



COMMUNITY HEALTH PLAN
of Washington™

The power of community

Provider Orientation - YR2024

A comprehensive Provider and Staff Orientation for new and established provider groups/facilities.

To receive credit for completing this orientation, please complete the Attestation form by clicking the link on the final slide in this program.

Jan 2024





Provider Orientation



- Welcome
- Land Acknowledgement
- About CHPW
- Apple Health (Medicaid)
- Medicare Advantage & D-DNP
- Cascade Select
- Claims & Billing
- Provider/Member Appeals
- Provider Responsibilities
- Utilization Management
- Case Management
- Provider Training & Tools
- Pharmacy
- Provider Resources
- Attestation (*required*)

Agenda

Welcome

CHPW's Provider Orientation and Training Program will provide you with key information regarding Community Health Plan of Washington (CHPW).

You will be introduced to several resources and key contacts to help serve your needs as a valued provider.

We are here to help....

Please feel free to contact CHPW's Customer Service for assistance at:

- Apples Health (Medicaid) **1-800-440-1561**
- Medicare Advantage **1-800-942-0247**
- Cascade Select **1-866-907-1906**



Land Acknowledgment

As we gather virtually from various locations across the state of Washington, we humbly acknowledge that we are all meeting on the traditional territories of hundreds of Indigenous tribes.

To learn more about the tribal lands we occupy, you can visit:

- native-land.ca/
- Text 855-917-5263 (enter Zip Code).



CHPW's Founding & Governance Structure

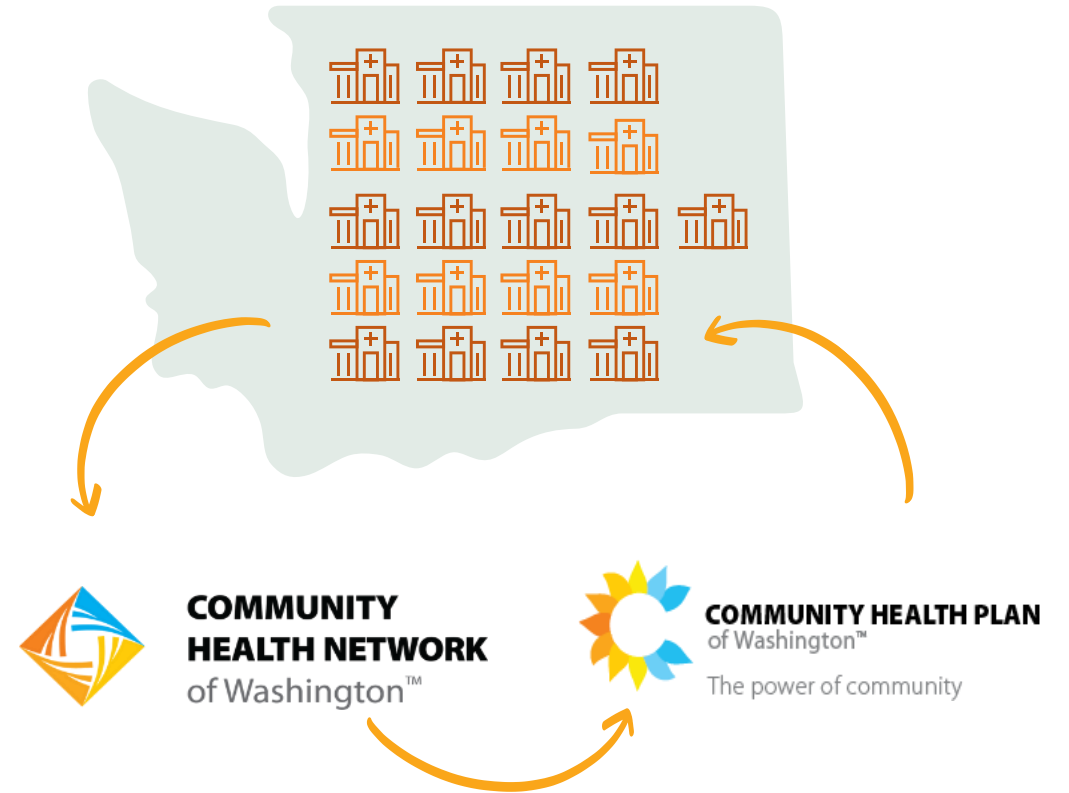
Unique Connection to Community

Founded and governed by Community Health Centers (CHC) with roots in the social justice movement

