

Agreement for Naloxone Reimbursement

Section 5 of Second Substitute Senate Bill (SSB) 5195 (Chapter 273, Laws of 2021) directs the Health Care Authority (HCA) to reimburse hospitals, behavioral health agencies, and pharmacies (Providers) for dispensing or distributing opioid overdose reversal medication to uninsured and underinsured individuals.

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Process for reimbursement

- A. At the time of service, the Provider will verify whether or not the individual has insurance or is covered by medical assistance under chapter 74.09 RCW. If the individual does not have insurance or medical assistance that provides full coverage for naloxone, then the Provider will:
 - I. Submit an Excel file by email to HCA at **HCANaloxoneReimbursement@hca.wa.gov** on a weekly basis, including (A) de-identified information about individuals without insurance or medical assistance that provides full coverage for naloxone to whom the Provider furnished naloxone; (B) the number of doses provided; (C) the dates of service; and (D) the patient number as assigned by the Provider;
 - 1. If the Provider is known to ProviderOne, the Provider will submit claims through the standard ProviderOne process;
 - 2. If the Provider is NOT known to ProviderOne, the Provider will submit a request for payment through the "A-19" process, with Excel file.
 - II. Keep records of identifiable information of individuals who were provided naloxone, for HCA auditing purposes, for at least six years after the date of service.
- B. HCA will verify the insurance and medical assistance status upon receipt of the information above and will reimburse the Provider for naloxone provided to individuals whom HCA has determined lacked insurance or medical assistance.

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Attestation

The Provider attests, under penalty of perjury under the laws of the State of Washington, that:

- A. The Provider has a Statewide Vendor Number to receive payment; and
- B. The Provider has verified that all individuals identified on the weekly submission to HCA for reimbursement do not have insurance or medical assistance.

HCA reserves the right to audit the Provider under governing law with respect to any services furnished by the Provider under this Agreement. HCA further reserves the right under governing law to recoup any payments it makes to the Provider that are determined by HCA or HCA's designee to have been made in connection with individuals who did have insurance or medical assistance. The methodology, tool, system, or service used to recoup funds will be at HCA's sole discretion.

Signature

Date

Printed name

Provider organization name

Provider organization street address

Provider organization city, state and zipcode

Provider main contact name

Provider organization phone

Provider organization email