



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](#)

WA State Broadband Brief Survey

Washington State is gathering information to improve broadband access across the state that will improve the delivery of telehealth services. CHPW encourages providers and members to take the [1-Minute Access and Speed Survey](#) to make sure that all communities are reflected in this data. Results will be geo-mapped in order to help identify gaps in high-speed internet service and areas of broadband infrastructure across the state.

HCA Free Zoom Licenses

The Health Care Authority is offering providers free Zoom licenses to deliver telehealth during the COVID-19 pandemic. The agency still has a number of these licenses available. Providers who serve patients on Apple Health, are in small practices, and serve high-need populations are encouraged to apply. To request a Zoom license providers simply need to complete [HCA's online application](#).

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.

Racism: A Public Health Crisis

We believe addressing health equity begins with acknowledging the systems of oppression in which we operate. We acknowledge that racism is a public health crisis. To fight racism and discrimination, the health care world must recognize, name, and understand our role in addressing this systemic problem.

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 own equity assessment.

Toolkit

To assist you with data review, our [2020 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](#).

Measure Insights: Linking Quality with Equity

Want some ideas on how to apply an equity lens to some of Washington State’s priority quality measures? Here’s some ideas and resources by measure!

Depression Screening and Appropriate Follow Up

Consider incorporating translated depression screening tools into your workflow. You can find translated PHQ and GAD screeners in many languages at [PHQ Screeners](#).

Childhood Immunization Status

Addressing vaccine hesitancy with parents can be difficult. CHPW created a Best Practice Resource to help navigate the conversation. Email CHPW’s Program Manager of Health Equity for a copy Kayla.Salazar@chpw.org.

Other Health Information (OHI) for Apple Health Members

CHPW has the most current information at any given time on OHI for our members. ProviderOne asks at the time of enrollment for this information, and CHPW will update and maintain this information in multiple ways:

- Customer Service asks members about OHI as part of the new member Welcome Call.
- Claims are reviewed as they are processed for OHI information and system updates are made.
- CHPW works with an outside vendor to identify OHI for members and make updates and identify claim overpayments.
- Providers can view and report OHI in the CHPW HealthMAPS portal. Please see the [HealthMAPS Provider User Guide](#) on our website for instructions on how to view and update OHI.
- HealthMAPS will have the most current information and each month CHPW reports OHI back to the HCA, but this information is not always updated immediately with the HCA.
- **Customer Service** can be reached at 800-440-1561.
- **HealthMAPS** can be accessed through One Healthport or providers can register at <https://mychpw.chpw.org/en/provider>. Providers will need their billing TIN to register for HealthMAPS.

CY2021 Medicare Changes

2021 CHPW Medicare Advantage benefit enhancements include:

- Rather than coinsurance, members will pay a copay for outpatient x-rays, ambulatory surgical center and hospital outpatient surgery
- 2 meals per day for 14 days post-discharge from an inpatient admission (up to 6 occurrences per year)

- Increased hearing aid benefit for MA Dual Plan members (\$1,700 per year)
- Increased dental benefit for MA Dual Plan members (\$3,000 per year comprehensive services; no limit for preventive services)
- Expanded eligibility for no-cost items for members who are engaged in care management:

No Cost Item	2020 Eligible Diagnoses	2021 Eligible Diagnoses
Scale	Congestive Heart Failure (CHF)	CHF; morbid obesity; obesity with co-occurring disorders
Blood Pressure Cuff	Refractory hypertension	Refractory hypertension; hypertension with at least one other chronic condition
Personal Emergency Response System (PERS)	Frailty	Frailty; osteoporosis; history of acute MI; angina; Parkinson's; stroke; dementia; COPD; CHF

We've also changed the names of our plans to be more intuitive for our prospective and current members:

2020 Plan Name	2021 Plan Name
MA Value Plan	MA Plan 1
MA Extra Plan	MA Plan 2
MA Pharmacy Plan (Urban)	MA Plan 3
MA Pharmacy Plan (Rural)	MA Plan 4
MA Plan	MA No Rx Plan
MA Special Needs Plan	MA Dual Plan

In addition to the above changes, CHPW Medicare Advantage members continue to have access to benefits above and beyond what is covered by Original Medicare including dental and vision coverage, fitness, and alternative medicine (up to 12 visits per year) on all plans. Please contact Customer Service or your Provider Relations representative with any questions.

Clinical Coverage Criteria Updates

For more information on Clinical Coverage Criteria and the updates listed below, visit the CHPW website at <https://www.chpw.org/providers/care-and-case-management/clinical-coverage-criteria>.

