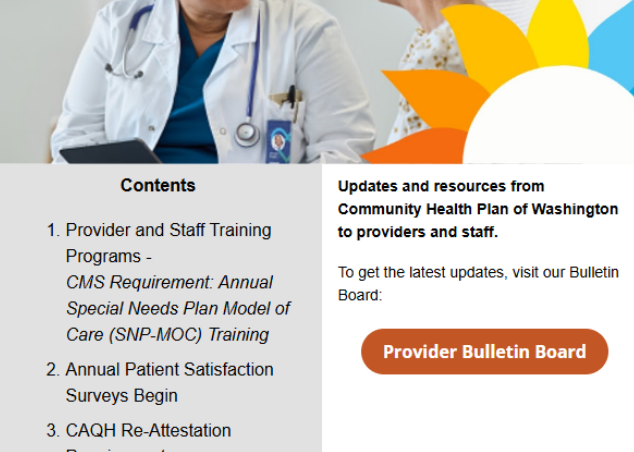




COMMUNITY HEALTH PLAN

The power of community.

Provider Newsletter



Contents

1. Provider and Staff Training Programs - CMS Requirements, Annual Special Needs Plan Model of Care (SNP/MOC) Training
2. Annual Patient Satisfaction Surveys Begin
3. CAQH Re-Attestation Requirement
4. Immunization Updates and Training Opportunities
5. WA State Expands Support for Opioid Use Disorders
6. Pediatric Lead Testing: State Action Level Lowered
7. HCA Requirement: NPI Registration via ProviderOne
8. Immunization Updates & Training Opportunities
9. Appointment & After-Hours Access Standards
10. Reporting Changes in Provider Information
11. Provider Appeals Submission Methods

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](#)

Hello Spring!

As the days grow longer and brighter, we hope you are taking time to refresh, recharge, and enjoy the beautiful weather.

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's 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.).

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: 6/16/26**

[CHPW SNP Model of Care Training Program](#)

- **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 includes specific requirements under 42 CFR §438.608 (a) and (b), §422.503(w)(i) and §423.504(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 providers' 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:** These 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.

- **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 speak to what can make HCV elimination possible in WA State.

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.

Annual Patient Satisfaction Surveys Begin

Each year, some of our mutual patients/members are contacted to provide feedback on their health care experiences through standardized surveys conducted by the NCOA accredited group, Press Ganey.

- **The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey** applies to Apple Health (Medicaid) and Medicare members.

- **The Qualified Health Plan (QHP) Enrollee Survey** applies to Individual & Family Plan members.

Survey outreach efforts began in late February and will continue through June 2026 via mail, phone, and web-based surveys. The members selected for these surveys will generally be those who were enrolled with CHPW in December 2025 (when the member file is pulled) and who have had at least 60 months of enrollment with the plan. It is important to note that only a random sample of eligible members will be asked to participate in the surveys.

Why these surveys matter

The CHPW's Health Plan and QHP Enrollee Surveys measure patients' experience across the health care system, including interactions with health plans, providers and care teams, clinics, hospitals, and other care settings.

Survey results are used nationally to:

- Compare health care organizations and providers
- Identify opportunities to improve quality and patient experience
- Inform publicly reported star ratings that consumers see when choosing a health plan
- Determine CHPW's ability to access additional financial resources that support member benefits and ultimately, the Community Health Network of Washington (CHNW).

Why this matters for your practice

Many survey questions directly reflect the care and communication that patients experience in your clinic.

Key drivers of member experience include

- Timely access to appointments and care
- Clear, respectful communication
- Timely follow-up on tests, referrals, and medications
- Care coordination across providers
- Overall rating of the provider and care team

Members often base their responses on recent experiences with their health plan, pharmacy, doctor, and care team, making every interaction count. The surveys present an excellent opportunity for Community Health Network of Washington (and each CHC), and Community Health Plan of Washington to stand out through positive feedback and strong survey results.

What you can do

- Ensure staff are aware of the surveys and understand when and how they are administered.
- Strengthen communication at key touchpoints, including after-visit instructions and follow-up.
- Address common access concerns such as wait times and appointment availability.
- Encourage members to share feedback directly with your practice year-round.

What not to do

- Do not coach members or offer incentives related to survey participation.
- Do not ask members how they answered survey questions or whether they received a survey.
- Avoid any statements that could influence a member's responses.
- Maintain strict neutrality while continuing to provide high-quality care.

Again, the survey process runs from February through June 2026. If you have questions or would like to learn more, please reach out to **Abha Puri 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!

CAQH Re-Attestation Requirement

The Council for Affordable Quality Healthcare (CAQH) has recently updated the Washington CAQH application and has added new attestation questions. As a result of this update, we are required to ask that all providers log in, review the new questions, and re-attest to their CAQH applications as soon as possible.

Your CAQH applications will remain incomplete until these new questions are reviewed and re-attested to. Without re-attestation, our Credentialing Team can't begin processing your applications(s).

Action needed

Please direct each of your providers to complete the following steps:

- Log in to CAQH at caqh.org
- Review the updated attestation questions.
- Complete the re-attestation process
- Ensure that all required documents and data are current.