The whole health of our members is our primary concern and focus

Local, Not-for-Profit that re-invests profits back into WA communities

Our local staff and Board are part of the fabric of the communities we serve

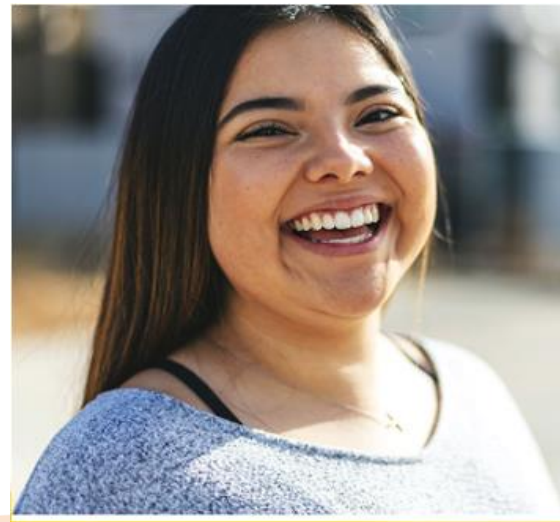


Community Health Plan of Washington

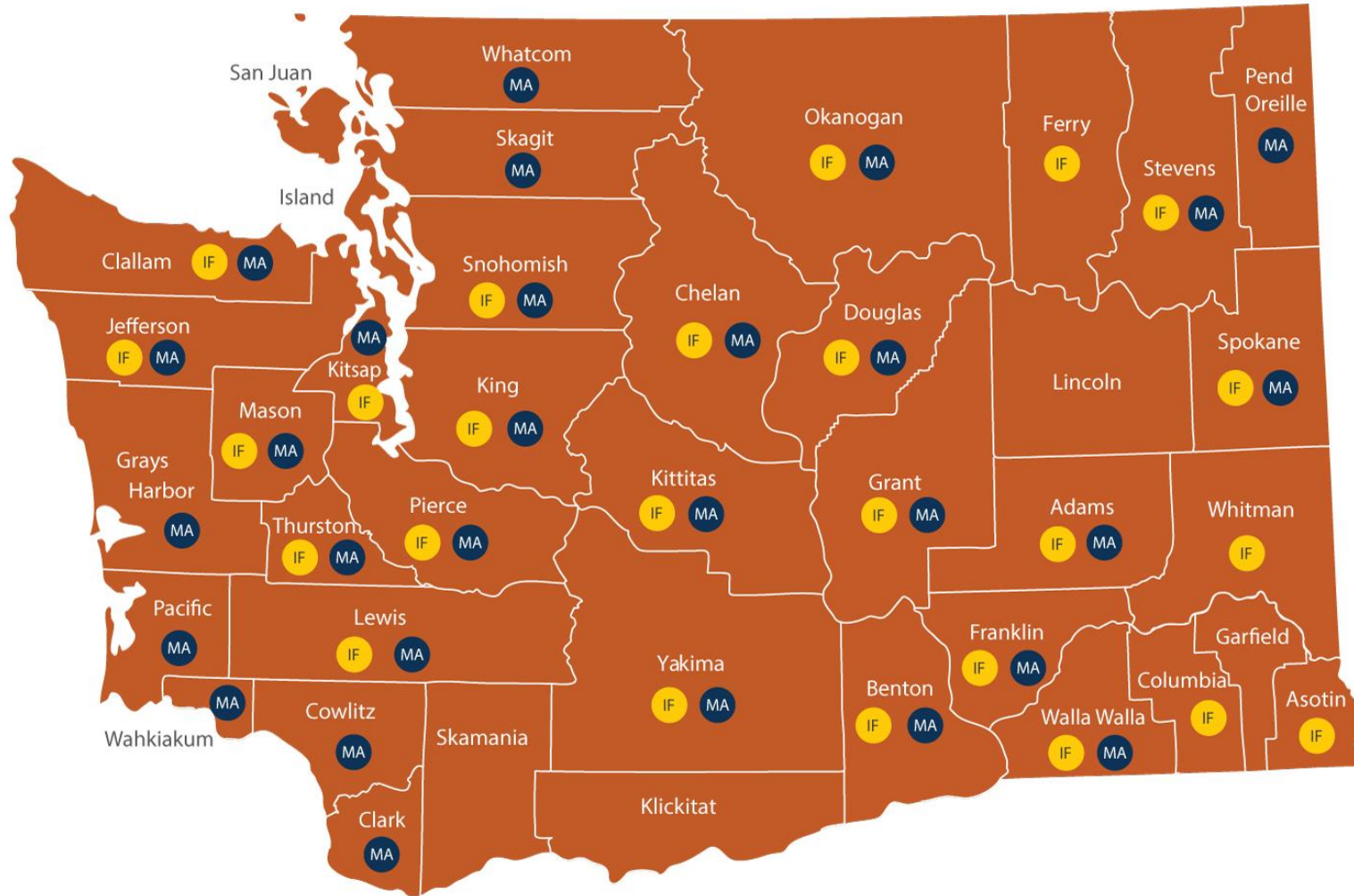
Our coverage provides continuum of care for your patients

