SPRING 2024 CHPW.org | ABOUT | PROVIDER PORTAL **COMMUNITY HEALTH PLAN** of Washington The power of community **Provider Newsletter Contents** Updates and resources from Community Health Plan of Washington 1. Provider and staff training to providers and staff. programs 2. Home Health - Electronic Visit To get the latest updates, visit our Verification (EVV) Bulletin Board: 3. Behavioral Health Provider Online Training Courses through **Provider Bulletin Board Relias Academy** 4. 2024 CMS Physician Fee Schedule 5. Appointment & After-Hours **Access Standards** 6. Appeal Guide for Providers 7. New POS Code for Street Medicine from CMS 8. Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Qualified Health Plan (QHP) Enrollee Surveys 9. Outpatient, Residential, and Inpatient SUD Treatment Facilities: Required policies and procedures to ensure access to FDA-approved medications for SUD 10. Reporting Changes in Provider Information 11. Receive your payments faster, electronically! Spring is finally upon us! We can finally ditch our winter coats and say goodbye to winter for another year. We welcome the extra hours of sunlight. Spring is a major mood booster too. In fact, the longer the sun stays up, the less people feel distressed. So, be sure to get enough sunlight this springtime. Wishing our valued providers and staff a Happy Spring! 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 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. Visit CHPW's Clinical Practice Training and Resources. The following lists CHPW's mandatory and optional provider and/or staff training programs. CHPW's provider orientation training is updated annually, so this is a suitable time to revisit this program to ensure you have the latest and most updated information. CHPW has added three new optional training programs that we hope providers and/or staff will benefit from – please see them below, marked as "New"! **Mandatory Training Programs: UPDATED!** Provider Orientation: Newly contracted providers must complete orientation within 90 days of their contract 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) 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: UPDATED!** 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. *NEW* 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 provider's 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. *NEW* CHPW Appointment and After-Hours Access Standards Access 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. *NEW* CHPW HHCS-EVV Training Electronic Visit Verification (EVV) is a federal requirement from the 21st Century Cures Act, passed by Congress in 2016. EVV is required for all Medicaid-funded in-home personal care services, respite care services, and home health care services as a verification that care services were provided. Find the resources you need to complete Mandatory and Optional Training programs here: chpw.org/provider-center/provider-training-and-programs resources/hca-and-cms-training/ If you prefer for Provider Relations to host a training session, or if you have any questions regarding our training programs, please contact the CHPW Provider Relations Department at Provider.Relations@CHPW.org. Home Health - Electronic Visit Verification (EVV) Electronic Visit Verification (EVV) is a federal requirement from the 21st Century Cures Act, passed by Congress in 2016. EVV is required for all Medicaid funded in-home personal care services, respite care services, and home health care services as a verification that care services were provided. EVV is a method used to verify home health care visits to ensure patients are not neglected and to cut down on fraudulently documented home visits. Section 12006(a) of the 21st Century Cures Act mandates that states implement EVV for all Medicaid in-home visits for: • Personal Care Services (PCS) *This applies to PCS provided under* sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k) • Home Health Services (HHCS) *This applies to HHCS provided under* 1905(a)(7) of the Social Security Act or a waiver. **Important to Note:** Servicing providers must have an NPI and your NPI must be registered with the HCA or claims will be denied and/or an already paid claim will be recouped. The requirement to have a registered NPI with the HCA and the CHPW NPI claims denial process is in effect now. As directed by the HCA, CHPW will not deny EVV HHCS claims that do not have all the required EVV data elements with service dates starting January 1, 2024, as stipulated under 9.15.15 of the 1/1/24 amendment to the MCO contract. Please note the following: • Initially, there will be a period of technical assistance for providers to become compliant with EVV requirements. • HCA will give notice to MCOs for when to begin denying claims without the required EVV HHCS data. • Once CHPW receives notice from the HCA to deny claims without the required EVV HHCS data. Home health care services providers will be required to have an EVV solution in place or risk having their claims denied or encounters rejected under the mandate included in the 21st Century Cures Act. For