Why this matters

CAQH profiles without complete re-attestations may result in delays in credentialing, recredentialing, and participation status. Please advise your team to re-attest promptly in order to help avoid interruptions to network status or claims processing.

We're here to help

If you have any questions or need assistance completing the CAQH re-attestation, please contact our Credentialing Team at provider_credentialing@chpw.org.

Immunization Updates and Training Opportunities

Immunization Updates for Providers
West Coast Health Alliance and Washington State Department of Health

With the immunization landscape evolving rapidly the West Coast Health Alliance (WCHA), a partnership between Washington, Oregon, California, and Hawaii continues to expand credible, evidence-based public health recommendations. The WCHA endorses the 2026 American Academy of Pediatrics (AAP) Recommended Child and Adolescent Immunization Schedule.

Washington State Department of Health further clarified in March 2026, that there are **no changes to Washington State Childhood Immunization Schedule**.

Immunization Training & CME Opportunities

Acknowledging the critical role providers play in helping parents choose vaccination, the Washington State Department of Health (DOH) also offers a robust [library of resources](#) for health care professionals to strengthen communication skills, and to use, watch, or print during conversations with parents or families. A few of the topics include:

1. [Do Vaccines Cause Autism? \(PNC\) \(P\) \(F\)](#) (Fact sheet for parents)
2. [Animated Videos Answering Routine Vaccine Questions](#) (Available in 8 languages)
3. Increasing Vaccine Confidence Toolkits
4. Training for Providers
5. Vaccine Safety
6. Vaccine-Specific Resources

The Washington State Department of Health (DOH) offers Immunization training with live and recorded webinars for clinicians, public health staff, and immunization program personnel.

To earn continuing education or CME credits, clinicians must create a **TRAIN.org** account to instantly generate a continuing education certificate or certificate of completion.

Please follow [Instructions for Obtaining Continuing Education \(PDF\)](#).

Washington State Expands Same-Day Support for Opioid Use Disorder

Telebupre Hotline brings rapid, low-barrier care to people statewide

People across Washington now have an easier way to get help for opioid use disorder. The Washington State Department of Health (DOH) is partnering with the University of Washington (UW) to expand the Washington Telebuprenorphine (Telebupre) Hotline statewide. Washington residents can now access same-day medical treatment via phone or video, no matter where they live in the state by calling 206-289-0287.

The Telebupre Hotline started in 2024 as a pilot program between Public Health - Seattle & King County and the UW Department of Emergency Medicine. It lets people talk the same day with UW Emergency Physicians who are trained to provide addiction care and prescribe buprenorphine, a medication that eases opioid withdrawal and cravings and supports recovery.

More than 1,400 people have used the hotline already. With this expansion, people in every county can now access the service, including those who have trouble receiving care because of long wait times, lack of nearby clinics, or transportation challenges.

"Buprenorphine saves lives from overdose and is one of the most effective tools we have to treat opioid use disorder," said Dr. Tao Cheng Kwan, Co-lead State Health Officer, DOH. "Expanding the Telebupre Hotline is an important step towards giving people with opioid use disorder timely and compassionate care no matter where they live in our state."

The hotline is designed to provide immediate, short-term support. Callers first speak with a linkage-to-care coordinator who conducts a brief intake and is familiar with local clinics and resources. The caller then has a short telehealth visit with a UW Emergency Physician, and a prescription is sent to the caller's chosen pharmacy. Within 72 hours, staff follow up to help connect the patient to longer-term care.

"If someone needs care, we help connect them to providers in their community," said Olivia Hood, Program Director for Washington's Telebupre Hotline. "This expansion helps save lives across the state by making it easier for people to start or continue buprenorphine as well as get the care they need to begin their path to recovery."

Washington's Telebupre Hotline is available from 9 a.m. to 9 p.m. 365 days a year. Anyone in the state age 13 or older can call 206-289-0287 for same-day help. The service, funded by DOH, is free and does not bill insurance.

Pediatric Lead Testing: State Action Level Lowered

To better protect children from the harms of lead and to prevent lead exposure, the Washington State Department of Health (DOH) is lowering the state blood lead action level from 5 micrograms per deciliter (µg/dL) to 3.5 µg/dL. This action level aligns with federal guidance and identifies children with lead levels that are higher than 97.5% of 1-5-year-old U.S. children. There is no safe blood lead level, and even low levels of exposure can harm a child's health and development.

Blood lead testing continues to be critical for addressing childhood lead exposure. Because young children are particularly vulnerable to the damaging effects of lead exposure, DOH recommends testing all children with risk factors as outlined in the [clinical algorithm](#). Lead exposure is more common among children living in poverty, refugees or recent arrivals, and children living near current or former industrial areas. Additionally, **federal regulations require all children enrolled in Medicaid to receive blood lead tests at 12 and 24 months of age**, or once between 24 to 72 months of age if no record of a previous test exists.