CHPW is dedicated to serving patients across **three** health plans to provide consistent, quality service to your patients as they move from Apple Health to Individual & Family plans to Medicare Advantage.

- **Apple Health** (Medicaid) – *serving all Counties in WA State*
- **Medicare Advantage** and **Dual Special Needs Plans (D-SNP)**
- **Cascade Select** - *largest service area for public option*



CHPW Service Area



Apple Health
271,000 Members*
All Counties



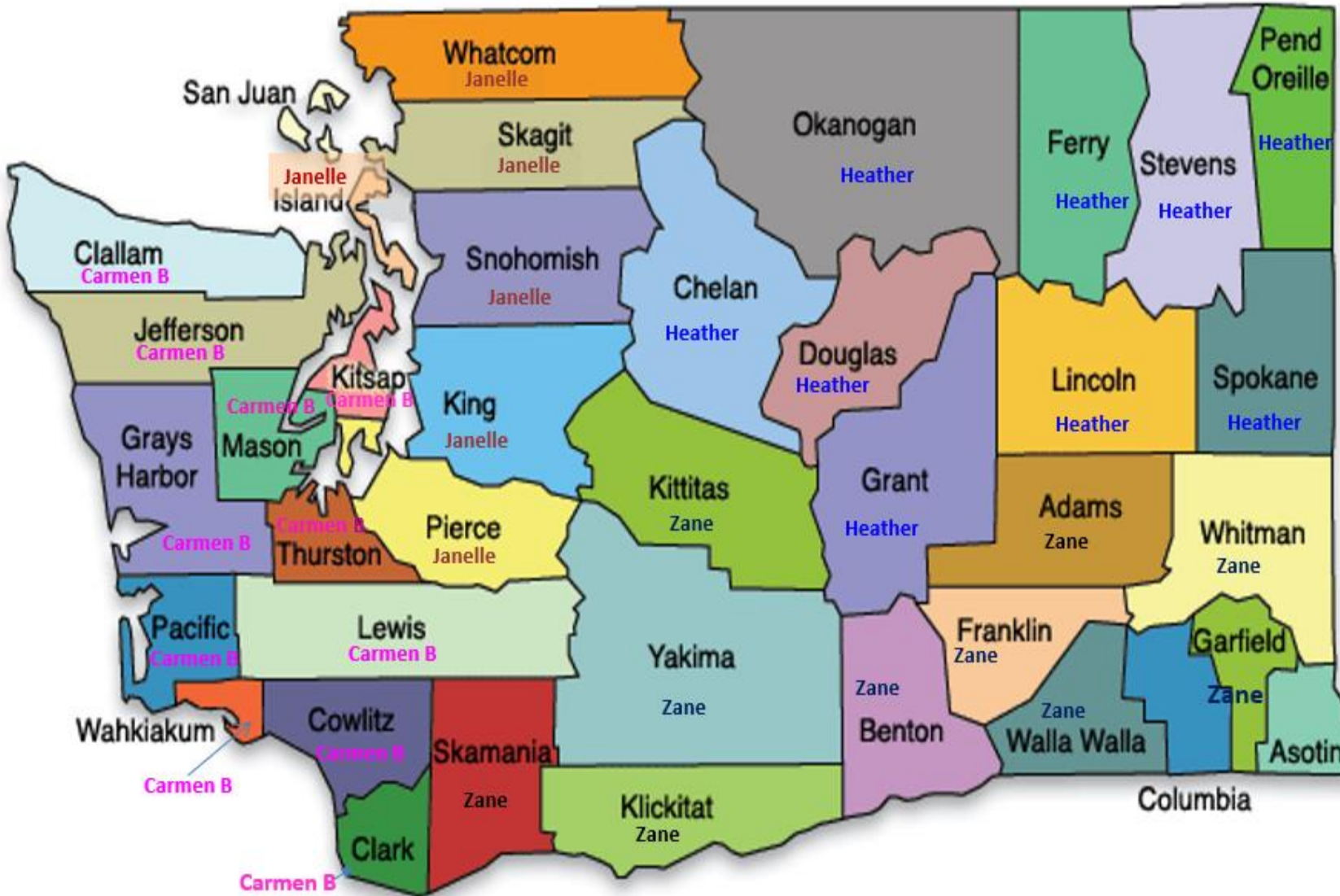
Medicare Advantage
16,000 Members*
Including D-SNP
(Medicare/Medicaid Members)
29 Counties