more information, please access CHPW's HHCS-EVV Training Program: **CHPW Provider Center Training & Resources** For questions, please contact CHPW's Provider Relations Department: Jae Switzer - Supervisor, Provider Relations Email: jae.switzer@chpw.org **Behavioral Health Provider Online Training Courses through Relias Academy** CHPW is excited to announce an extended opportunity to access continuing education courses through Relias Academy! The first series will focus on integrating medical needs in behavioral health settings. The training courses and total CEUs for each course are as follows: CEU Integrating Medical Needs in Behavioral Health Settings: Addressing Tobacco Use in the Behavioral Health Population Integration of Primary and Behavioral 1.25 Healthcare Managing Major Neurocognitive 1.5 Disorder in Older Adults Perinatal Mood and Anxiety Disorders 1 Substance Use: Risk of HIV, Hepatitis, 1.25 and Other Infectious Diseases About Diabetes: Overview for Behavioral Health Professionals Addressing Overweight & Obesity in 1.25 Individuals with Mental Health Disorders 2 Recognizing and Treating Feeding and **Eating Disorders Total Classes:** 8 Total CEUs: 10.25 If you are interested in taking one or more of the training courses listed above, please self-register using the link below. Providers will be granted access to these training courses until March 31, 2024. Link to Self-Register: https://chpw-bha.training.reliaslearning.com For questions: Email trainings@chpw.org 2024 CMS Physician Fee Schedule Rule CMS issued the 2024 Physician Fee Schedule Rule, which means that Licensed Marriage Family Therapists and Licensed Mental Health Counselors can now begin the process of enrolling in Medicare so that they can begin billing for services provided on or after January 1, 2024. CHPW is continuously growing our Behavioral Health network and is now working to include these two specialties in our network. If your organization includes these specialties, please make sure that you send information to provider.credentialing@CHPW.org so that we can credential these additional providers. If you are participating as a Behavioral Health Agency (BHA) or Delegated Credentialing with CHPW, you only need to send an updated roster to Provider. Changes@CHPW.org. If you would like to add Medicare as a line of business because of this change, please do not hesitate to contact our Contracting team at Provider.Contracting@CHPW.org. **Appointment & After-Hours Access Standards** Access to care means a patient can access a qualified health provider within a reasonable period of time. The following appointment and afterhours access standards have been developed to ensure that all health care services are provided to CHPW members in a timely manner. **Appointment Access Standards** Type of Appointment **Scheduling Time Frame All Providers Emergency Care** Within seven (7) calendar days of member's discharge from an inpatient or behavioral health facility or substance use disorder treatment program. Transitional visit (clinical assessment or Within thirty (30) calendar days of the request unless the Enrollee requests a care planning) postponement of the second opinion to a date later than thirty (30) calendar days. Second Opinion Within thirty (30) calendar days of the request unless the Enrollee requests a postponement of the second opinion to a date later than thirty (30) calendar PCP, OB/GYN, Midwife Preventive office visit - non-Within thirty (30) calendar days symptomatic Within ten (10) calendar days Non-urgent routine office visit symptomatic Urgent office visit - symptomatic Within twenty-four (24) hours **Behavioral Health Providers** Care for a non-life-threatening Within six (6) hours emergency Urgent office visit - symptomatic Within twenty-four (24) hours Within ten (10) calendar days Non-urgent routine office visit symptomatic Within thirty (30) calendar days Follow-up, routine care **Specialty Care Providers** Non-urgent routine office visit -Within ten (10) calendar days of symptomatic request Urgent office visit - symptomatic Within twenty-four (24) hours After-hours requirements: 1. Must have an answering machine or on-call service – call pick up within 10 seconds. 2. 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 - o "This is how to contact our on-call provider, dial" o "I will connect you to our on-call provider now" o "I will have our on-call provider contact you within 30-minutes" o "Please contact the nurse line at....." Behavioral Health Providers – after-hours messaging should also include a crisis center phone number. For more information, please access CHPW's Appointment & After-Hours Training Program: CHPW Provider Center_Training & Resources For questions, please contact CHPW's Provider Relations Department: Jae Switzer - Supervisor, Provider Relations Email: jae.switzer@chpw.org **Appeal Guide for Providers** Participating provider first-level appeals must be in writing and submitted within twenty-four (24) months from the date of the notice of denial or initial payment of a clean claim. Second-level appeal requests