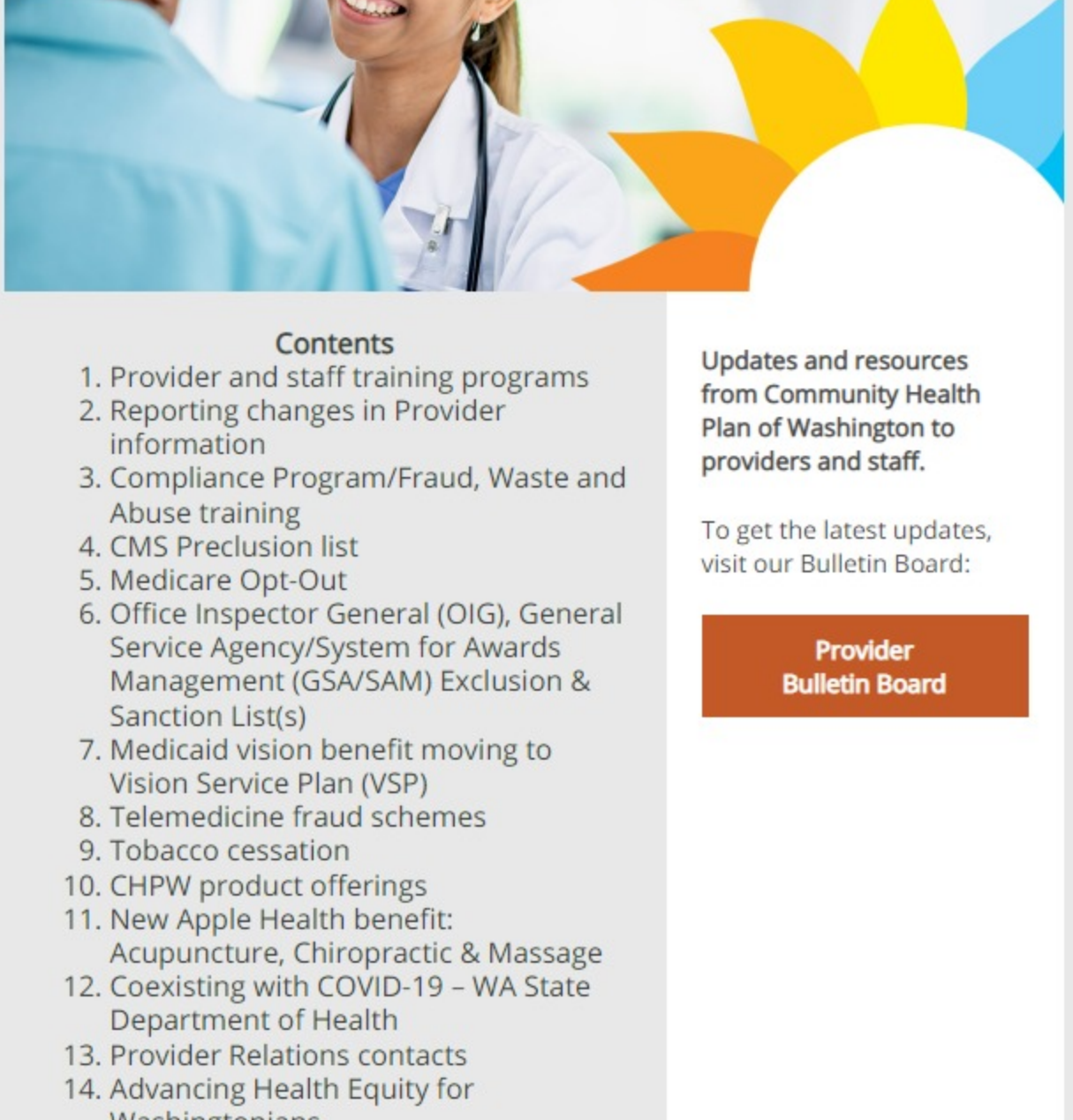


Provider Newsletter



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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:

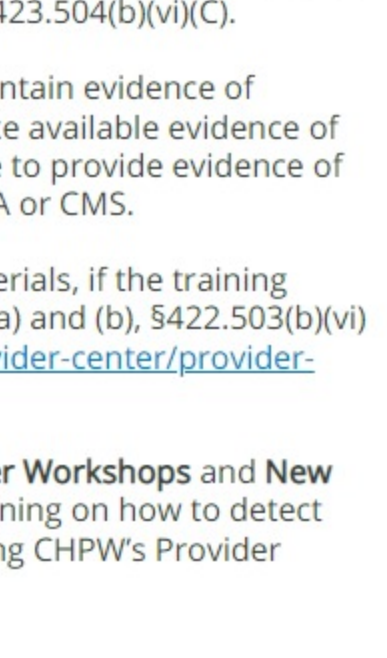
Provider Bulletin Board

Provider and Staff Training Programs

CHPW is committed to providing training and education opportunities to our contracted network of providers and their staff. We are dedicated to developing your knowledge and understanding of policies, procedures and regulatory requirements through a variety of mandatory and optional programs. Resources available include both national and local training programs. Selected training opportunities can be found on the [Clinical Practice Training and Resource page](#). Content on this site is updated as new trainings are identified, including new content related to tribal health, equity, telehealth, and transgender health.

To access the on-line Training programs, go to <https://www.chpw.org/provider-center/provider-training-and-resources/>.

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.



Reporting Changes in Provider Information

CHPW providers are required to notify CHPW at least 60 days in advance notice of any provider changes such as:

- 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 telehealth services are available at your location(s)

CHPW recognizes many providers have implemented telehealth in response to the COVID-19 Public Health Emergency. As providers have shifted to this modality, it's important that our Provider Directory accurately reflects the availability of these services.

Advance notice for changes allows CHPW ample time to update its 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** located on the [Provider Forms and Tools page](#). Complete and submit the online form or email the completed form to Provider.Changes@chpw.org.

New providers requiring credentialing, please submit your completed Credentialing Application to Provider.Credentialing@chpw.org.

Providers that CHPW has delegated Credentialing, please refer to and follow the Delegated Credentialing Agreement process. Delegated Credentialing Provider Groups should submit provider changes/updates via email to DelegatedCredentialing@chpw.org.

Compliance Program/Fraud, Waste and Abuse Training

CHPW is required by contract with the Centers for Medicare & Medicaid Services (CMS) and the Washington State Health Care Authority (HCA) to provide its contracted provider network with Compliance Program and Fraud, Waste and Abuse (FWA) training that satisfy the requirements under 42 CFR 5438.608 (a) and (b), 5422.503(v)(C) and 5423.504(b)(vi)(C).

As a contracted provider, you are required to maintain evidence of Compliance Program/FWA training and must make available evidence of training for up to ten (10) years. You must be able to provide evidence of training upon request from CHPW and/or the HCA or CMS.

CHPW's providers can use their own training materials, if the training meets the requirements under 42 CFR 5438.608 (a) and (b), 5422.503(v)(C), and 5423.504(b)(vi)(C). Refer to <https://www.chpw.org/provider-center/provider-training-and-resources/hca-and-cms-training/>.

CHPW's Provider Relations team provides **Provider Workshops** and **New Provider Orientations**. Providers may request training on how to detect and prevent fraud, waste, and abuse, by contacting CHPW's Provider Relations team.

CMS Preclusion list

The CMS has a Preclusion List effective for claims with dates of service on or after April 1, 2019.

The Preclusion List is comprised of a list of prescribers and individuals or entities who:

- Are revoked from Medicare, are under an active re-enrollment bar and CMS has determined that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program.
- Have engaged in behavior for which CMS could have revoked the prescriber, individual or entity to the extent possible if they had been enrolled in Medicare and that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare program.
- Have been convicted of a felony under federal or state law within the previous 10 years and that CMS deems detrimental to the best interests of the Medicare program.

Health care providers receive a letter from CMS notifying them of their placement on the Preclusion List. The provider can appeal with CMS before the preclusion is effective. **There is no opportunity to appeal with CHPW.**

CMS updates the Preclusion List monthly and notifies Medicare Advantage plans of the claim-rejection date, the date upon which CHPW would reject or deny a health care provider's claims due to precluded status. Once the claim-rejection date is effective, a precluded health care provider's claims will no longer be paid, and the health care provider would be terminated from CHPW's network. Additionally, the precluded health care provider must hold Medicare beneficiaries harmless from financial liability for services provided on or after the claim-rejection date.

As a contracted health care provider of CHPW, providers must ensure that payments for health care services or items are not made to individuals or entities on the Preclusion List, including employed or contracted individuals or entities.

For more information on the Preclusion List, visit cms.gov.

