



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

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.

Annual Provider Survey

CHPW's 2023 Provider Satisfaction Survey is expected to launch on **September 12, 2023**. We value your opinion and would like to invite you to participate. CHPW looks forward to incorporating the results from this survey to help direct additional administrative and operational changes to our health plan.

Please look for the survey via email. Press Ganey is an independent research firm that is once again helping us conduct the survey. We thank you in advance for your participation!

Annual Provider Workshops

CHPW is planning to host our annual workshops in December 2023. Our provider workshops are tailored to a clinic or hospital setting and are targeted for staff who work in a provider or wide range of the following departments: billing, front desk/registration, medical records, referrals, authorizations, appeals etc. Please look for an invitation and more details in the next few weeks. We look forward to your attendance!

Home Health - Electronic Visit Verification (EVV)

Home Health Care Services (HHCS) providers will be required to have an Electronic Visit Verification (EVV) solution in place by January 1, 2024, under a mandate included in the 21st Century Cures Act.

Any care worker providing personal care and/or respite care services funded by Medicaid payments for a client who lives at home (not in an institutional, residential, or hospital care setting) and receives payments for these in-home care services must use EVV.

Required Data Elements

The following data elements must be included on home health claims with a date of service on or after January 1, 2024. Claims submitted without the required data elements (6-listed below) will be denied or rejected and HHCS providers will need to submit a corrected claim.

There are three new required data elements. All data element requirements include:

- Type of service performed (*existing*)
- Individual receiving the service (*existing*)
- Date of service (*existing*)
- Location of service delivery (*new*)
- Individual providing the service (*new*)
- Time the service begins and ends (*new*)

Medicare Crossover Claims

While Medicare does not require these data elements, the HCA does require them; therefore, the data elements bulleted above must be submitted on your Medicare claims.

Submitting Claims

Claims must be transmitted electronically using the 837I (institutional) file, or you can use CHPW's provider portal (HealthMAPS) to enter your institutional claims. You can access HealthMAPS provider portal training guide here: [HealthMAPS Training Guide](#). Paper claims will not be accepted.

Following are the loops and segments that are required for submission on your 837I file.

- The time service begins and ends:
§ 2400 SV202-7 = SV2 * 0300 * HC : 81099 : : : HMMM - HMMM * AND

- The location of service delivery:
§ 2310E NM1 = NM1 * 77 * 2 * Client's Home

Note:

- Location of service (2310E) would include locations such as client's home, adult living facility, and homeless.
- N3/N4 can include an address such as "corner of 1st and Boulevard" if a client is homeless but a zip code will always be required.

For more information, please visit HCA's Home Health Care Services EVV webpage: [HCA HHCS EVV Webpage](#) and Billing Guide: [Home Health Acute Care Billing Guide](#)

IMPORTANT: Note that the new requirement noted above (Individual providing the service (*new*), is what drives the importance of ensuring that Home Health clinicians, including, but not limited to PT, SLP, RN, OT, that bill CHPW obtain an NPI and register it with the Health Care Authority (HCA). Please visit CHPW's provider bulletin which provides the information you need to guide you through the process of registering your NPI with the HCA: chpw.org/bulletin-board/core-provider-agreement-and-npi-status/

Note: Retro your NPI registration date to the first date you rendered services to a CHPW member. This will avoid claims processing issues, such as denials and recoups.

Questions?

For questions, please contact CHPW's Provider Relations Department: [Jae Switzer - Supervisor, Provider Relations](mailto:Jae.Switzer@chpw.org)

Email: jae.switzer@chpw.org

Electronic Health Care Claim Professional (837) and CMS 1500 Claim Form Box 32 and Box 33

CHPW is providing the following information to assist our provider groups with service location and vendor billing data for completing the electronic Health Care Claim Professional (837) and CMS 1500 Claim form.

Please match service location and vendor billing data for your organization as shown below. Entering the correct data in the correct loops or boxes allows for timely and accurate claims processing.

Electronic claims

For electronic claims:

- Service location information goes in loop 2310C, NM1*77 segment.
NM1*77*2*ABC CLINIC**XX*1234567891**
N3*123 MAIN STREET, SUITE 700
N4*SEATTLE*WA*981043599

- Billing provider information goes in loop 2010AA, NM1*85 segment.
NM1*85*2*ABC GROUP PRACTICE**XX*1234567890**
N3*123 MAIN STREET*STE 600
N4*SEATTLE*WA*981043176
REF*EI*123456789
PER*TC*BILLING SUPERVISOR*TE*2065151234

- Pay-to-billing information goes in loop 2010AB, NM1*87 segment.
NM1*87*2
N3*PO BOX 1234
N4*SALT LAKE CITY*UT*841250608

Paper claims

The CMS 1500 (professional) claim form, also known as the HCFA 1500, specifies Box 32 for the service location and Box 33 for the billing address.

