



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](#)

CHPW 2020 Medicare Advantage Changes

Community Health Plan of Washington Medicare Advantage is pleased to announce exciting changes for our Medicare Advantage products, effective January 1, 2020!

In addition to adding products to certain counties throughout the state, CHPW will be increasing the benefit allowance for benefits such as Over-the-Counter Supplies and Non-Emergency Transportation for our Special Needs Plan (SNP) members. We are also excited to offer an opportunity where members with certain diagnoses may also qualify for a new “reduced to \$0 cost share” benefit for certain services. We hope this new benefit will help increase access to services and improve the health of some of our most vulnerable members.

To support the health of our members after they've had an inpatient stay, we will also be offering a Meals Post-Discharge benefit on select products. Other changes include adding Dental and Alternative Medicine benefits to all products and increasing the Vision Hardware allowance for all products. Please see below for more information on these changes and contact your Provider Relations representative with any questions.

CHPW MA Product Expansion

- \$0 Premium Plan (016): Added to 10 new counties (Clark, Cowlitz, Kitsap, Pierce, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Yakima)
- Low Premium Plan (010): Added to 3 new counties (Adams, Benton, Franklin)

CHPW MA SNP Benefit Changes

SNP Benefit	2019	2020
Dental	\$1,800/year for all services combined	\$2,500/year (No limit for preventive)
Over-the-Counter Supplies	\$50/quarter	\$250/quarter
Meals Post-Discharge (Also offered on Plan 010)	Not covered	2 meals/day for 14 days upon inpatient discharge from hospital or SNF (Up to 6 occurrences/year)
Non-Emergency Transportation	24 one-way trips/year	50 one-way trips/year
Vision Hardware	\$130/year	\$400/two years

CHPW MA Reduced to Zero Cost Share for Certain Benefits

- For members who would normally have a cost share responsibility for the below benefits, CHPW will reduce the cost share to \$0 for certain diagnoses

only.

Diagnosis	Reduced to Zero Cost Share Benefit
Diabetes	<ul style="list-style-type: none">• PCP office visit• Endocrinology office visit• Retinal exam (Endocrinology or Ophthalmology)• Medicare-covered Podiatry
COPD	<ul style="list-style-type: none">• PCP office visit• Pulmonology office visit• Oxygen DME
CHF	<ul style="list-style-type: none">• PCP office visit• Cardiology office visit

Other CHPW MA Benefit Changes

- Alternative Medicine (acupuncture, naturopathy, non-Medicare chiropractic) added to all plans
- Dental benefit added to all plans
- Vision hardware benefit increased on all plans
- Members engaged in care management with the below diagnoses may be eligible for these items at no cost:

No cost item	With diagnosis and engaged in care management
Scale	Congestive heart failure
Blood pressure cuff	Refractory hypertension
Personal Emergency Response System (PERS)	Frailty

Our New Medicare Name

As of October 1, 2019, Community HealthFirst Medicare Advantage is now **Community Health Plan of Washington Medicare Advantage**. We're changing our name to make it clearer that our Medicare plans are offered by CHPW. The name change does not have any impact on our contracts with providers or your contractual obligations. Our name may be different, but you can still count on us for quality service. Note that our Medicare website address is also changing to medicare.chpw.org.

The name change also does not affect member plan benefits. Our members may continue to use their Community HealthFirst ID cards until the end of the year.

Starting January 1, 2020, they will be sent a new ID card with the new name.

Delivering Suicide Safe Care webinar

October 22, 8:00 AM - 9:00 PM

CHPW, in collaboration with the other Medicaid Managed Care Organizations and the Bree Collaborative are hosting a webinar on “Delivering Suicide Safe Care” on **Tuesday, October 22 from 8:00 a.m. – 9:00 a.m.** This training is relevant for clinic administrators and providers. Details about this webinar can be found on [Eventbrite](#) or people interested can directly [register](#) for this event.

REGISTER FOR THIS EVENT

National Lead Poisoning Prevention Week Oct. 20th - 26th

Did you know that the week of October 20th to 26th is National Lead Poisoning Prevention Week? Exposure to lead can cause serious damage to a child’s development. Lead can affect almost every organ and system in the body, including permanent damage to the child’s brain and nervous system. Children living in or visiting older homes (pre-1978) with legacy lead-based paint are most at risk for lead exposure. Most children with elevated blood lead levels are asymptomatic, so performing a blood lead test is the best way to determine if a child has been exposed.

Federal law mandates blood lead testing for **all** children enrolled in Medicaid at ages 12 and 24 months. Additionally, children between 24 and 72 months who have no record of a blood lead test must receive one.

Blood lead is a notifiable condition in Washington State, which means that all lead test results must be reported to the WA State Department of Health (DOH), regardless of whether the results are elevated. Reporting your test results creates a referral to DOH so they can find and remediate the lead exposure source, as well as connect children to public health services, with your help. Testing for lead exposure is an important part of community health and helps children reach their full potential.

Please visit www.doh.wa.gov/lead for more information.

