



Provider Newsletter



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Updates and resources from Community Health Plan of Washington to providers and staff.

To get the latest updates, visit our Bulletin Board:

[Provider Bulletin Board](#)

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Provider and staff training programs

Community Health Plan of Washington (CHPW) offers a variety of mandatory and optional training and education opportunities to enhance your knowledge and understanding of policies, procedures, and regulatory requirements. To receive credit for completing many of the online training programs, providers must submit an attestation. The link to the attestation form is available on the final slide of each training program.

CHPW partners with expert trainers to make sure that providers have the resources they need to deliver the best care to our members.

Find **Clinical Practice Training and Resources** here: chpw.org/provider-center/provider-training-and-resources/

Mandatory Training Programs:

Provider Orientation: Newly contracted providers must complete orientation within 90 days of their contract effective date.

Dual Eligible Special Needs (D-SNP) Plan and Model of Care (MOC)

Training: The Centers for Medicare and Medicaid Services (CMS) requires all care providers who treat patients enrolled in a Dual Eligible Special Needs (D-SNP) Plan to complete annual Model of Care (MOC) training.

Must be completed by: Providers and staff who render routine care to members who are enrolled in the Special Needs Plan (i.e., MD, DO, ARNP, RN, LPN, etc.).

Patient Rights and Responsibilities & Advance Directives Training:

Must be completed by: Providers and staff (i.e., MD, DO, ARNP, RN, LPN, Administrators, Office Managers, Medical Assistants, Receptionists, Medical Record Coordinators, Referral Coordinators, etc.).

General Compliance & Fraud, Waste and Abuse Training: As stipulated by contract with the Centers for Medicare & Medicaid Services (CMS) and the Washington State Health Care Authority (HCA), CHPW-contracted providers are required to complete General Compliance and (if not directly contracted with Medicare) Fraud, Waste and Abuse training that satisfy requirements under 42 CFR §438.608 (a) and (b), §422.503(vi)(C) and §423.504(b)(vi)(C).

Optional Training Programs:

Established Provider Orientation: Established providers may access our orientation for a refresher and updates.

Culturally and Linguistically Appropriate Services (CLAS) Training: Recommended for all health care workers (i.e., MD, DO, ARNP, RN, LPN, Administrators, Office Managers, Medical Assistants, Receptionists, Medical Record Coordinators, Referral Coordinators, etc.).

CHPW Health Management Overview: Get to know CHPW's different Health Management programs. These programs can help patients who have complex or multiple conditions better manage their health.

Find the resources you need to complete **Mandatory and Optional Training** programs here: chpw.org/provider-center/provider-training-and-resources/hca-and-cms-training/

If you prefer in-person training, or if you have any questions regarding our training programs, please contact the CHPW Provider Relations Department at Provider.Relations@CHPW.org.

Medicaid redeterminations are resuming **Help make sure your Apple Health patients stay covered**

People who have Apple Health (Medicaid) insurance coverage will once again have to verify their eligibility every year. You can help make sure they stay covered.

The Washington Health Care Authority (HCA) is resuming their normal operations effective April 1, 2023. That means Apple Health recipients will be receiving notices from the state asking them for renewal information.

Background

Usually, Apple Health coverage has to be renewed every year. But during the COVID-19 Public Health Emergency (PHE), HCA waived the renewal requirement and extended coverage for all Apple Health clients. This extension is now ending due to the Consolidated Appropriation Act, 2023.

HCA will be contacting Apple Health recipients to validate continuing eligibility. Those with a renewal date in May will be the first to go through redetermination.

The state estimates roughly 300,000 recipients may wind up no longer qualifying for Apple Health. But many of them may be eligible for other health insurance coverage, such as a Qualified Health Plan or Medicare.

How you can help

The next time you or your staff see a CHPW Apple Health patient, make sure their contact information on file with CHPW is up to date so they don't miss any important communications from us about their health coverage. Also make sure they know about the state's resumption of Apple Health renewal requirements.

If they need to renew, let them know CHPW staff can assist with the process. If they are no longer eligible, we can also help find other low-cost health insurance, such as an Individual & Family plan on the Exchange with premiums as low as \$10 a month...maybe even \$0 depending on their income.