will be reviewed if new/added information is provided to CHPW within sixty (60) days of the first-level decision. An appeal must include at minimum: • CHPW's Appeal Request Cover Sheet or Letter Member name and member ID number • CHPW Claim number(s) (if applicable) Date of service A contact from the provider appealing office – phone/fax Note that if a vendor is being used to file your appeals, CHPW will often experience a lack of response to requests for additional information and/or questions we may have regarding your appeals. CHPW suggests that you collaborate with your vendors to ensure they offer a valid fax number where CHPW can send inquiries and expect a timely response. All supporting documentation pertinent to the reason for denial -Provider/vendor should note or tag which pages are pertinent to the appeal (especially important when filing with a large number of pages). • Reason for requesting the appeal (please be clear and concise). For extenuating circumstances, please provide supporting documentation, i.e.: • Patient was unconscious and could not provide health plan information: Your appeal must include medical records indicating that the member was unconscious for 24 hours or next business day (timeframe in which the inpatient notification is due, etc.) Checked eligibility through P1 or HealthMAPS and you received incorrect information: Your appeal must include a copy of the response received from the database you used to verify eligibility – showing the incorrect coverage (health plan) provided. To access CHPW's appeal cover sheet, go to: <u>CHPW Appeal Request Cover</u> **Sheet** Appeal Rejections: Effective 1/1/24, incomplete appeals may be rejected and will require the provider to resubmit the appeal with the applicable information bulleted above (at minimum). Please note the following: Rejected appeals will not be counted as an appeal. When provider appeals are rejected, providers will need to meet established timelines to submit an appeal – 1st level 24-months, 2nd level 60-days. • Providers will be notified if your appeal is rejected via the fax number on file. Providers may submit appeals using the following options: Preferred methods (fax/email): Fax: (206) 613-8984 Email: appealsgrievances@chpw.org Regular Mail: Community Health Plan of Washington **Attention**: Appeals Department 1111 Third Avenue, Suite 400 Seattle, WA 98101 When not to submit an appeal Please do not file an appeal for the following (doing so creates further delays in processing actual appeals): DRG Disputes Fee Schedule Disputes • Claims Disputes (a processed claim with no denied line items) • Refund Requests COB Post Payment Review (PPR) Member financial responsibility When a provider sends the items listed above as an appeal, it may be rejected or rerouted. Please send the items above to the CHPW Claims Investigative Unit via: Fax: 206 652-7009 or Email: cs.claimsdistribution@chpw.org Non-participating provider appeals Non-participating provider appeals must be in writing and submitted within ninety (90) days from the date of the notice of the denial; or initial payment of clean claim for WAHIMC members; or within sixty (60) days for Medicare members. New POS Code for Street Medicine from CMS Effective October 1, 2023 CMS approved a new street medicine place of service code. This will allow street medicine teams providing services to unhoused community members to bill for services. The significance of this is the following: 1. Street medicine is now recognized as existing and part of the health care system nationwide. 2. Street medicine is reimbursable nationwide. This was previously only in CA and HI. 3. Street medicine is distinguished from other places of services like Mobile (POS 15) 4. Street medicine visits can be uniquely identified for purposes of MCP contracts with different rates and scopes of work AND to allow for Direct Access (out-of-network referrals can be more easily approved) 5. The ability to uniquely identify street medicine visits and patients will create the ability to collect data to gain a better understanding of the needs of people experiencing unsheltered homelessness. This in turn will inform the creation of a more equitable care model. The description for the new code **POS 27** is as follows, "A non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals." We are thankful for national advocates that made this possible and hope to continue to support the work of providers doing street outreach in Washington state. Additional links: Place of Service Code Set | CMS If you have any questions, please contact Provider.Relations@chpw.org **Consumer Assessment of Healthcare** Providers and Systems (CAHPS) and Qualified Health Plan (QHP) Enrollee Surveys It is that time of year again to create awareness that some of our mutual patients/members will be contacted to complete the **Consumer** Assessment of Healthcare Providers and Systems (CAHPS) Survey conducted by the NCQA-accredited group Press Ganey. Our Individual & Family Plans (Exchange) members will also be contacted to complete the Qualified Health Plan (QHP) Enrollee Survey. Mail, phone, and web outreach will begin in late February and continue through May. A sampling of members contacted are those who were enrolled with CHPW in December 2023 (when our member file is pulled) and have 6 months enrollment with the Plan. The CAHPS Health Plan and QHP Enrollee Surveys are designed to measure patients' experience of care, encompassing the range of interactions that patients have with the health care system. This includes interactions with health plans as well as with doctors, nurses, and staff in hospitals, physician practices, and other health care facilities. The surveys are used to evaluate and compare health care providers and to improve the quality of health care services by comparing scores across the country. People are most likely to remember their recent experiences with their health plan, pharmacy, doctor, and clinic when filling out these surveys. The surveys present an excellent opportunity for Community Health Network of Washington (and each CHC), and Community Health Plan of Washington to collectively shine via positive survey results. Again, the survey process runs February through May 2024 through mail, phone, and web-based surveys. 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! Outpatient, Residential, and Inpatient SUD Treatment Facilities: Required policies and procedures to ensure access to FDA-approved medications for SUD In the coming months, CHPW will be reaching out to residential/inpatient and outpatient substance use disorder treatment facilities regarding these facilities' policies and procedures related to FDA-approved medications for substance use disorders (SUDs). The Washington State Medicaid contract stipulates that Medicaid Managed Care Organizations may only contract with substance use treatment agencies that have specific policies and procedures in place related to FDAapproved medications for any substance use disorder. Residential/Inpatient facilities must have policies and procedures in place to: allow individuals to seek FDA-approved medication for any SUD at any point in their course of treatment and ensure the agency will provide or facilitate the induction of any prescribed FDA-approved medications for any SUD; facilitate the continuation of any prescribed FDA-approved medication for any SUD; and ensure individuals who are prescribed any of the FDA-approved medications to treat SUDs will not be denied services. Facilities may not have any polices and procedures that mandate titration of any prescribed FDA-approved medication to treat any SUD as a condition of receiving or continuing behavioral health treatment. See <u>WAC</u> 246-341-1108 and pages 55-56 of the Department of Health's Policy and <u>Procedure Review Tool for Behavioral Health Agencies</u>. **Outpatient facilities** must have policies and procedures in place to ensure that individuals who are prescribed any FDA-approved medication to treat SUDs will not be denied services. Facilities may not have any policies and procedures in place that mandate titration of any prescribed FDAapproved medication to treat any SUD as a condition of receiving or continuing treatment. **Technical Assistance Available:** Treatment facilities that are encountering barriers to providing or facilitating access to FDA-approved medications for substance use treatment can receive technical assistance from CHPW's Behavioral Health clinical team. For technical assistance, please email 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 implemented telehealth in response to COVID-19. As providers are increasingly using telehealth, it is 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 <u>Provider Forms and Tools page</u> of our website). Simply complete and submit the online form or email your completed form to

For Delegated Credentialing provider groups, please refer to and follow your delegated credentialing agreement. Delegated Credentialing provider

Receive your payments faster, electronically!

Signing up to receive automated clearing house (ACH) transactions, often referred to as electronic funds transfer (EFT), will ensure your payments are deposited to your bank account, and will eliminate the risk of your

CHPW's claims processing starts on Friday night and if you are enrolled to receive electronic funds transfers (EFT), your payments will be sent to your

To sign up for ACH/EFT payments, please email EDI.Support@chpw.org and

After we receive your enrollment form, CHPW will send a test file to your bank during our regular scheduled check run – this is called a "pre-note." If the file transfer is successful, you will start receiving ACH/EFT payments the

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request a form to complete and return to CHPW for processing.

For new providers requiring credentialing, please submit a full credentialing application to Provider.Credentialing@chpw.org.

groups should submit provider updates via email to

Provider.Changes@chpw.org.

<u>DelegatedCredentialing@chpw.org</u>.

payments (checks) being lost in the mail.

bank account as early as Monday evening.