



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](#)

Fall is finally here!

The smell of fresh-baked apple pies, pumpkin spice everything, hayrides, bonfires, corn mazes, and colorful autumn leaves. Halloween and Thanksgiving are just around the corner, and the beauty and bounty of nature are indisputable. Wishing our valued providers and staff a Happy Fall!

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 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.

Visit [CHPW's Clinical Practice Training and Resources](#).

The following lists CHPW's mandatory and optional provider and/or staff training programs. CHPW's provider orientation training is updated annually, so this is a suitable time to revisit this program to ensure you have the latest and most updated information. CHPW has added three new optional training programs that we hope providers and/or staff will benefit from – please see them below, marked as "New!"

Mandatory Training Programs:

Provider Orientation: Newly contracted providers must complete orientation within **90 days** of their contract effective date. The Provider Orientation and Training Program provides key information regarding CHPW. This program is a great resource to help providers and staff get acquainted with CHPW, its policies, procedures, and administrative requirements.

Dual Eligible Special Needs (D-SNP) Plan and Model of Care (MOC) Training: The Centers for Medicare and Medicaid Services (CMS) require 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, CRNP, RN, LPN, etc.).

Patient Rights and Responsibilities & Advance Directives Training: Must be completed by: Providers and staff (i.e., MD, DO, ARNP, RN, LPN, Administration, 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 connected with Medicare) Fraud, Waste and Abuse training that satisfy requirements under 42 CFR §408.608 (a) and (b), §422.503(v)(C) and §422.504(b)(v)(C).

Optional Training Programs:

Established Provider Orientation: The Provider Orientation and Training Program provides key information regarding CHPW. Established providers may access this program for a refresher and updates. This program is a great resource for your new team members to get acquainted with CHPW, its policies, procedures, and administrative requirements.

Clinical Data Repository (CDR) Training: A Clinical Data Repository or CDR is a database designed to collect and index clinical content for specific uses. The Health Care Authority (HCA) has advanced Washington's capabilities to collect, share, and use integrated physical and behavioral health information from provider Electronic Health Record systems (EHRs) by implementing the Washington Link4Health Clinical Data Repository (CDR).

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.

CHPW Appointment and After-Hours Access Standards: Access standards have been developed to ensure that all health care services are provided in a timely manner. It means a patient can see a qualified health provider within a reasonable timeframe.

CHPW HHCS-EVV Training: Electronic Visit Verification (EVV) is a federal requirement from the 21st Century Cures Act, passed by Congress in 2016. EVV is required for all Medicaid-funded in-home personal care services, respite care services, and home health care services as a verification that care services were provided.

NEW! Eliminating Hepatitis C in WA State

There are about ~2.3 million people in the U.S. living with Hep C. This presentation provides general information and resources that speaks to what can make HCV elimination possible in WA State.

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 for Provider Relations to host a training session, or if you have any questions regarding our training programs, please contact the CHPW Provider Relations Department at ProviderRelations@chpw.org.

Annual Provider Survey

CHPW's 2024 Provider Satisfaction Survey was launched recently, and we would like to invite you to participate in our survey. Please look for the survey via email, fax or regular mail. Pease Ganey is an independent research firm that is once again helping us conduct the survey.

CHPW looks forward to incorporating the results from this survey to help direct additional administrative and operational changes to our health plan.

We thank you in advance for your participation!

Annual Provider Workshops

CHPW is planning to host our annual workshops in December 2024. Our provider workshops are tailored to cover a wide range of topics and are designed for staff who work in a clinic or hospital setting in the following departments: billing, front desk/registration, medical records, referrals, authorizations, scheduling, appeals etc. Please look for an invitation and more details in the next few weeks. We look forward to your attendance!

Office of Immunization WA State

Department of Health

The Washington State Department of Health reports that immunizations have proven to be the most effective way to control the spread of diseases that can be prevented, which are at record low levels. The Office of Immunization and Child Protection continues to work for a safer and healthier Washington. The office works to:

- Prevent vaccine-preventable diseases in children, adolescents, and adults.
- Promote healthy families and increase use of preventive health care for children and adolescents.
- Provide vaccines at no cost to providers for all children under age 19.

Recently, the Advisory Committee on Immunization Practices (ACIP) met to discuss and vote on several topics including flu, COVID-19, and RSV.

For highlights from the ACIP meeting and immunization practices for flu, COVID-19 and RSV, please access the following file:

[ACIP June 2024 Meeting Highlights](#)

Racism: A Public Health Crisis

We believe that addressing health equity starts with acknowledging the systems of oppression within which we operate. We continue to recognize that racism is a public health crisis. To combat racism and discrimination, the health care community must recognize, name, and understand its role in addressing this systemic issue. 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.

Health Equity Toolkit

To assist you with data review, our Health Disparities Report (link below) 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 Chances Form](#) or [Link Chances 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](#).