Individual & Family
Cascade Select
9,000 Members*
25 Counties

*Snapshot data as of 10/2023

Provider Relations Team



Zane Switzer – zane.switzer@chpw.org

Greater Columbia &
Adams, Skamania, Klickitat Counties

Heather Gregory – heather.gregory@chpw.org

Spokane, North Central
Provider Networks: MultiCare, Providence/Swedish

Janelle Taasan – janelle.taasan@chpw.org

N. Sound, Pierce, King
Provider Networks: UW, PeaceHealth

Carmen Ballmann – carmen.ballmann@chpw.org

Great Rivers, Salish, Thurston, Mason, Southwest
Provider Networks: Virginia Mason/Franciscan, Proliance

Contact for Escalated Issues and DME:

Jae Switzer – Supervisor, Provider Relations
Jae.Switzer@chpw.org or 206 408-4750

Apple Health Medicaid

- About Apple Health- Medicaid
- Plan Benefits
- Early Periodic Screening Diagnosis & Treatment (EPSDT)
- Children's First Well-Child Rewards
- Contact Guide – Apple Health (Medicaid)

About Apple Health (Medicaid)




Washington Apple Health is the Medicaid program in Washington State.

In the State of Washington, Medicaid is called Apple Health. Medicaid is a federal and state government health coverage program available to individuals who meet the income and resource limits. Apple Health provides coverage to individual adults, families and children, pregnant individuals, and individuals with disabilities. Apple Health eligibility depends on income and life situation.

Applications can be completed and submitted at: www.wahealthplanfinder.org.


CHPW Apple Health (Medicaid) Member ID:




COMMUNITY HEALTH PLAN
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Name John Sample
Member ID 12345678

Group IMC Apple Health – Family
Region King County

Clinic (PCP) Clinic XYZ
Clinic Phone 555-555-5555
Copay OV \$0 / ER \$0 RX \$0
RXBin 003858 **PCN** A4 **RXGroup** CHWA  **EXPRESS SCRIPTS**™
State ID 2000000000WA