Genetic Testing Non-Pregnancy

CHPW would like to remind providers about the requirements for genetic testing lab services for non-pregnancy related diagnoses.

Prior authorization (PA) has always been required for these types of services; however, as of August 1, 2019, claims for genetic testing for non-pregnancy related diagnoses that do not have the required PA will be denied.

Labs that have submitted claims to CHPW for non-pregnancy related genetic testing have been contacted and this message is a follow-up to make sure that providers are also aware of this change.

Prior authorization information is available on our website at <https://www.chpw.org/for-providers/prior-authorization-and-medical-review/>.

If you have any questions, please contact our Customer Service team. You can reach them by email at customercare@chpw.org or by phone during business hours.

Apple Health/Integrated Managed Care/Medicaid

Phone number: 1-800-440-1561

Business hours: Monday through Friday from 8:00 a.m. to 5:00 p.m.

Medicare

Phone number: 1-800-942-0247 (TTY 711)

Business hours: Seven days a week from 8:00 a.m. to 8:00 p.m.

Patient Review Coordination (PRC) Program

The Community Health Plan of Washington (CHPW) Patient Review Coordination (PRC) Program is designed to coincide with the Health Resources and Services Administration's (HRSA) and Washington State Healthcare Authority (HCA) requirements for Apple Health (Medicaid) members.

Apple Health Members are placed in the program upon review by a PRC clinician for over utilization of services for an *initial, second or subsequent placement period* as defined by Washington State law.

An initial placement period will last at least 24 months, the second placement period will last at least 36 months, and subsequent periods will last at least 72 months. Once placed in the program, the member receives coordinated care through *one primary care provider, pharmacy and hospital* either chosen by the member or the CHPW PRC team. They may see other providers when a referral is placed by the primary care provider.

Additionally, CHPW may provide the following services for members who are placed in the PRC program:

- Providing timely coordination of care with the member's assigned providers

- Referrals to medical and/or behavioral health Case Management programs
- Facilitating access to medical services authorized by the assigned providers e.g., specialist consultations for pain control, behavioral health, substance abuse, rehabilitation

To learn more about the PRC program call us at [1-866-907-1902](tel:1-866-907-1902).

Partnership Access Line for Moms (PAL for Moms)

Reminder that the Partnership Access Line (PAL) for Moms is a resource available for providers for women with mental health needs during pregnancy and postpartum. This is a free telephone consultation resource available weekdays from 1-5 PM. It is available for any health care provider in Washington State to receive consultation, recommendations, and referrals to community resources from a UW psychiatrist with expertise in perinatal mental health. Providers may call (877) 725-4666.

For more information, please visit the PAL website

<https://www.mcmh.uw.edu/ppcl>.

A Conversation Guide for Vaccine Hesitancy

As part of our Culturally and Linguistically Appropriate Services (CLAS) Program, Community Health Plan of Washington is committed to reducing the disparity of care in rates of childhood immunization status while providing culturally appropriate care. In 2019, we were interested in addressing vaccine hesitancy in the Somali community. Research shows that many factors contribute to vaccine hesitancy including a fear of Autism, avoidance of porcine gelatin, being overwhelmed by too many vaccines, and fearing that vaccines may make children sicker. Language barriers and cultural concerns are important to acknowledge and address.

Providers have a lot of influence when it comes to encouraging parents and guardians to vaccinate children, and a strong recommendation from a trusted provider will go a long way to address hesitancy concerns. CHPW's best practice guide [\[linked here\]](#) will provide you and your clinic staff with tips and other resources on how to best provide that recommendation. While this guide is focused on addressing the Somali community, these tips and resources can be applied to other communities and all vaccine hesitant parents/guardians.

Understanding the Needs

of Your Community

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 in racial and ethnic minorities.

As a provider in the CHPW network, we want to support you in your efforts to care for your community. The [2019 CHPW Regional Demographics Report](#) includes race/ethnicity and language needs of each region of Washington State, as well as tools and resources that may assist you in better serving your patients.

By understanding the local needs of your community and taking these simple steps you can start to work towards health equity:

- Provide translated materials in languages frequently spoken in your region
- Ensure interpretation services are easily accessible and promoted widely
- Consider hiring staff that are bilingual in languages most commonly spoken in your region
- Recognize the importance that culture plays in health care

People with Disabilities: Getting the Care They Need

Did you know that health care providers are required to offer everyone access to medical services without discrimination based on disability?

The Centers for Medicare & Medicaid Services (CMS) recently provided materials explaining:

- The requirements for providers
- How the provider and the patient can work together to ensure the patient's needs are met
- A checklist for the patient to use when scheduling an appointment
- Tips for the patient before, during, and after the appointment

Please see the "People with Disabilities: Getting the Care You Need" topic on our Provider Bulletin Board (<https://www.chpw.org/for-providers/bulletin-board/>) for more information.