You can also visit our [Clinical Practice Training and Resources](#) page to find new training resources, including those focused on providing culturally responsive care.

The following PDF presentations cover CHPW member demographics and the health disparities report:

- [2024 CHPW Member Demographics](#)
- [2024 Health Disparities Report](#)

Washington Integrated Care Assessment

In the past, many health care providers completed different assessments of integration, such as the Maine Health Access Foundation tool (MHAFF) through their Accountable Community of Health (ACH) or a managed care organization (MCO).

The purpose of these assessments was to determine levels of integration within a practice and identify where coaching support may be needed. However, without a standard assessment tool, providers may have been completing different assessments for multiple stakeholders on different timelines, and information may have been inconsistent or redundant.

To address these issues and support assessment coordination, the Health Care Authority (HCA) and MCOs worked together to identify a standard assessment for clinical integration for outpatient primary care and behavioral health clinics. The **Washington Integrated Care Assessment (WA-ICA)** is the result of that work.

The WA-ICA Assessment Tools

The WA-ICA includes two companion tools, one tailored to primary care and one tailored to behavioral health (mental health and substance use disorder) settings. The tools will help providers track, measure, and advance their clinical integration progress across a set of domains.

- View the [primary care assessment tool](#).
- View the [behavioral health assessment tool](#).

Please also note the following:

- Providers may seek to align with ICA domains.
- Currently, no organized cohorts while efforts are made to align ICA with other initiatives (multi-payer, making care primary)

Interested in advancing your integration efforts?

Contact Dr. Taanya Christensen, Behavioral Health Medical Director at CHPW to explore ways to advance your integration efforts: taanya.christensen@chpw.org.

Smoking/Tobacco Use Cessation

CHPW offers a comprehensive smoking/tobacco use cessation program called Quit for Life. The program is designed to support adults 18 years and older who are ready to quit. Members may also be invited to participate in the program if they have been identified as a tobacco user. Quit for Life services include:

- **Medication Assistance:** The program includes medication like nicotine gum, nicotine patches, and nicotine lozenges to help members quit smoking, which are covered by CHPW. These nicotine replacement therapies can be sent directly to the member's home with provider approval. Medications such as Chantix or Bupropion are also covered benefits but must be accessed via pharmacy with an Rx from your physician.
- **Personalized Coaching:** Members get a quit coach who will help them create an action plan and set a quit date. The coach will provide ongoing support through coaching calls and emails with tips to combat cravings.
- **Peer Support:** Members engage with others who are on the same journey to quit smoking, which can be a great source of motivation and encouragement.
- **Mobile App & Text A Coach5M:** These tools send motivational text messages to members' phones and provide tips to help members quit.
- **Rally Digital Platform:** Members have access to a digital platform 24 hours a day to keep them on track in between coaching sessions.

Providers are encouraged to refer patients to this program who express a desire to quit tobacco use to maximize their chances of success. The Quit for Life program is completely voluntary and a benefit at no cost for CHPW members. Enrollment is easy – simply go to [quitnow.org](#) or call 1-800-QUIT-NOW (784-8689). Members' insurance information will need to be provided.

For further information on this program, please visit [http://www.chpw.org/member-center/health-management/quitnow](#).

ASAM Criteria 4th Edition Trainings

The ASAM Criteria is the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer/discharge criteria for individuals with substance use disorder and co-occurring conditions.

The ASAM Criteria defines the treatment criteria and levels of care for the treatment of substance-related and co-occurring conditions. The ASAM Criteria structure is the underlying framework for our service codes (billing guides), fiscal assumptions (rates), etc. Licensed Behavioral Health Agency providers are required to use the ASAM Criteria.

Additionally, the Managed Care Organizations, Behavioral Health Administrative Service Organizations, and private insurance plans use the ASAM Criteria as a utilization management tool.

The Adult ASAM Criteria 4th Edition has been released. Per SB 6228, our state will be transitioning to the updated ASAM Criteria in January 2026. Thanks to legislative support and State Opoid Response dollars, we have partnered and contracted with Train for Change to offer an array of free training opportunities virtually over the next 18 months. Although many opportunities will be offered, we recognize that this training effort may not meet the need fully in our state. Thus, we encourage people to leverage the training opportunities through Train for Change. However, if that is not available or the classes are full, we encourage people to seek other training avenues.

Quick Highlights:

- The Adult ASAM Criteria 4th Edition is now available.
- The State will adopt the ASAM Criteria 4th Edition in January of 2026. Due to all the necessary changes, earlier adoption is not recommended.
- To get ready to use the new version, the state will offer a series of training courses.
- The courses will be held virtually and start in July 2024 through January 2026.
- Trainings will be offered by Train for Change.

The PDF document below includes:

The FAQs have a detailed list of initial trainings, dates, and registration links. To register for any of the training courses [click on the registration links](#).

