



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](#)

Advancing Health Equity for Washingtonians

Our Shared Commitment to Health Justice

Community Health Plan of Washington (CHPW) 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.

COVID-19: Addressing Vaccine Concerns

Being culturally responsive is especially important today when COVID-19 infections are disproportionately affecting communities of color. For many communities, there is a long history of medical trauma and mistrust. Here are a few resources that can help us understand the concerns of our Black, Russian, and Ukrainian communities:



Urban League of
Metropolitan Seattle

The Urban League of Metropolitan Seattle has published a [Black Health Matters Vaccine Resource](#) that provides context around past medical trauma in the Black community, current inequities in care, and insightful information on how to discuss vaccinations.



The Washington State Dept. of Health has developed the [Toolkit: COVID-19 Vaccine Information in Russian and Ukrainian](#) that provides Russian and Ukrainian language resources regarding the vaccines.



WithinReach's Immunity Community has also developed a free course on *Fostering COVID-19 Vaccine Confidence in Russian- and Ukrainian-Speaking Communities*. You can earn 1.25 free continuing education credit(s) by registering [here](#).

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.

HARVARD
UNIVERSITY



You may want to begin 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 [2021 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](#).

If you have questions, please contact Kayla Salazar at kayla.salazar@chpw.org.

Fraud, Waste, and Abuse

Community Health Plan of Washington (CHPW) maintains a fraud, waste, and abuse (FWA) program to prevent, detect, and correct FWA. CHPW's FWA Program is designed to identify potential FWA risk through monitoring and auditing activities and reports from workforce members, CHPW members, providers, first tier, downstream, and related entities (FDR's), other health plans, and state or federal agencies.

Preventing, Detecting, & Correcting FWA

CHPW's providers, and first tier, downstream, and related entities (FDRs) play a vital role in preventing, detecting, and correcting potential FWA.

First, providers and FDRs **must comply** with statutory, regulatory, and other contractual FWA requirements. **Second**, providers, and FDRs have a duty to report concerns or violations. **Third**, providers and FDRs have a duty to follow CHPW's Standards of Conduct.

How can you prevent and detect Fraud, Waste or Abuse?

- Be aware of suspicious activity.
- Conduct yourself in an ethical manner.
- Ensure you coordinate with other payors.
- Ensure accurate and timely data/billing.
- Verify the information provided.
- Stay up to date on FWA laws, regulations, and CMS guidance; and
- Comply with CHPW's Standards of Conduct, which state that it is everyone's obligation to report suspected instances of FWA.

Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program; or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

Waste includes the overutilization of services, or other practices that, directly/indirectly, result in unnecessary costs. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

Abuse includes actions that may, directly/indirectly, result in unnecessary costs. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and or/intentionally misrepresented facts to obtain payment.

Examples of FWA

Potential Enrollee FWA:

- Does the prescription look altered/forged?
- Have you filled numerous identical prescriptions for this patient, possibly from different doctors?
- Is the person receiving the service/picking up the prescription the actual patient (identity theft)?

Potential Pharmacy FWA:

- Are the dispensed drugs expired, fake, diluted, or illegal?
- Do you see altered prescriptions (changing quantities or "Dispense as Written")?
- Are proper provisions made if the entire prescription cannot be filled (no additional

- Is the prescription appropriate based on the patient's other prescriptions?
- Does the patient's medical history support the services requested?
- dispensing fees for split prescriptions)?
- Are generics provided when the prescription requires brand be dispensed?
- The Pharmacy Benefit Manager (ESI) billed for prescriptions that were not filled/picked up?
- Are drugs diverted (drugs meant for nursing homes, hospice, etc. sent elsewhere)?

Provider Billing Trends

CHPW has identified common inappropriate billing schemes through our post payment review audits:

- **Upcoding coding:** provider billing a higher code to receive higher reimbursement. The provider's medical record documentation must support the procedure codes submitted for payment.
- **Presumptive and Definitive Testing performed on the same day:** If a presumptive test is ordered, a definitive test on the same day is only medically necessary if there is an unexpected result of the presumptive test, as defined in *MM170 Urine Drug Testing in Addiction Treatment and Pain Management* that cannot be explained by a discussion between provider and patient. The unexpected result and discussion must be documented in the medical record. Routine testing or standing orders that are not documented in the treatment plan are not acceptable and claims will be denied.
- **Body Mass Index (BMI) as a Primary Diagnosis:** Provider must document and submit a clinical condition, such as overweight, obesity or morbid obesity to justify reporting a code for the body mass index on the claim. A claim with a BMI diagnosis as primary is not acceptable and will be denied. AHA Coding Clinic for ICD 2018 4Q.
- **Bilateral Procedures and Modifier -50:** Procedures identified by its description as "bilateral" requires the provider to not add Modifier 50 (Bilateral Procedure). Modifier 50 applies to (CPT codes 10040-69990) and to radiology procedures performed bilaterally, but not used with surgical procedures identified as "bilateral" (e.g., 27395, lengthening of hamstring tendon, multiple, bilateral), or "unilateral or bilateral" (e.g., 52290, cystourethroscopy, with meatotomy, unilateral or bilateral).
- **External Causes of Morbidity (V00-Y99):** The external causes of morbidity codes should not be sequenced as the first-listed or principal diagnosis.
- **Radiology claims and diagnosis Z01.89:** CHPW will not pay Medicaid claims for radiology services with diagnosis code Z01.89. Providers must bill the appropriate medical ICD-10 code.

Reporting Potential FWA to CHPW

- Complete a *Potential Fraud/ID Theft* form (found under the Compliance section of this page: <https://www.chpw.org/provider-center/forms-and-tools>) then email it to potential.fraud@chpw.org.
- Notify Compliance Officer, Marie Zerda at 206-613-5091 or email compliance.officer@chpw.org.
- Notify FWA Program Manager, Miles Glew at 206-515-7844 or email miles.glew@chpw.org.
- Notify the Office of the Inspector General (OIG) at (800) 447-8477, or hhstips@oig.hhs.gov, or <http://oig.hhs.gov/fraud/hotline>.

Exclusion Screening

Community Health Plan of Washington (CHPW) and its contracted provider network are prohibited from using federal or state funds to pay for goods and services furnished, ordered, or prescribed by a provider, supplier, employee, or first tier, downstream, and related entity (FDR) excluded by the Department of Health and Human Services (HHS) Office of the Inspector General (OIG) or Systems for Award Management (SAM). CHPW is prohibited by law from contracting or doing business with any person or entity that is currently debarred, suspended, excluded, proposed for debarment, or declared ineligible to perform work under any government contract or subcontract.

CHPW and its FDRs must review both the [List of Excluded Individuals and Entities \(LEIE\)](https://oig.hhs.gov/exclusions/exclusions_list.asp) (at https://oig.hhs.gov/exclusions/exclusions_list.asp) and the [Excluded Parties List System \(EPLS\)](https://sam.gov/content/exclusions) (at <https://sam.gov/content/exclusions>) lists before hire or contract of any workforce member, provider, consultant, or FDR, and monthly thereafter.

The LEIE includes health care providers and suppliers and the EPLS includes suppliers and vendors (non-health care providers) excluded from participation in federal or state health care programs.

If an individual or entity is identified during the LEIE and EPLS exclusion screening process, or by notification from the Washington State Health Care Authority (HCA), the Centers for Medicare & Medicaid Services (CMS), or the Washington State Office of the Insurance Commissioner (OIC), then CHPW must:

- Terminate employment, the contractual relationship, or the control relationship with the excluded individual or entity immediately and no later than five (5) business days from the date of discovery.
- Immediately recover any payments it discovers for goods or services that directly or indirectly benefit the excluded individual or entity; and
- Report the discovery, payments made, and termination to the appropriate state or federal agency.

Contracted Vendor Requirements

During the contracting process with CHPW, vendors are required to disclose any individual/entity with an ownership or control interest of 5% or more in the vendor.

Vendors must immediately disclose:

- Any exclusion or other event resulting in the vendor or individual/entity ineligible to perform work related directly/indirectly to a federal or state health care program.
- If the vendor or any individual/entity contracted by the vendor is convicted of any criminal/civil offence; and
- Any change in ownership or control (notify CHPW within 35 days of the change).

Requirements for FDRs

CHPW requires its contracted network of providers to maintain exclusion screening policies and procedures for their own workforce members and downstream contractors*. Exclusion screening activities must be performed monthly, with evidence of screening maintained for ten (10) years.

*Downstream contractors are also required to have similar processes.

Provider and Staff Training Programs

CHPW is committed to provide training and education to our providers and their staff. We are dedicated to develop your knowledge and understanding through a variety of mandatory and optional training programs. These collated resources include national and local training programs for providers and selected trainings on our training calendar that 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 our on-line training programs, go to

<https://www.chpw.org/provider-center/provider-training-and-resources/>.

