FALL 2026

COMMUNITY HEALTH PLAN
of Washington™
The power of community

Provider Newsletter

Contents

1. Provider and Staff Training Programs
2. Updated Prior Auth. Form, New Cascade Select Fax Number
3. How to Submit Primary Payer Information
4. Reporting Changes in Provider Information
5. 2026 Member Experience Results
6. Medicare D-SNP: Fall Prevention Nightlight Campaign
7. Cologuard Plus Campaign for Medicare Population
8. Smoking/Tobacco/Nicotine Use Cessation
9. Flu Season Immunization Resources
10. Appointment & After-Hours Access Standards
11. Provider Appeals Submission Methods
12. CHPW Headquarters Relocation Notice: New Seattle Physical Address

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

Welcome Autumn, Welcome Thanks

Gratitude can transform common days into thanksgivings, turn routine jobs into joy, and change ordinary opportunities into blessings.

Provider and Staff Training Programs

Community Health Plan of Washington (CHPW) offers a wide range of mandatory and optional training opportunities designed to support providers and staff in staying informed about policies, procedures, and regulatory requirements.

To receive credit for completing online trainings, providers must submit an attestation conveniently linked on the final slide of each training program. Through partnerships with expert trainers, CHPW is committed to ensuring providers have the tools and knowledge needed to deliver high-quality care to our members.

Visit CHPW's Clinical Practice Training and Resources.

Below is an overview of CHPW's **mandatory and optional training programs** for providers and staff. In this issue, we highlight two important trainings. First, our **Provider Orientation** that is updated annually. This is a great time for both new and established providers to take this training to ensure they are reviewing the most current information. And second, our **Special Needs Plan (SNP) Model of** Care Training Program, which is an annual CMS requirement for providers and clinical staff serving SNP members.

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, ARNP, RN, LPN, etc.).

Annual CMS Requirement
The SNP Model of Care Training, must be completed annually by providers and clinical staff who serve SNP members to meet CMS requirements. Providers can access the training through the link below

and will be guided to complete the required attestation upon completion to ensure credit is received. Completing both the training and attestation is essential to meeting CMS requirements. **Due date for 2026: 12/31/26**

CHPW SNP Model of Care Training Program

Enrollee (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
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.

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.

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's 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 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 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.

Access the full library on our website: CHPW Mandatory and Optional Training Programs

If you are interested in a training session hosted by CHPW's Provider Relations team, or if you have any questions regarding our training programs, please contact CHPW's Provider Relations Department at Provider.Relations@CHPW.org.

Updated Prior Authorization Form, New Cascade Select Fax Number

The prior authorization form has been updated with a new fax number for Cascade Select. To help avoid processing delays, **please use the updated prior authorization form and send requests to the fax number listed on the form.**

Submitting requests on an outdated form or to an incorrect fax number may delay processing or require resubmission. For your convenience, the updated prior authorization form is **HERE**. Providers may also access all CHPW forms and tools **HERE**.

How to Submit Primary Payer Information Through Your 837 Claim File

Important Reminder: The most efficient and streamlined method for submitting primary-payer payment information is through your billing software's electronic 837 claim file.

By including the appropriate Coordination of Benefits (COB) information within each 837 submission, providers can avoid the need to separately attach the primary payer's Explanation of Benefits (EOB). This electronic submission process supports faster claim adjudication, reduces administrative burden, and helps minimize delays associated with manual documentation.

When submitting COB information through an 837-claim file, please ensure primary payer information is reported in the appropriate COB loops and segments. This typically includes:

- **Loop 2320**: Other Subscriber Information
- **Loops 2330A through 2330G**: Other-payer Information
- **CAS segments**: Claim adjustment reason codes and adjustment

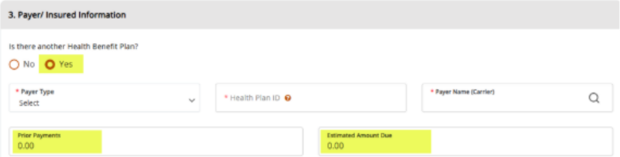
amounts

- **AMT segments**: Other-payer paid amounts and patient responsibility amounts, as applicable

If the primary payer adjudicated the claim but made no payment, report the paid amount as **$0.00** rather than leaving the field blank. Complete and accurate COB reporting helps prevent claim processing delays and requests for additional information.