Medicare Opt-Out

We follow, and require our care providers to follow, Medicare requirements for physicians and other practitioners who opt out of Medicare. If you opt out of Medicare, you may not accept federal reimbursement. Care providers who opt-out of Medicare (and those not participating in Medicare) are not allowed to bill Medicare or its MA benefit plans during their opt-out period for two (2) years from the date of official optout.

Exception: In an emergency or urgent care situation, if you have opted out of Medicare, you may treat an Medicare Advantage beneficiary and bill for the treatment. In this situation, you may not charge the member more than what a non-participating care provider is allowed to charge. You must submit a claim to us on the member's behalf. We pay Medicare covered items or services furnished in emergency or urgent situations.

Office Inspector General (OIG), General Service Agency/System for Awards Management (GSA/SAM) Exclusion & Sanction List(s)

Providers must screen employees and health care-related subcontractors monthly (prior to hiring or executing a contractual agreement). Screening must be conducted to ensure that employees, independent contractors and/or entities that assist in the administration or delivery of services are not excluded from participation in a federally funded program.

Make sure potential employees are not excluded from participating in federal health care programs. For more information or access to the publicly accessible excluded party online databases, use the following links:

- Department of Health and Human Services – Office of the Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) at oig.hhs.gov
- General Services Administration (GSA) System for Award Management at sam.gov

Review the exclusion lists every month and disclose to CHPW any exclusion or any other event that makes an individual ineligible to perform work directly or indirectly on federal health care programs. Maintain an evidence of exclusion checks for 10 years. We, or CMS, may request documentation of the exclusion checks to verify they were completed.



CHPW Product Offerings

Reminder: Cascade Select offered by CHPW

In addition to serving Medicaid and Medicare Advantage enrollees, CHPW also offers Cascade Select sold on the Washington State exchange. This coverage includes in-network benefits in certain service areas. In-network benefits for Cascade Select enrollees require providers be contracted with the CHPW Cascade Select product.

If you are not already contracted for Cascade Select and would like to inquire about contracting as a participating provider for this product, please email: NewContractRequest@chpw.org

New Apple Health benefit: Acupuncture, Chiropractic & Massage

As part of our commitment to whole-person care, Community Health Plan of Washington (CHPW) is offering a new and expanded Alternative Treatments benefit for all our Apple Health (Medicaid) members.



Effective **7/1/2022**, CHPW will cover a combined 20 visits a year for **acupuncture, chiropractic, and massage**. Providers don't need a referral or prior authorization. They can seek treatment from any provider in Washington licensed to practice acupuncture, chiropractic, or massage.

Here are more details of the new benefit:

- **Acupuncture.** CHPW is expanding this benefit coverage from an annual six-visit limitation for adults to up to 20 annual visits or combined with the other alternative treatment visits, for all ages.
- **Chiropractic.** CHPW is adding this benefit coverage for adults,* allowing up to 20 annual visits or combined with the other alternative treatment visits.
- **Massage.** CHPW is adding this benefit coverage for all ages, allowing up to 20 annual visits or combined with the other alternative treatment visits.**

*Medicaid covers EPSDT chiropractic services for children up to age 20. **Massage visits are based on session length of 30 minutes each. A one-hour massage, for example, would count as two visits.

Before providing the service, the provider can call CHPW Customer Service to check how many alternative treatment visits the patient has already made. CHPW will only reimburse up to the 20-visit annual limit, unless a Limitation Extension has been granted.

Please share this information with your clinic staff, including doctors, nurses, front desk staff, community health workers, social workers, and administrative staff.

How to bill CHPW

This benefit has an open provider network. Contracted providers should bill CHPW directly through the standard claims process. Non-contracted providers can bill CHPW by following the simple steps on this webpage: [chpw.org/provider-billing](https://www.chpw.org/provider-billing). Look under the **Alternative Treatments Billing Guideline** heading for details on covered codes.

If the provider requires payment up front, the client can pay at time of service and send the provider's fully itemized bill to CHPW at the following address for reimbursement:

CHP Claims
PO Box 269002
Plano, Texas 75026-9002

The member can call Customer Service if they need help with submitting a reimbursement request.

What do acupuncture, chiropractic, and massage treat?

Medical studies show that alternative treatments help with some types of pain and other ailments. These include but are not limited to:

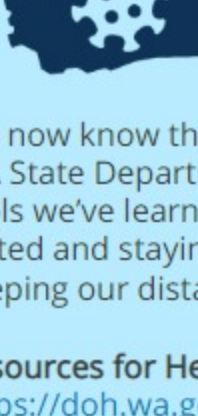
- Arthritis
- Dental pain
- Headaches, including tension headaches and migraines
- Anxiety and depression
- Fatigue (lack of energy or motivation)
- Low back pain
- Neck pain
- Menstrual cramps
- Muscle, bone, or joint pain

Who might want these treatments?

