

<b>Title:</b>		<b>Policy and Procedure number:</b>	
Washington State HCA Specific Requirement		NM 306 C	
<b>Responsible department:</b>	<b>Author:</b>	<b>Approver:</b>	
Network Management	Rosy Murphy	Nicole Nole	
<b>Original effective date:</b>	<b>Date of policy retirement:</b>	<b>Last revision date:</b>	<b>Last reviewed/ approval date:</b>
4/10/2010	N/A	9/12/2023	9/12/2023
<b>Applicability</b>			
<input checked="" type="checkbox"/> Commercial (incl. exchange) <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid (incl. grants)	Policy applies to: Carelon Behavioral Health Policies and Procedures cover the operations of all entities within the Carelon Behavioral Health corporate structure, including but not limited to Carelon Behavioral Health Strategies, LLC, Carelon Behavioral Health, Inc., and Carelon Behavioral Care, Inc.		
<b>Regulatory information</b>			
<b>Resources and references</b>			
<b>Federal or state regulations and/or accreditation requirements:</b>	42 CFR 422.105 and 422.111 Deficit Reduction Act (DRA) of 2005, Section 6085 Emergency Medical Treatment and Labor Act (EMTALA) Section 1867 of the Social Security Act		

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**I. Scope**

Review of the workflow process after the Out of Network (OON) service(s) has been clinically approved based on medical necessity under the member’s benefit plan and the use of the Single Case Agreement (SCA) for a designated length of time.

**II. Addendum Specific Content**

Exhibit C: Washington State HCA Specific Requirement

WASHINGTON SPECIFIC (parent codes SWWA, NCWA, PCWA): As required by contract with the Washington State Health Care Authority (HCA), Carelon Behavioral Health must pay for court ordered involuntary mental health or substance use disorder treatment for uninsured and underinsured individuals' authorized stays at hospitals and freestanding Evaluation & Treatment centers regardless of whether the provider is in or out of network.

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 Template Version Number: 1.0

- A. For OON Hospitals (Community Hospital or Psychiatric Hospital certified by WA Department of Health for E&T services), Carelon Behavioral Health will not require an SCA in order to reimburse authorized eligible providers according to the Inpatient Prospective Payment System (IPPS) rate posted on the Washington State Health Care Authority (HCA) website
- B. For OON freestanding Evaluation & Treatment Centers (licensed as Residential Treatment Facilities certified by WA Department of Health for E&T services), Carelon Behavioral Health will not require an SCA in order to reimburse authorized eligible providers according to the WA Carelon INN Fee schedule
- C. For all other voluntary MH or SUD treatment for uninsured individuals' authorized stays at OON Facilities, Carelon Behavioral Health will not require an SCA in order to reimburse authorized eligible providers according to the WA Carelon INN Fee schedule

**III. References**

Referenced Policies  
 CUR 102 Single Case Agreements  
 CUR 110 Authorizations to Out-of-Network Providers  
 QM 4 Member Safety Program  
 Claims 44 Emergency Services Policy

**IV. Revision history**

Version number:	Approval date:	Description of change(s):
306.8	9/12/2023	New Format that now includes background and scope