INFORMATION OF PROVIDER OR SUPPLIER PLEASE PRINT OR TYPE CLEARLY AND LEGIBLY DO NOT WRITE IN THESE SPACES	ALL SERVICES MUST BE IDENTIFIED BY ICD-9-CM PROCEDURE CODES EXCEPT FOR SUPPLIES AND DURABLE MEDICAL EQUIPMENT	BILLING PROVIDER'S NAME ()
<small>PROVIDER OR SUPPLIER IDENTIFICATION NUMBER (SEE INSTRUCTIONS)</small> <small>IDENTIFICATION NUMBER (SEE INSTRUCTIONS)</small> <small>IDENTIFICATION NUMBER (SEE INSTRUCTIONS)</small>	<small>ICD-9-CM PROCEDURE CODES</small> <small>ICD-9-CM PROCEDURE CODES</small> <small>ICD-9-CM PROCEDURE CODES</small>	<small>NAME (SEE INSTRUCTIONS)</small> <small>NAME (SEE INSTRUCTIONS)</small> <small>NAME (SEE INSTRUCTIONS)</small>
<small>PROVIDER OR SUPPLIER IDENTIFICATION NUMBER (SEE INSTRUCTIONS)</small> <small>IDENTIFICATION NUMBER (SEE INSTRUCTIONS)</small> <small>IDENTIFICATION NUMBER (SEE INSTRUCTIONS)</small>	<small>ICD-9-CM PROCEDURE CODES</small> <small>ICD-9-CM PROCEDURE CODES</small> <small>ICD-9-CM PROCEDURE CODES</small>	<small>NAME (SEE INSTRUCTIONS)</small> <small>NAME (SEE INSTRUCTIONS)</small> <small>NAME (SEE INSTRUCTIONS)</small>

Do you need to add or update billing information?

Please contact Provider.Changes@chpw.org to add service locations or update your vendor billing name and/or address.

Consent Forms Are Required for Sterilization and Hysterectomy

Sterilization and hysterectomy are covered women's health care services for Medicaid enrollees.

A properly completed Sterilization Consent Form (HHS-687) is **required** for all sterilization-related claims. This includes hospital claims and professional services (surgeon and anesthesia). All other requirements and instructions for the Sterilization Consent Form must be followed to ensure the consent form is valid. Please see the [Washington Apple Health \(Medicaid\) Sterilization Billing Guide](#), Appendix A: Consent Form Instructions, for additional information.

Hysterectomy also requires a completed, valid consent form, and all inpatient services require prior authorization. A sterilization consent form is a separate form and is not the correct form for hysterectomies. The Hysterectomy Consent Form (HCA 13-365) is the correct, **required** form for hysterectomies. Please see the [Washington Apple Health \(Medicaid\) Physician-Related Services/Health Care Professional Services Billing Guide](#), Hysterectomies section, for additional information.

CHPW will not pay for sterilization or hysterectomy services without a consent form. Payment will be reduced if a valid sterilization or hysterectomy claim does not have a completed, signed consent form.

As stated in the Washington Apple Health (Medicaid) Sterilization Billing Guide:

"For inpatient claims, the hospital must indicate on the claim all charges that are associated with the sterilization on their own line with the appropriate revenue code as noncovered."

Note: When labor/delivery (including C-section) and a sterilization are performed during the same hospital stay, federal match is not available for the sterilization-related costs if the sterilization did not comply with the informed consent requirement. HCA pays for the labor/delivery (including C-section) only."

For purposes of this communication, use of "sterilization" in the above quote from the HCA billing guide includes hysterectomy.

In addition:

- Hospitals priced by ratio of cost to charges (RCC) must indicate on the claim all charges that are associated with the sterilization. Those charges are required to be billed on their own line with the appropriate revenue code as noncovered. CHPW will reimburse the hospital for covered labor/delivery charges. If the claim is not billed correctly, it will be denied for proper billing and the provider would need to submit a corrected claim.
- Hospitals priced by diagnosis related group (DRG) have a different calculation method. CHPW will reduce the payment of the claim by removing the sterilization services.

Please see the [CHPW Provider Manual](#), "Women's Health Care" section, for more information. Consent forms are available on our [Provider Forms & Tools](#) webpage, under "Claims."

Addresses for CHPW Appeals and Claims

CHPW's mailing address for provider appeals is different than the one for paper claims. Please use the addresses noted below.

Appeals:

Community Health Plan of Washington
Attention: Appeals Department
11111 Third Avenue, Suite 400
Seattle, WA 98101

Fax for routine appeals: 206-613-8984
Fax for urgent appeals: 206-613-8983

Paper claims:

CHP Claims
PO Box 269002
Plano, Texas 75026-9002

More information is available in our [Provider Manual](#) and on our websites.

Hospital Inpatient or Observation Discharge Services

Physician education about documentation is very important to ensure appropriate reimbursement. CHPW would like to remind providers about documenting hospital discharge times and codes: The physician must record the amount of time so that the coder can assign a discharge code for higher-level discharge service when appropriate.

Hospital discharge services are based on the time the physician spends in the final discharge of the patient. If the physician does not indicate the time spent in discharge of the patient, then the lowest level of discharge would be reported (code 99238). The time must be documented in the medical record. Best practices indicate that the physician should document all start and stop times and the times do not have to be consecutive, or the documentation should include a statement of total time spent on providing discharge planning and other services.

Physicians should never use code 99239 unless they have spent more than 30 minutes in discharge planning and documented what they did to justify the time. Without proper documentation, the coder must default to the lower-paying code 99238, even if the coder knows the physician spent more than 30 minutes with the patient.

- 99238 Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter
- 99239 Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter

Please refer to the AMA CPT Professional Edition 2023, Codebook for more information.

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 location(s) 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's 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 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.

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

Community Health Plan of Washington | 11111 Third Avenue, suite 400, Seattle, WA 98101

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