Providers who submit claims through our HealthMAPS provider portal can also enter primary insurance payment and COB information directly within the portal. HealthMAPS is available through OneHealthPort, providing a convenient alternative to submitting this information through your billing software. For step-by-step instructions on entering claims, submitting corrected claims, and viewing prior authorizations and referrals, please refer to the Claims Entry, Corrected Claims, and Viewing Prior Authorization and Referrals guide.

The screenshot below highlights where primary payer payment and COB information can be entered within HealthMAPS.



3. Payer/ Insured Information

Is there another Health Benefit Plan?

○ No ● Yes

* Payer Type: Select

* Health Plan ID

* Payer Name (Carrier)

Prior Payments: 0.00

Estimated Amount Due: 0.00

We encourage providers to take advantage of these electronic submission options whenever possible to support a more efficient claims submission and processing experience.

If you have questions about HealthMAPS or electronic claim submission, please contact the CHPW EDI team at EDI.Support@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 additions/changes (if applicable, include effective and termination dates for your clinics and/or facility)
- If telehealth services are available at your location(s). **It is important for CHPW's Provider Directory to accurately reflect the availability of these services.**

Advance notice for changes will provide CHPW with ample time to update all systems, notify members, and prevent 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, under **Provider Updates**). Simply complete and submit the online form or email your completed form to Provider.Changes@chpw.org.

2026 Member Experience Results: Key Opportunities for Providers

In our Spring newsletter, we shared information about the annual CAHPS and QHP patient experience surveys and the important role providers play in shaping the experiences of our shared patients and members. Thank you for your continued dedication to delivering high-quality, patient-centered care and for helping create positive experiences at every point of the care journey.

This year's survey results highlighted several areas of strength across our provider network. Patients consistently reported positive experiences with provider communication, feeling listened to and treated with respect, and receiving coordinated care across their healthcare team. These results reflect the commitment providers and care teams make every day to build trust and support patients in their care journeys.

At the same time, patients identified opportunities to improve timely access to care, particularly when seeking routine appointments, urgent care, and specialist services. Access-related measures were among the most common challenges reported across multiple survey populations. Patients also shared that follow-up communication and navigating referrals can sometimes be difficult, influencing their overall perception of the healthcare experience.

Small actions that can have a meaningful impact on patients' experiences:

- **Close the loop on specialist referrals.** Before a patient leaves, provide specialist contact information, discuss next steps, and help schedule appointments when possible. Patients often view referral challenges as part of their overall healthcare experience.
- **Schedule the next visit before the patient leaves.** Whether it's a follow-up appointment, annual wellness visit, or chronic condition check-in, scheduling in advance reduces barriers and supports continuity of care.

- **Provide clear after-visit instructions.** A simple summary of diagnoses, medications, next steps, and who to call with questions can help patients feel informed and supported after their visit.
- **Strengthen follow-up after significant changes in care.** A brief phone call after a new diagnosis, medication change, or hospital discharge can help address questions early and reinforce care plans.
- **Strengthen communication during the visit.** Start by asking what matters most to the patient, use plain language, confirm understanding of next steps, and end the visit with time for questions. Small communication practices can help patients feel heard, respected, and supported.
- **Keep patients informed about delays and wait times.** If delays occur, let patients know as early as possible, provide updated wait time estimates, and offer alternatives when appropriate. Clear communication helps reduce frustration and shows respect for members' time.

These strategies can help improve access, strengthen care coordination, and ensure patients feel heard, informed, and supported throughout their healthcare journey. If you have questions about the survey results or would like to discuss patient experience improvement opportunities, please reach out to **Abha Puri at 206-731-7740, or via email at Abha.Puri@chpw.org**.

