washington. Venue for any such lawsuits will be in the Superior Court for Thurston County, Washington.
6. **Severability.** The provisions of the agreement are severable. If any provision of the agreement is held invalid by any court, that invalidity will not affect the other provisions of this Agreement and the invalid provision will be considered modified to conform to existing law.
7. **Indemnification and hold harmless.** The nonbilling provider organization shall be responsible for and shall indemnify and hold HCA harmless from all liability resulting from the acts or omissions of the nonbilling provider organization.
8. **Provider not employee or agent.** The nonbilling provider organization is not an employee or agent of HCA.
9. **Liability coverage.** By signing this agreement the nonbilling provider organization certifies that the organization currently has and will maintain professional liability insurance coverage so long as the organization is providing services to Apple Health clients under an HCA Apple Health Managed Care Contract.
10. **Additional requirements.** Additional requirements for providers enrolled with HCA as nonbilling provider organizations are provided under WAC 182-502-0006.
11. **Electronic signatures.** Nonbilling provider and HCA agree that each may treat executed faxes, scanned images, or photocopies as original documents.
12. **Certification.** This is to certify that the information provided in support of this agreement is true and accurate and I completely understand that any falsification or concealment of a material fact may be prosecuted under federal and state laws. Willful misstatement of any material fact in the enrollment application may result in criminal prosecution. I acknowledge that this is being signed under penalty of perjury and understand that HCA is relying on the accuracy of the information I have presented. I agree to abide by the terms of this agreement including all applicable federal and state statutes, rules, and policies.
13. **Signature block.** Identify the enrolling organization in the first line of the signature block. The person signing this Nonbilling Provider Organization Agreement warrants that he/she has legal authority to bind the enrolling organization.

Enrolling organization legal name

Enrolling organization signature

Printed name of signer

Title

Date

For additional information on Provider Enrollment go to:

<http://hca.wa.gov/billers-providers/apple-health-medicaid-providers/enroll-provider>

Questions? Toll-Free 1-800-562-3022, ext. 16137

After filling out and signing this Apple Health (Medicaid) Enrollment Application and Agreement for Nonbilling Provider Organizations, please return the document to the Health Care Authority.

To fax:

Attn: Provider Enrollment
360-725-2144

To mail, send to:

Provider Enrollment
Health Care Authority
PO Box 45562
Olympia, WA 98504-5562

Definitions

Code of Federal Regulations (CFR) means the codification of the general and permanent rules published in the Federal Register by the departments and agencies of the federal government. These regulations can be found at: <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>

Washington Administrative Code (WAC) means the regulations of executive branch agencies issued by authority of statutes. Like legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations and arranges them by subject or agency. These regulations can be found at: <http://apps.leg.wa.gov/wac/default.aspx>