WAC 182-543-8100 Billing for managed care clients. If a fee-for-service (FFS) client enrolls in a medicaid agency-contracted managed care organization (MCO), the following apply:

1. The agency stops paying for any rented medical equipment on the last day of the month preceding the month in which the client becomes enrolled in the MCO.
2. The plan determines the client's continuing need for the medical equipment and is responsible for paying the provider.
3. A client may become an MCO enrollee before the agency completes the purchase of prescribed medical equipment. The agency considers the purchase complete when the product is delivered and the agency is notified of the serial number. If the client becomes an MCO enrollee before the agency completes the purchase:
   a. The agency rescinds the agency's authorization with the vendor until the MCO's primary care provider (PCP) evaluates the client; then
   b. The agency requires the PCP to write a new prescription if the PCP determines the equipment is still medically necessary as defined in WAC 182-500-0070; then
   c. The MCO's applicable reimbursement policies apply to the purchase or rental of the equipment.
4. If a client is disenrolled from an MCO and placed into fee-for-service before the MCO completes the purchase of prescribed medical equipment:
   a. The agency rescinds the MCO's authorization with the vendor until the client's primary care provider (PCP) evaluates the client; then
   b. The agency requires the PCP to write a new prescription if the PCP determines the equipment is still medically necessary as defined in WAC 182-500-0070; then
   c. The agency does not pay for medical equipment and services provided to a client who is enrolled in an agency-contracted managed care organization (MCO), but who did not use one of the MCO's participating providers.
   d. The agency's applicable reimbursement policies apply to the purchase or rental of the equipment.