If you prefer an in-person training session, or if you have any questions regarding our training programs, please contact our Provider Relations Department at Provider.Relations@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). ***CHPW recognizes that many providers have recently 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 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.

Updates to Behavioral Health Authorizations and HCPCS code billing

CHPW has removed the prior authorization/notification requirements for the following services: Intensive Outpatient Program (IOP) S9480 and Day Treatment Programs (H2012) for Medicaid members. Medicaid members requiring services at these levels of care can proceed without prior approval from CHPW.

Partial Hospitalization Program (PHP) is a separate service from Day Treatment and still requires prior approval from CHPW before a member obtains this level of care. PHP should be requested and billed using HCPCS H0035. Previously some providers had been using the code for Day Treatment which is a different level of service.

For any questions on authorization requirements please refer to the CHPW Procedure Code Lookup Tool and Prior Authorization Lists on our website: <https://www.chpw.org/provider-center/prior-authorization/>

Medicare AEP (Annual Election Period) and 2022

October kicks off the annual Medicare season for the 2022 contract year, and CHPW is excited by what we have to offer, including benefit increases, reduction of copays, more flexible (and higher dollar) dental, and retention of all current benefits (without cutting limits or increasing copays). Additionally, CHPW is adding more counties for Medicare as well as Medicaid and Cascade Select.

Enriching Benefits

Next year, CHPW Medicare will have more \$0 services.

In 2022, all PCP visits for all Medicare plans will be \$0, as we believe cost should never be a barrier in getting needed primary care.

We will also continue to provide extra help for members with certain chronic conditions. This includes \$0 Endocrinology specialist visits and retinal exams for members with diabetes, \$0 Pulmonology specialist visits and \$0 oxygen for members with COPD, and \$0 Cardiology specialist visits for members with Congestive Heart Failure (CHF). CHPW continues to send these members with these conditions a secondary “courtesy” card; it is not required for the extra help but serves as a reminder to your patients and staff as to when copays are not required.

Transportation. CHPW Dual Plan (SNP) members will receive 75 one-way supplemental non-emergency transportation rides (up from 50 in 2021). We leverage a hybrid system of curb-to-curb and door-to-door options, including rideshare, taxi, and medical vans depending on the member needs.

Over the Counter (OTC). CHPW Dual Plan members will also receive a \$350 quarterly Over the Counter (OTC) benefit (currently \$250/quarter). Members can order online or by phone, and CHPW pays tax and shipping so that members can maximize dollars.

An even more flexible dental design. Currently, CHPW is uncommon in that we don't limit our members to a dental network; we pay dental benefits to all dental providers willing to see our members.

And, we listened to our members who said their preventive benefits often would go unused, so in 2022, CHPW is giving members a combined (“lump sum”) dollar amount for both preventive and comprehensive care. Next year, our Dual Plan members will have \$4,500 total dental dollars; Plan 3, Plan 4, and No Rx Plan will have \$850; and Plan 1 and Plan 2, \$200 – this design will allow greater flexibility to spend dental dollars on the care that's needed most.

More Counties, More Communities

In 2022 for Medicaid, CHPW will add the Great Rivers and Thurston-Mason Regional Service Areas (RSAs), seven new counties, which will bring CHPW

Integrated Managed Care (IMC) to all 39 counties in Washington State.

For Medicare, CHPW will add six new counties -- Clallam, Grays Harbor, Jefferson, Mason, Pacific, and Wahkiakum -- bringing our service area to 27 counties.

For Cascade Select, CHPW will add nine new counties, doubling its service area to 18 counties. Our new counties are Benton, Franklin, Jefferson, King, Lewis, Mason, Snohomish, Thurston, and Walla Walla.

Many of these new counties (for Medicare and Cascade Select) have few or no managed care coverage options. Expanding into these counties demonstrates CHPW's strong commitment to provide health coverage for all eligible people in all regions in the state, and to support whole-person care to our shared communities through the full continuum of life.

Retaining Our Current Benefits

We are glad to continue all our current benefits with no copay increases or service reductions.

All CHPW plans will continue to include vision hardware and exams; various dental (with the new flexible dollars); expanded telehealth, including mental health and SUD services; low prescription copays, including \$0 Preferred Generic at all CHC pharmacies, preferred pharmacies, and preferred mail order; supplemental alternative medicine, including 12 total of acupuncture, chiropractic, and naturopathy combined; routine foot care, 4 total; our fitness program (gym membership plus home kits/videos); and more. CHPW is expanding the list of qualifying conditions for items that help members engage in their care, such as body-weight scales, blood pressure cuffs, and PERS (Personal Emergency Response System), all at no cost to members. Lastly, we continue to offer home-delivered meals to all members post discharge, including all inpatient and SNF stays, up to 14 meals (2/day; 2 weeks), as food insecurity remains a top cause for preventable readmissions and a significant challenge to our communities.