CHPW members may be especially interested in these benefits if any of the following apply to them:

- Experience chronic pain or stress
- Worried about opioid addiction
- Pregnant, hoping to become pregnant, or new parent
- Have migraines that aren't responsive to medication

We're very excited about this new and expanded benefit, and we want to work with you to help your patients get the treatments that are right for them. If you or your patients have questions about our Alternative Treatments benefit, call us at **1-800-440-1561** (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.



Coexisting with COVID-19 – WA State Department of Health

We now know that COVID-19 is here to stay for the foreseeable future. The WA State Department of Health encourages Washingtonians to use the tools we've learned about so far: getting vaccinated and boosted, getting tested and staying home if sick or exposed, wearing a mask in crowds, and keeping our distance.

Resources for Health Care Providers and Staff:
<https://doh.wa.gov/emergencies/covid-19/vaccine-information/power-providers-initiative>

Here is the **main vaccine information page** from the Washington Department of Health:
<https://doh.wa.gov/emergencies/covid-19/vaccine-information>

Youth vaccinations:
<https://doh.wa.gov/emergencies/covid-19/vaccine-information/vaccinating-youth>

Booster:
<https://doh.wa.gov/emergencies/covid-19/vaccine-information/vaccine-booster-doses>

Vaccine FAQ
<https://doh.wa.gov/emergencies/covid-19/vaccine-information/frequently-asked-questions>

Provider Relations Contacts

As a CHPW provider, you can count on our support when it comes to caring for your patients. We have Provider Relations staff in regions across the state ready to help you with any issues pertaining to CHPW members. Feel free to reach out to us at any time.

MCO Regions and Our Provider Relations Team



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Advancing Health Equity for Washingtonians

Our Shared Commitment to Health Justice

Community Health Plan of Washington is committed to meeting the needs of Washington State's diverse communities. We believe that by providing care that is culturally and linguistically responsive, we can improve 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.

CHPW's Health Disparities Report

One new tool that we have created is our **2022 Health Disparities Report**. The report aims to highlight priority areas of focus for CHPW and create urgency around reducing the known disparities in our communities. The report utilizes equity data best practices.

Racism: A Public Health Crisis

We believe addressing health equity begins with acknowledging the systems of oppression in which we operate. We continue to acknowledge that racism is a public health crisis. To fight racism and discrimination, the healthcare 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 own equity assessment.

Health Equity Toolkit

To assist you with data review, our **2022 CHPW Regional Demographic Analysis** includes race/ethnicity and language needs of each region of Washington State.

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, instructions are included in our [Provider Manual](#).

Verify Member Eligibility and Benefits

What is the most important step in the billing process?

Verification of Eligibility: This describes if the patient is eligible and if they are covered by CHPW. Presentation of an insurance ID card is not a guarantee of eligibility. The provider is responsible for verifying a member's current enrollment status before providing care.

Verification of Benefits allows you to verify what is covered by CHPW. This allows you to determine a specific line of benefit or service that you believe is going to be performed by a provider. Benefits can vary. Before rendering service, verify that the service is a covered benefit under the member's plan.

Medicaid: Providers can verify member eligibility through Provider One prior to providing services:
<https://www.hca.wa.gov/billers-providers/providerone-resources> and through CHPW's HealthMAPS portal:
<https://www.onehealthport.com/ssc-payer/community-health-plan-washington>

Medicare: Please contact CHPW's Medicare Customer Service department to determine individual eligibility and benefits – (800) 942-0247.

Cascade Select: Providers can verify member eligibility through CHPW's HealthMAPS portal:
<https://www.onehealthport.com/ssc-payer/community-health-plan-washington>

Providers can verify eligibility and benefits by submitting Health Care Eligibility Benefit Inquiry and Response (HIPAA 270/271 Batch and Real Time Transactions). Refer to the "Additional External Contacts" or "Member Eligibility and Benefits" section of this manual for more information. [chpw.org/provider-center/provider-manual/](https://www.chpw.org/provider-center/provider-manual/).

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

Community Health Plan of Washington | 1111 Third Avenue, suite 400, Seattle, WA 98101

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