Thank you again for all you do each day to care for our shared patients and members and for your continued partnership in improving the health and well-being of the communities we serve.

Medicare D-SNP: Fall Prevention Nightlight Campaign

We are launching a fall prevention outreach campaign for D-SNP members in early November. CHPW D-SNP members will receive a CHPW-branded motion-sensor nightlight and fall prevention educational materials to support safer movement at night and reinforce practical steps they can discuss with their care team.

Providers can help connect the campaign to each member's care by asking about recent falls, balance concerns, vision needs, hearing needs, medication side effects, and home-safety risks during upcoming visits. Reinforcing the campaign message helps members understand why they received the nightlight and encourages them to use it as part of a broader fall prevention plan.

Our Care Management Team is available to help coordinate care, connect members with community resources, support medication reviews with you or their pharmacist, and identify services that may reduce fall risk and help members remain safely independent at home. To contact one of our case managers, please contact our Care Management department at 1-866-418-7005, Monday through Friday, 8 a.m. to 5 p.m.

Cologuard Plus™ Campaign for Medicare Population Launching October 2026

Did you know? Colorectal cancer is one of the most preventable cancers when detected early through recommended screening, yet many eligible patients remain unscreened. This fall, CHPW is launching its first Cologuard Plus™ outreach campaign to help eligible patients complete their recommended colorectal cancer screening while helping improve quality outcomes.

What providers should know:

- Beginning in October, eligible patients who are overdue for a colorectal cancer screening may receive outreach from CHPW.
- Members may receive educational materials, reminders, and a Cologuard Plus home screening kit when appropriate.
- Patients may contact your office with questions about screening options or test results.
- Your recommendation remains one of the strongest predictors of screening compliance. Reinforcing the importance of colorectal cancer screening during office visits can significantly increase participation.

Why it matters:

- Early detection improves treatment outcomes and can prevent colorectal cancer through identification and removal of precancerous lesions.
- Increasing screening rates helps close care gaps and advance population health goals.
- Improved screening performance also supports HEDIS ® Colorectal Cancer Screening measure performance and CMS Star Ratings outcomes.

How you can help:

- Review colorectal screening status during patient encounters, discuss appropriate screening options, and encourage eligible patients to complete their recommended screening.

Smoking/Tobacco/Nicotine Use Cessation

CHPW offers a comprehensive smoking/tobacco/nicotine 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 which can be accessed via pharmacy with a physician prescription.
- **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. Spanish coaches are available upon request.
- **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 Coach℠**: 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.

In 2026, CHPW expanded the smoking cessation suite of services to include two new features:

Live Vape Free: The target audience for this program is transitional aged young adults aged 18 to 25 years who vape and don't identify as smokers and those who use highly addictive menthol cigarettes. The services include access to an app, interactive tools and expert coaching. The digital/app-based platform will include 9 structured lessons on vaping cessation. Interactive tools include TikTok-style videos to model behavior, discussion forums for peer support, journaling prompts for self-reflection, and polls to normalize experiences; in addition to nicotine replacement therapy education. Coaching will include text support and guidance.

Menthol Coaching: The target audience for this program is transitional aged young adults aged 18 to-25 years who use highly addictive menthol cigarettes. The services include tailored coaching and content designed to train and upskill young adults learning about menthol history and marketing approaches. It also includes interactive content, personalized intensive coaching support, and nicotine replacement therapy education curated for menthol users. In future years, CHPW may plan to extend this program to youth aged 15 to 17 years.

Providers are encouraged to refer patients to this program who express a desire to quit smoking/tobacco use/ vaping/ menthol 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.net or call 1-800-QUIT-NOW (784-8669). The member's insurance information will need to be provided. For further information on this program, please visit .chpw.org/member-center/health-management/case-management/quit-for-life/.

