

Naloxone Pilot Program Frequently Asked Questions

Background

Second Substitute Senate Bill 5195 ([2SSB 5195](#)), codified as [RCW 71.24.594](#), instructed hospital emergency departments and behavioral health settings to distribute naloxone to increase access to opioid overdose reversal medication for all individuals with an opioid use disorder (OUD) and/or at-risk of an opioid overdose.

[RCW 70.14.170](#) tasked the Health Care Authority (HCA) with creating a bulk purchasing and distribution program for naloxone. HCA conducted research on program designs and convened stakeholder meetings to solicit feedback. An overwhelming response from the Behavioral Health Agencies (BHAs) showed the need for upfront funding to purchase the initial stock of naloxone before they could begin a stock and replenish model.

HCA used one-time savings to implement the Naloxone Pilot Program (NPP). The NPP will supply licensed BHAs, that provide substance use disorder treatment to Medicaid and un/underinsured clients, with an initial stock of naloxone so they can begin a stock and replenish model for naloxone. The purpose of the pilot program is to show the effectiveness of a stock and replenish model and the need for additional funding to implement this program for all Washington State Behavioral Health Agencies, to help eliminate barriers to comply with [RCW 71.24.594](#).

What are the program objectives?

- Supply BHAs that provide substance use disorder treatment to Medicaid and un/underinsured clients with a one-time initial stock of naloxone. This stock will be made available for clients who are diagnosed with an opioid use disorder or to clients who may be at risk of an opioid overdose.
- When dispensing naloxone, BHAs will submit Apple Health client claims to the managed care plan or fee-for-service program. When dispensing naloxone to an un/underinsured patient, claims will be submitted to [HCA naloxone reimbursement](#).
- The BHAs will use the funds received from the reimbursement to restock their supply of naloxone for future Medicaid clients and un/underinsured patients creating a stock and replenish model.
- Demonstrate effectiveness of stock and replenish model and need for additional funding to be able to implement this program for all Washington State BHAs, to help eliminate barriers to comply with [RCW 71.24.594](#).

How will the program work?

1. BHA fills out and submits the [Naloxone Pilot Program Application](#) by **August 15** to [HCA Naloxone Pilot Program](#).
2. HCA reviews the submitted paperwork for completeness and determines if the BHA is eligible.
3. If the BHA is eligible, HCA will send out the Participating BHA Provider Agreement to the BHA for signature.
4. Once the Participating BHA Provider Agreement is signed by the BHA and HCA, a one-time initial stock of naloxone will be shipped from HCA to the BHA.
5. BHA will submit Apple Health client claims to the managed care plan or fee-for-service program or submit reimbursement forms for un/underinsured clients to [HCA naloxone reimbursement](#).

Am I eligible?

For HCA to determine eligibility under this program, the clinic must meet the following requirements:

- Be a licensed BHA that provides substance use disorder treatment to Medicaid clients and un/underinsured patients.
- Be a non-profit corporation.

- Not owned or operated by a hospital or medical center. (Medical center refers to a healthcare facility providing outpatient services, focusing on routine check-ups, preventative care, diagnostic tests, minor treatments, and consultation with specialists.)

In addition to the requirements outlined above, if funding becomes limited HCA will evaluate and prioritize which BHAs are able to participate in the Naloxone Pilot Program by using the topics below:

- BHA location is in a rural/frontier area
- Severity of population (e.g., mental health component)
- Number of people served at the site
- Treatment capacity
- Total population in the county or around the site
- Transportation access
- Federal poverty level
- Cultural consideration, is an underserved population being served?
- Overdose Rates in the catchment area

How will I continue to pay for Naloxone?

The Naloxone Pilot Program will provide an initial stock of naloxone at no cost to the eligible BHA. After a BHA dispenses naloxone to a Medicaid client, the BHA will submit Apple Health client claims to the managed care plan or submit Apple Health Fee-For-Service client claims to HCA.

The BHA will use the funds received from reimbursement to restock their supply of naloxone for future clients, creating a stock and replenish model.

What drug codes do I bill for?

- For Apple Health clients, check the current [Prescription Drug Program Billing Guide](#) under “How do I bill for take-home naloxone?”
 - Each package/kit contains two single-spray devices, bill for the total number of units within the package/kit. For example, one package/kit contains two individually packaged single-spray devices, so you would bill for two devices.
- If the patient is un/underinsured, complete the forms below and submit them for reimbursement
 - [Provider reimbursement form for opioid reversal medication](#)
 - [Naloxone reimbursement attestation form](#)

How do I apply?

1. Fill out and submit the [Naloxone Pilot Program Application](#) by **August 15** to [HCA Naloxone Pilot Program](#).
2. HCA reviews the submitted paperwork for completeness and determines if the BHA is eligible.
3. If the BHA is eligible HCA will notify the BHAs that were chosen to participate in Naloxone Pilot Program and will send out the Participating BHA Provider Agreement to the BHA for signature via email.
4. Once the Participating BHA Provider Agreement is signed by the BHA and HCA a one-time initial stock of naloxone will be shipped from HCA to the BHA directly.