• [ASAM Criteria 4th Edition – Training Opportunities FAQ](#)

Home Health - Electronic Visit Verification (EVV)

Electronic Visit Verification (EVV) is a federal requirement from the 21st Century Cures Act, passed by Congress in 2016. EVV is required for all Medicaid-funded in-home personal care services, respite care services, and home health care services as a verification that care services were provided.

EVV is a method used to verify home health care visits to ensure patients are not neglected and to cut down on fraudulently documented home visits.

Section 1905(v) of the 21st Century Cures Act mandates that states implement EVV for all Medicaid in-home visits for:

- Personal Care Services (PCS) This applies to PCS provided under sections 1905(a)(24), 1915(j), 1915(j), 1915(j), 1915(j)
- Home Health Services (HHCS) This applies to HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.

Important to Note:

Servicing providers: must have an NPI and your NPI must be registered with the HCA or claims will be denied and/or an already paid claim will be recouped.

The requirement to have a registered NPI with the HCA and the CHPW NPI claims denial process is in effect now.

As directed by the HCA, CHPW will not deny EVV HHCS claims that do not have all the required EVV data elements with service dates starting January 1, 2024, as stipulated under 9.15.15 of the 1/1/24 amendment to the MCO contract. Please note the following:

- Initially, there will be a period of technical assistance for providers to become compliant with EVV requirements.
- HCA will give notice to MCOs for when to begin denying claims without the required EVV HHCS data.
- Once CHPW receives notice from the HCA to deny claims without the required EVV HHCS data:

Home health care services providers will be required to have an EVV solution in place or risk having their claims denied or encounters rejected under the mandate included in the 21st Century Cures Act.

For more information, please access CHPW's HHCS-EVV Training Program: [CHPW Provider Center Training & Resources](#).

For questions, please contact CHPW's Provider Relations Department: Jae Switzer - Supervisor, Provider Relations Email: jae.switzer@chpw.org

Appointment & After-Hours Access Standards

Access to care means a **patient can access a qualified health provider within a reasonable period of time**. The following appointment and after-hours access standards have been developed to ensure that all health care services are provided to CHPW members in a timely manner.

Appointment Access Standards

Type of Appointment	Scheduling Time Frame
All Providers <ul style="list-style-type: none">EmergencyConsultation/Referral (clinical assessment or care planning)	Immediately and available 24/7
General Options	Within seven (7) calendar days (member's discharge from outpatient or behavioral health facility) or subsequent business to nearest program
	Within thirty (30) calendar days of the request unless the provider reports a postponement of the consultation to a date later than thirty (30) calendar days.

PHYSICIAN/MD/DO	
Acute/urgent care office visit	Within thirty (30) calendar days
New urgent office visit	Within seven (7) business days
Follow-up appointment with a PCP	Within thirty (30) calendar days

Behavioral Health Providers	
Care for acute life-threatening emergencies	Within one (1) hour
Urgent care	Within twenty-four (24) hours
Follow-up visit, routine visit	Within seven (7) business days
Follow-up, routine care	Within thirty (30) calendar days

Telehealth Services	
Behavioral Health and New urgent office visit	Within seven (7) business days of request
	Within twenty-four (24) hours

After-hours Requirements:

1. **Must have an answering machine or on-call service – call pick up within 60 seconds.**
2. **Must have an on-call provider available.**

After-hours Messaging Requirements (live answering service or answering machine)

- "If this is an emergency, hang up and dial 911"
- How to contact an on-call provider messaging examples:
 - "This is how to contact our on-call provider, dial"
 - "I will connect you to our on-call provider now."
 - "I will have our on-call provider contact you within 30 minutes"
 - "Please contact the nurse line at....."

Behavioral Health Providers – when available after-hours messaging should also include a crisis center phone number.

For more information, please access CHPW's Appointment & After-Hours Training Program: [CHPW Provider Center Training & Resources](#)

For questions, please contact CHPW's Provider Relations Department: Jae Switzer - Supervisor, Provider Relations Email: jae.switzer@chpw.org

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 address 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 that many providers implemented telehealth in response to COVID-19. As providers are increasingly using telehealth, it is important that our Provider Directory accurately reflects the availability of these services.

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: ProviderChanges@chpw.org.

For new providers requiring credentialing, please submit a full credentialing application to ProviderCredentialing@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.

Provider Appeals Submission Methods

Providers may submit appeals to CHPW using the following 3 methods:

Methods 1&2 – Preferred:

1. Email: appeals@chpw.org
1. Fax:
 - Apple Health and Cascade Select: **206-613-8994**
 - Medicare Advantage & Duals: **206-652-7970**

Method 3 – Unpreferred:

1. Regular mail: Community Health Plan of Washington Attention: Appeals Department 1111 Third Avenue, Suite 400 Seattle, WA 98101

When possible, it is preferred that providers use methods 1&2 above (Email & Fax) when filing your appeals, as these methods will avoid manual processing, which causes delays in processing your appeals.

For questions, please email: ProviderRelations@chpw.org

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