Have them call us at **1-800-440-1561 (TTY: 711)**, 8 a.m. to 5:30 p.m., Monday to Friday.

The HCA has more details on its "[Apple Health and the public health emergency](#)" webpage.

Thanks for doing your part to make sure all your patients stay covered!

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

It is that time of year again to create awareness that many of our mutual patients/members will be contacted soon to complete the **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey** conducted by the NCQA-accredited group SPH Analytics. Mail and phone outreach occurs between March and June. A sampling of members contacted are those who were enrolled with CHPW in December 2022 (when our member file is pulled) and have six months' enrollment with the Plan.

The CAHPS Health Plan Survey is designed to measure patients' experience of care, encompassing the range of interactions that patients have with the health care system. This includes interactions with health plans as well as with doctors, nurses, and staff in hospitals, physician practices, and other health care facilities. The survey is used to evaluate and compare health care providers and to improve the quality of health care services by comparing scores across the country.

People are most likely to remember their recent experiences with their health plan, pharmacy, doctor, and clinic when filling out these surveys. The survey presents an excellent opportunity for Community Health Network of Washington (and each CHC) and Community Health Plan of Washington to collectively shine via positive survey results.

Again, the survey process runs March through June 2023 with patient reminder messaging and phone interviews. Please reach out to Abha Puri if you have any questions at 206-731-7740, or via email at Abha.Puri@chpw.org.

Our sincere thanks to you and your staff for all you do to provide excellent care and service to our mutual patients and members.

Medicaid Adult Vision Benefit Now Through VSP

CHPW's vision benefit for all adult Medicaid members age 21 and over is through VSP effective January 1, 2023. Click here for more information: chpw.org/bulletin-board/adult-vision-benefit-now-through-vsp/.

Member Eligibility and Benefits

To check member eligibility and make a benefit inquiry (270/271 transaction), your clearinghouse/trading partner needs to have a signed trading partner agreement with NTT Data. Please have your clearinghouse/trading partner contact NTT Data at DL_Consumerism_Services@nttdata.com to set up connectivity. Our payer ID for 270/271 transactions is CMTWA.

You can also check eligibility through the CHPW HealthMAPS online provider portal at <https://www.onehealthport.com/sso-payer/community-health-plan-washington>. Please see chpw.org/provider-center/provider-training-and-resources/provider-portal-training/ for more information.

Coding and Documentation Tips

“Document. Document. Document.” That is what you hear consistently when it comes to documentation of the medical record to substantiate coding for reimbursement. However, without more detailed input it’s hard to know exactly what you need to document. Let’s dig into that a bit more. In order to select an ICD-10 code, accuracy in describing the patient’s condition is paramount. It’s not just paramount to document the patient’s condition accurately in the medical record for diagnosis code assignment, it is of clinical importance to document and support the patient’s condition as well. Documenting only the ICD-10 code without the diagnostic statement describing the patient’s condition for which the ICD-10 code represents, is not acceptable to support code assignment. The ICD-10 -CM is a classification system, not a diagnosis provided by the qualified health care provider involved in the patient’s care. Every encounter must have a diagnosis, not just a ICD-10 code. If the documentation doesn’t meet this requirement, it is not a billable service.

Sterilization Procedure Consent Form

As stated in the Washington State Health Care Authority's [Sterilization Billing Guide](#), "*Sterilization is defined as any medical procedure, treatment, or operation for the purpose of rendering a client permanently incapable of reproducing. This includes vasectomies and tubal sterilizations (including salpingectomies).*" Sterilization procedures are reported using diagnosis code Z30.2

According to federal regulations ([42 CFR section 441.256](#)), the payment is prohibited for sterilization procedures "*until a federally approved and accurately completed sterilization consent form is received with a claim.*" All providers who are billing for services related to sterilization procedures must submit an accurately filled out HHS-687 consent form. This includes surgeons, anesthesiologists and CRNAs, assistant surgeons, and the facility in which the sterilization procedure was performed. You can access the consent form from our [Provider Forms & Tools](#) webpage, under the "Claims" heading.

Claims will be denied if sterilization consent is not attached or if it is incomplete or inaccurate. Provider's signature must be present and legible along with provider's name printed on the consent form.