Though you may hear that lead is not an issue for Washington children, the fact is that we have some of the lowest testing rates in the nation and therefore do not have enough data to accurately assess the burden of lead exposure.

DOH recommends providers conduct confirmatory and follow-up testing starting at **3.5 µg/dL**, to align with the new action level. Please follow the Pediatric Environmental Health Specialty Unit's [Recommendations on Management of Childhood Lead Exposure](#). While your local health jurisdiction's response may vary depending on capacity and resources, you can support families of any child exposed to lead by providing DOH materials (available at doh.wa.gov/lead-exposure), offering education about potential exposure sources, monitoring the child's development, and continuing to test children to ensure their blood lead levels are going down.

Laboratories (including facilities that use point-of-care machines) must report all blood lead test results for patients of all ages to the DOH. The required reporting timeframes for blood lead levels tests outlined in the National Conditions rule [WAC 246.101.201](http://WAC.246.101.201) have not changed: report blood lead levels ≥5 µg/dL within two days and all other test results within 30 days.

For more guidance, visit [Blood Lead Testing Information for Health Care Providers | Washington State Department of Health](#) and contact the Childhood Lead Poisoning Prevention Program at lsad@doh.wa.gov or 360-236-4280 for assistance reporting or with any other questions.

Thank you for all you do to protect and improve the health of Washington families.

HCA Requirement: NPI Registration via ProviderOne

Washington State Health Care Authority (HCA) requires all health care providers, including those in managed care (Apple Health), to register their 10-digit National Provider Identifier (NPI) via ProviderOne to receive payment, per federal regulation [42.CFR.455.410\(b\)](http://42.CFR.455.410(b)).

- **Registration Deadline:** Providers must have an approved NPI on file with HCA prior to avoid claims denials.
- **NPI Types:**
 - **Individual (Type 1):** Required for individual practitioners (physicians, therapists, nurses, etc.)
 - **Organizational (Type 2):** Required for agencies, facilities, or group practices.
- **Non-billing/Service Provider:** If you do not bill Medicaid directly but provide services under a contract, you must register as a non-billing provider.
- **Behavioral Health Agencies (BHA):** Both the organizational NPI (billing) and the individual clinician NPI (servicing) must be registered.

How to Register:

- **GUARDIAN** to register NPIs. [HCA Provider Enrollment Guide](#)
- **IMPORTANT:** Providers should specifically ask to backdate the NPI registration in their request to the HCA to align with dates of service.

For questions, please contact Provider Relations:

Provider_Relations@chpw.org

Appointment & After-Hours Access Standards

Access to care means that patients can see a qualified health care provider within an appropriate timeframe. To support timely, high-quality care for CHPW members, appointment and after-hours access standards have been established.

To meet regulatory requirements, CHPW conducts annual Appointment and After-Hours Access

Reviews. In 2026, these reviews will begin in April and continue throughout the summer months. **CHPW staff will contact your office directly to complete the review process.**

We appreciate your time, cooperation, and continued partnership in ensuring access to care for our members.

Type of Appointment	Appointment Wait Time Standards
All Providers	• Telehealth: 15 minutes (not available 24/7)
• Traditional (physical assessment or care planning)	• Within seven (7) calendar days of member's discharge from an inpatient hospital admission or 14 calendar days of member's discharge from a skilled nursing facility or subacute care facility (whichever is shorter)
• Second Opinions	• Within 10 (10) calendar days of the member's request for a second opinion or the second opinion request a confirmation of the second opinion to a date later than thirty (30) days after 30/30
PO, OB/GYN, Midwife	• Within seven (7) business days
• Routine care (not urgent)	• Within seven (7) business days
• Urgent care (not emergency)	• Within 24 (24) hours
Behavioral Health Providers	• Within 30 (30) days
• Client care (not life-threatening emergency)	• Within seven (7) business days
• Client care (life-threatening emergency)	• Within seven (7) business days
• Client care (not life-threatening emergency)	• Within seven (7) business days
• Client care (life-threatening emergency)	• Within seven (7) business days
Specialty Care Providers	• Within thirty (30) business days
• Specialty Care	• Within thirty (30) business days

After-hours Requirements:

- Must have an answering machine or on-call service.
- Calls must be picked up within 10 seconds.
- 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"

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

For questions, contact CHPW's Provider Relations Manager at jae.santzer@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 that CHPW's Provider Directory accurately reflects the availability of these services.**

Advance notice of 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 at chpw.org/forms-and-tools) page of our website). Simply complete and submit the online form or email your completed form to Provider.Changes@chpw.org.

Provider Appeals Submission Methods

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

1. Email: appeals@invoicess@chpw.org
2. Fax: Apple Health and Cascade Select: **206-613-8984** Medicare Advantage & Duals: **206-652-7010**

Method 3 – (not preferred):

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

To receive appeal determination letters, please let us know your preferred delivery method.

We appreciate your partnership and dedication to our shared communities. Until next time, thank you for leading!

Best regards,

Community Health Plan of Washington

For more information and to stay connected, visit our [Provider Center](#).

We welcome your feedback and future topic ideas.

Email us at Provider_Relations@chpw.org