Learn More

If you wish to learn more about CHPW Medicare, please contact [1-800-944-1247](tel:1-800-944-1247).

Ivermectin Prescriptions

The Health Care Authority is requesting that the Managed Care Organizations implement a prior authorization requirement for all ivermectin prescriptions. Ivermectin is only medically necessary for certain parasitic diseases. The CDC and FDA have both issued warnings against use of ivermectin for other conditions, such as COVID-19 prevention or treatment, outside of the setting of an approved clinical trial. According to the CDC, "Adverse effects associated with ivermectin misuse and overdose are increasing." As the inappropriate use

of ivermectin is a quality of care concern, the prior authorization requirement will be implemented immediately.

HealthMAPS Provider Portal Update

CHPW's HealthMAPS online provider portal lets you enter and view member claims, check eligibility, view and report a member's other health insurance (OHI), and more.

HealthMAPS Login Change Effective September 27, 2021

Community Health Plan of Washington (CHPW) is in the process of implementing Multi-Factor Authentication for all of our provider-facing portals, including HealthMAPS. This enhances the safety and security of CHPW's provider and membership data.

OneHealthPort already offers Multi-Factor Authentication for Community Health Plan of Washington. Beginning September 27, 2021, we'll require you to sign in directly to OneHealthPort for access to CHPW's HealthMAPS provider portal.

What is OneHealthPort?

OneHealthPort's Single Sign-On offers healthcare professionals an easy and secure way to access the provider portals of major local health plans and hospitals as well as other valuable online services with one ID and password.

What is Multi-Factor Authentication?

Multi-Factor Authentication (MFA) means a user must verify their identity by multiple methods in order to log into an account or system. Methods can include something you know, such as your username and password, plus something you have, such as a unique code that is generated by an app and sent to you via email or text. You enter the necessary information to verify your identity and approve your login. This can help prevent someone else from accessing your account, even if they know your username and password.

Please see OneHealthPort's [Multi-Factor Authentication](#) page for more information.

How do I check if my organization has a OneHealthPort account?

Please see OneHealthPort's [Frequently Asked Questions](#) page for more information.

- To check if your organization is registered with OneHealthPort, follow the instructions under "What if I don't know whether my Organization is registered yet or who is my Administrator?"

- If you do not have a OneHealthPort account, follow the instructions under “How do I register to use OneHealthPort?” or go directly to [Register Your Organization](#).

If you already have a OneHealthPort account, you’re all set.

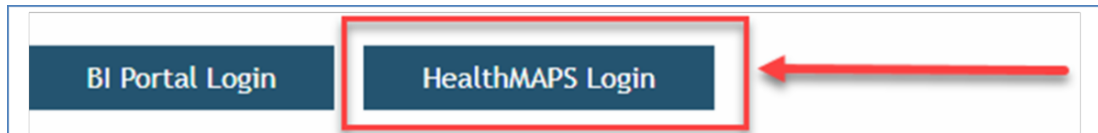
What happens if I do not log in to HealthMAPS from OneHealthPort after September 27?

Beginning September 27, if you try to create a new HealthMAPS account or log in to HealthMAPS directly, the system will redirect you to OneHealthPort. You will then need to log in to OneHealthPort to access HealthMAPS.

To log in to HealthMAPS from OneHealthPort:

1: Select this link: <https://www.onehealthport.com/sso-payer/community-health-plan-washington>.

2: Select the button that reads HealthMAPS Login as in the screenshot below.



3: Enter your OneHealthPort logon credentials.

What if I have more questions?

If you have questions about OneHealthPort, including how to register or how to access your account, you can contact OneHealthPort’s Help Desk at 1 (800) 973-4797, 24 hours a day, seven days a week. If you have questions about CHPW’s HealthMAPS portal, please see our [Provider Portal Training](#) page, or call:

- CHPW Washington Apple Health Integrated Managed Care (IMC) Customer Service, 1 (800) 440-1561 (Toll Free) Monday through Friday, 8am to 5pm
- CHPW Medicare Advantage Customer Service, 1 (800) 942-0247 (Toll Free) 7 days/week, 8am to 8pm
- CHNW Cascade Select Customer Service, 1 (866) 907-1906 (Toll Free), 8am to 5pm, Monday through Friday

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

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