Washington Practitioner Application

When uploading a Washington Practitioner Application (WPA) to OneHealthPort (OHP) as part of credentialing/recredentialing, please notify CHPW by emailing Provider.Credentialing@CHPW.org, as CHPW does not receive notification from the OHP system when a WPA is uploaded.

Providers can either:

- Forward a completed WPA with provider authorization for the provider to Provider.Credentialing@CHPW.org;
- **-or-**
- Go to <http://www.onehealthport.com/provider-source>, complete the information there, and notify Provider.Credentialing@CHPW.org when the application is ready for download. As noted above, we do not receive notification from the system so please make sure to email CHPW separately.

If you choose the printed format, completed applications can be scanned/emailed to Provider.Credentialing@chpw.org or faxed to Credentialing at (206) 652-7070.

Reporting Changes in Provider Information

All CHPW providers must give notice to CHPW at least 60 days in advance of any provider changes including, but not limited to:

- Tax identification
- NPI number (individual and/or group)
- Billing (vendor) address
- Office phone and fax numbers
- Service location address updates
- Provider additions (include provider effective date)
- Provider terminations (include provider termination date)
- Clinic/facility location additions/changes (if applicable, include effective and termination dates for your clinics and/or facility)
- If audio or digital telehealth services are available at your location(s)

Advance notice for changes will provide CHPW ample time to update all systems, notify members, and prevent claims payment delays. Provider and group changes should be reported to CHPW by completing a [Provider Add Change Term Form](#) and/or [Clinic and Group Add Change Term Form](#) (available on the [Provider Forms and Tools](#) page of our website). Simply complete and submit the online form or email your completed form to Provider.Changes@chpw.org.

For new providers requiring credentialing, please submit a full credentialing application to Provider.Credentialing@chpw.org.

For Delegated Credentialing provider groups, please refer to and follow your delegated credentialing agreement. Delegated Credentialing provider groups should submit provider updates via email to DelegatedCredentialing@chpw.org.

Advancing Health Equity for Washingtonians

Our shared commitment to health justice

CHPW is committed to meeting the needs of Washington State's diverse communities. We believe that by providing culturally and linguistically responsive care, we can improve the quality of care and begin to reduce health disparities experienced by racial and ethnic minorities.

Here are some ways that we are advancing health equity at CHPW:

- We utilize quality data metrics stratified by key demographic variables (race/ethnicity, language)
- We incorporate equity into our quality improvement structure
- We aim to develop a diverse staff and network that is culturally responsive to the needs of our membership
- We recognize language assistance is key to ensuring equitable access to care
- We create tools and share data that empowers staff and our network to address equity

As a provider in the CHPW network, we want to support you in your efforts to care for your community by providing some key tools and data to address equity.

Racism: A public health crisis

We believe addressing health equity begins with acknowledging the systems of oppression we operate. We continue to recognize that racism is a public health crisis. To fight racism and discrimination, the health care world must recognize, name, and understand our role in addressing this systemic problem.

Begin your implicit bias learning and self-reflection by taking Harvard's free [Implicit Bias Test](#).

The Institute for Healthcare Improvement has created a five-component framework to address equity. Download the [Improving Health Equity: Guide for Health Care Organizations](#) to complete your equity assessment.

This article, [A Roadmap to Reduce Racial and Ethnic Disparities in Health Care](#), offers an adaptable and comprehensive approach to incorporate health

equity into a quality improvement program.

Health Equity Toolkit

To assist you with data review, our [2023 CHPW Regional Demographic Analysis](#) includes race/ethnicity and language needs of each region of Washington State.

As a provider, we collect your race/ethnicity and languages spoken and those spoken at your clinic to assist patients in selecting a location where they can receive culturally congruent care. You can update this information online via our [Provider Changes Form](#) or [Clinic Changes Form](#).

To promote language assistance resources such as interpretation, CHPW has created and translated our “[I Speak](#)” cards into Spanish, Chinese, Vietnamese, Russian, Somali, and Arabic and posted them in a ready-to-print format on our website.

Your clinic can utilize CHPW’s telephonic interpretation services to speak with patients in their preferred language, and instructions are included in our [Provider Manual](#).

**We welcome your feedback and future topic ideas.
Email us at: Provider.Relations@chpw.org**

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