SUPPORT ACT

On October 24, 2018, President Trump signed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment ("SUPPORT") for Patients and Communities Act. The SUPPORT Act includes several provisions directed to the

Medicaid program that requires updates to the current opioid policy. This update is anticipated to take place on November 1, 2019. HCA's opioid policy is a prevention and patient safety tool. The policy will include a maximum daily dose limit of 120 morphine milligram equivalents (120 MME). In order to exceed the daily dose of 120 MME an attestation documenting that a second opinion from a pain specialist was obtained, or why one is not needed, is required. HCA's limits on acute prescriptions and on the transition from acute to chronic use remain; these are critical to reducing long-term opioid use and the risk of developing opioid use disorder.

The policy limits the quantity of opioids that can be prescribed to opiate naïve patients for non-cancer pain. The limits for new opioid prescriptions will be:

- No more than 18 doses (approximately a 3-day supply) for patients age 20 or younger.
- No more than 42 doses (approximately a 7-day supply) for patients age 21 or older.

The pharmacy can override the day supply limits using an expedited authorization code when:

- You indicate "Exempt" in the text of the prescription.
- The patient is undergoing active cancer treatment, hospice, palliative care or end-of-life care.

At the point of transition from acute to chronic opioid treatment, defined as six weeks of therapy, a prior authorization is required.

For both acute and chronic prescribing, doses are limited to 120 MME per day. Daily doses greater than 120 MME per day require an attestation form be completed, signed, and sent to Community Health Plan of Washington.

Patients who are already stabilized on daily doses greater than 200MME will be authorized for one year and will not be subject to these limits or to prior authorization unless their dose increases from the current regimen.

New Add Change Term Online Forms for Individual Providers, Clinics, and Groups

CHPW is committed to ensuring the quality and accuracy of the information in our provider directory for our Medicare and Medicaid (Washington Apple Health Integrated Managed Care) products. The *Add Change Term* forms are used to notify us of changes in your information including, but not limited to:

- Tax identification number
- Billing address

- Office phone and fax numbers
- Service location address updates
- Areas of expertise

New *Clinic and Group Add Change Term* and *Provider Add Change Term* online forms are now available. The online forms are easy to use and easy to submit. You can click in a field to enter or select information or you can press the Tab key to move from field to field. After you fill in your information, click the Submit Form button at the bottom of the form. If any required fields are missing information or the form has any errors, you will receive a message indicating what needs to be fixed.

The Excel versions of the *Add Change Term* forms are still available, and we recently added PDF versions. You may use an online, PDF, or Excel form to update your information with us. If you use an Excel form, please use the Chrome browser.

The forms can be accessed from our website and from the HealthMAPS provider portal. Please see below for details.

- CHPW website, <https://www.chpw.org/for-providers/documents-and-tools/>, under the "Provider Updates" heading.
- HealthMAPS, <https://mychpw.chpw.org/en/provider/>; after logging in, start from your Provider Dashboard, then click Provider Resources, then click Forms & Tools, and then click the form you wish to access.



We appreciate your time in partnering with us to ensure our provider directory is up to date and accurate. More information about provider data for our directory is available in the "Provider Roster FAQ" and "Provider Directory Quality Assurance" topics on our Provider Bulletin Board, <https://www.chpw.org/for-providers/bulletin-board/> or <https://medicare.chpw.org/provider-center/bulletin-board/>.

Feel free to reach out to our Provider Data Specialists at provider.changes@chpw.org with questions.

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)

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.

HealthMAPS Provider Portal Update

CHPW's HealthMAPS online provider portal went live in December 2018. HealthMAPS replaces the previous Health Information Portal (HIP). *HIP is no longer available as of September 13, 2019.*

You must have a HealthMAPS account to continue using CHPW's provider portal. If you have not signed up for HealthMAPS, please continue reading for more information. You may also want to read the "Introducing HealthMAPS" topic on our Provider Bulletin Board (<https://www.chpw.org/for-providers/bulletin-board/> or <https://medicare.chpw.org/provider-center/bulletin-board/>).

Create a HealthMAPS Account

You can go online to <https://mychpw.chpw.org/en/provider> and register to create a HealthMAPS account. You will need to know your Billing Tax ID number(s) in order to do so. Once you have an account, you can view CHPW members' eligibility, benefits coverage, claim information, and more.

You can also access the HealthMAPS portal with your existing OneHealthPort credentials. Please visit CHPW's page at OneHealthPort here: <https://www.onehealthport.com/payer/community-health-plan-washington>.

Training guides are available from the Provider Orientation, Training, and Education page on our website, <https://www.chpw.org/for-providers/training/>, under Training

Workbooks and then under HealthMAPS Portal. You will find a portal user guide, workbooks for entering claims, and an FAQ.

New Feature

We're excited to announce you can report a member's other health insurance in HealthMAPS!

Questions?

If you have general provider relations and contracting questions, please email provider.relations@chpw.org.

If you have questions or problems registering for HealthMAPS or if you have general questions about other topics, please email Customer Service at customercare@chpw.org.

Provider and Staff Training Programs

CHPW is committed to providing training and education to our Providers and their Staff. We are dedicated to developing 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 Orientation, Training and Education.

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.

We welcome your feedback and future topic ideas.

Email us at: Provider.Relations@chpw.org

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