Policy	Changes
MM128: Orthoptic Pleoptic Training	Added information on maximum sessions approved at a time (12), in alignment with AH-IMC benefit grid.
MM131: Transplants and Transplant Work-ups	Removed COE institutions and updated hospitals to be MBSAQIP per WAC 182-550-2301.
MM135: Positive Airway Pressure Devices	Minor edits.
MM136: Durable Medical Equipment	Clarified that criteria for repairs of DME excludes intentional damage or neglect. Criteria for ongoing Continuous Glucose Monitor and Home Ventilator use.
MM145: Bariatric Surgery	Minor Edits.
MM149: Spinal Injections and Facet Neurotomy	The results of StartBack tool screening must be submitted with requests for spinal injections or facet neurotomies for back pain. Clarified that MM149 is only for requests related to a diagnosis of pain (not for other indications such as spinal anesthesia). Clarified the limitations on the number of spinal injections or facet neurotomies that can be performed in a period of time.
MM160: MTHFR	Retired, combined with MM184.
MM165: Genetic Testing	Added genetic testing related to cancer treatment. Included Medicare decision for Next Generation Sequencing.
MM184: Pharmacogenetic Testing	Title changed to Pharmacogenetic Testing. Addresses testing for anticoagulants and BH Conditions Combined MM160 MTHFR Testing, MM184 Pharmacogenetic Testing for Oral Anticoagulants, and HTA Pharmacogenomic testing for selected (BH) conditions. Retired MM160 MTHFR Testing.

Fraudulent Calls

The Washington Medical Commission (WMC) has been alerted that scam artists are calling clinics, doctor's offices, and individuals posing as the WMC or medical board.

These scam artists have increased the deceptiveness of their tactics. Some have claimed to be investigators or other staff. They have knowledge of bank accounts and other personal information. They have asked for Social Security Numbers, cellphone numbers, and money.

Please be aware this is not how the WMC, state regulators, and state medical boards operate. **The WMC will never call you asking for private information or looking for payment.**

All practitioners should be skeptical of anyone claiming to be with the WMC making such demands. If you receive a call like this and have questions, please contact us at Medical.Commission@wmc.wa.gov.

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.

To access our online training programs, go to our website at www.chpw.org. From the home page, select "For Providers" and from the menu, select Provider Education and

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.

Obstetrical Diagnostic Ultrasounds in Third Trimester

In a recent program integrity audit, CHPW identified improper use of CPT code **76811, Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation**. The detailed fetal anatomic examination (76811) is not intended to be the routine ultrasound examination performed for all pregnancies. Rather, it is an indication-driven examination performed for known or suspected fetal anatomic abnormality, known fetal growth disorder, genetic abnormality, or increased risk for a fetal anatomic or genetic abnormality.

Diagnosis should indicate complications of pregnancy codes (O00-O9A) or report “encounter for supervision of high risk pregnancy” codes (O09.-). The more routine ultrasound, CPT code **76805 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation**, is commonly performed at approximately 16-20 weeks gestation.

According to the ACOG Coding Manual, these codes are used as follows.

Code **76805, Complete OB Ultrasound** includes the following services:

- Determination of number of fetuses and amniotic/chorionic sacs
- Measurements appropriate for gestational age
- Survey of intracranial/spinal /abdominal anatomy
- Evaluation of four-chambered heart
- Assessment of umbilical cord insertion site
- Survey of placenta location and amniotic fluid assessment
- When visible, examination of maternal adnexa

Code **76811, Detailed Fetal Anatomic Ultrasound** includes the following services:

- Visualization of all components of code 76805
- Detailed anatomic evaluation of fetal brain/ventricles, face, heart/outflow tracts, chest anatomy, abdominal organ specific anatomy, and number/length/architecture of limbs
- Detailed evaluation of umbilical cord, placenta, and other fetal anatomy as clinically indicated

CHPW follows the HCA’s policies for codes 76805 and 76811. CHPW does not pay for diagnostic obstetrical ultrasounds performed in the third trimester of pregnancy reported with “encounter for supervision of normal pregnancy in third trimester” diagnosis codes, unless a specific indication has developed or pregnancy is considered high risk. These conditions do not apply to multiple gestation pregnancies and/or fetus with aneuploidy or known anomaly.

Please see the [Washington Apple Health \(Medicaid\) Physician-Related Services/Health Care Professional Services Billing Guide](#) for more information.

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