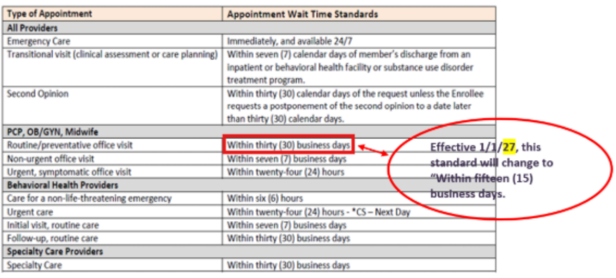
Flu Season is here: Immunization Resources for providers

Flu season is around the corner. Please remind your patients that now is the time to plan for their flu and COVID-19 immunizations. Your recommendation can make a meaningful difference in helping patients stay healthy and avoid serious illness. The Washington Department of Health (DOH) has a Library of Resources to support providers in conversations about vaccines and vaccine hesitancy. This includes resources in other languages, standing orders, and much more.

We recognize that addressing vaccine hesitancy can be challenging and often requires patience, empathy, and many one-on-one conversations. Thank you for continuing this important work. With ongoing respiratory virus activity, your trusted voice is more important than ever in helping patients make informed decisions and protecting the health of our communities.

Appointment & After-Hours Access Standards

Effective **January 1, 2027**, the routine preventive office visit standard will change from 30 business days to 15 business days.



Type of Appointment	Appointment Wait Time Standards
All Providers	
Emergency Care	Immediately, and available 24/7
Transitional visit (clinical assessment or care planning)	Within seven (7) calendar days of member's discharge from an inpatient or behavioral health facility or substance use disorder treatment program.
Second Opinion	Within thirty (30) calendar days of the request unless the Enrollee requests a postponement of the second opinion to a date later than thirty (30) calendar days.
PCP, OB/GYN, Midwife	
Routine/preventative office visit	Within thirty (30) business days
Non-urgent office visit	Within seven (7) business days
Urgent, symptomatic office visit	Within twenty-four (24) hours
Behavioral Health Providers	
Care for a non-life-threatening emergency	Within six (6) hours
Urgent care	Within twenty-four (24) hours - *CS – Next Day
Initial visit, routine care	Within seven (7) business days
Follow-up, routine care	Within thirty (30) business days
Specialty Care Providers	
Specialty Care	Within thirty (30) business days

Effective 1/1/27, this standard will change to "Within fifteen (15) business days.

After-hours Requirements:

1. Must have an answering machine or on-call service.
2. Calls must be picked up within 10 seconds.
3. 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** should include a crisis center phone number when available and the 988 Suicide & Crisis Lifeline in after-hours messaging.

For more information, review our training program: **CHPW's Appointment & After-Hours Access Standards**: CHPW Provider Center Training & Resources

For questions, contact CHPW's Provider Relations Manager at jae.switzer@chpw.org.

Provider Appeals Submission Methods

Providers may submit appeals to CHPW using the following 2 methods:

Methods 1&2 – Preferred:

- Email: appealsgrievances@chpw.org
- Fax:
  - Apple Health (Medicaid) and Individual & Family Cascade Select: **206-613-8984**
  - Medicare Advantage (HMO D-SNP): **206-652-7010**

Reminder: CHPW faxes determination letters to the fax number shown on your appeal letters. To avoid delays in receiving appeals determination letters, please ensure a fax number is listed on your appeal letters.

CHPW Headquarters Relocation Notice: New Seattle Physical Address

At the end of Fall 2026, **CHPW is moving its physical headquarters** in Seattle from 1111 Third Avenue to **1700 Seventh Avenue, Suite 900, Seattle, WA 98101**.

Please note that **our claims address remains unchanged**. Please continue sending all paper claims, including professional, facility, and behavioral health claims for all CHPW benefit plans to the address listed below.

CHP Claims
PO Box 269002
Plano, TX 75026-9002

For questions, please email Provider.Relations@chpw.org.

We appreciate your partnership and dedication to our shared communities.

Until next time, thank you for reading!

Best regards,

Community Health Plan of WA

Questions or feedback regarding this newsletter?
Please email Provider.Relations@chpw.org.

For more information and to stay connected, visit our Provider Center