CUSTOMER SERVICE 1-800-440-1561 TTY Relay: 711.
Member | chpw.org

LIFE-THREATENING EMERGENCY Call 911 or go to the nearest emergency care facility. Contact your PCP or call CHPW customer service at 1-800-440-1561 within 24 hours.
NURSE ADVICE LINE (NAL) 1-866-418-2920 or TTY Relay: 711.
URGENT CARE Call your clinic (PCP). After hours, call the **NAL**.
CRISIS LINE 1-866-427-4747
PHARMACY COVERAGE DETERMINATIONS 1-800-753-2851
VISION SERVICE PLAN (VSP): 1-800-877-7195 (adults 21+)

Provider | mychpw.chpw.org/en/provider

HOSPITAL ADMISSIONS Hospitals must notify customer service within one business day of hospital admissions.
SUBMIT CLAIMS Community Health Plan of Washington Claims, PO Box 269002 Plano, TX 75026-9002.
SUBMIT RX CLAIMS Express Scripts ATTN: Commercial Claims, P.O. Box 14711, Lexington, KY 40512-4711.

Note: Member ID images are examples; the actual ID cards can list specific regions, or specific plan names.



COMMUNITY HEALTH NETWORK
of Washington™



COMMUNITY HEALTH PLAN
of Washington™

About Apple Health (Medicaid)

CHPW provides comprehensive medical coverage, so members can get and stay healthy.

Services covered by Apple Health:

- Primary care like regular checkups
- Vaccinations/immunizations
- Allergy medication
- Labs and X-rays
- Medical supplies
- Women's health
- Support for chronic conditions
- Transgender health services
- Cancer treatment
- Health management services



This is only a **partial list** of covered services/benefits. To learn more about Apple Health benefits, **download our Member Handbook and CHPW Plan Benefits:**

[CHPW Member Covered Services Handbook](#)

[CHPW Apple Health Plan Benefits](#)

Note: The benefit lists included above is for general information only and does not guarantee Apple Health will cover the service. It is important to verify member eligibility, benefits and services.

For more information on benefits, you can contact CHPW's customer service department 800 440-1561.



COMMUNITY
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About Apple Health (Medicaid)

The Health Care Authority (HCA) pays for some benefits and services directly, even if your patient is enrolled with CHPW.

These benefits include:

- Dental services by a dental professional
- Eyeglasses for children (age 20 and younger)
- Long-term care services and supports,
- First Steps Maternity Support Services (MSS), First Steps Infant Case Management (ICM), childbirth education, prenatal genetic counseling, and pregnancy terminations
- Services for individuals with developmental disabilities.



Note: The benefit lists included above is for general information only and does not guarantee the HCA will cover the service. It is important to verify member eligibility, benefits and services.

For member benefit questions, please contact Customer Service at 800 440-1561.



COMMUNITY
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COMMUNITY
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Vision Benefit

CHPW offers no-cost frames and basic lenses to adult members (21+)



This benefit includes:

- Free glasses (frames* and basic lenses) through **VSP**
- **Low-cost upgrades and extras** like progressive lenses, tinted lenses, and UV coating
- Access to VSP's large, **trusted network of providers**
- **Routine eye exams** every 24 months through a VSP network provider

For more information about vision benefits for CHPW members, including eye care for kids, visit our [Vision page](#).

**Genesis brand frames only*

<https://www.vspdirect.com/find-a-doctor>

Alternative Treatments

Number of visits per year -

Benefit	Members under age 21	Members age 21+
Acupuncture	Up to 20 visits per year	Up to 20 visits per year
Chiropractic	Covered directly by Apple Health	Up to 20 visits per year
Massage*	Up to 20 visits per year	Up to 20 visits per year

Note that this is a **combined** 20 visit benefit. For example, a 24-year-old member could use this benefit for 10 massage visits, 5 chiropractic visits, and 5 acupuncture visits.

**Massage visits are based on session length of 30 minutes. A one-hour massage would count as two visits. Optional tipping is not included in coverage.*

For more information contact [Customer Service](#) – 800 440-1561



Circumcision Benefit



Coverage Criteria

- CHPW covers up to \$200 toward non-medically necessary circumcision for each child. (Medically necessary circumcisions are covered by the state.)
- Non-medically necessary circumcision is optional, not required.
- Benefit applies to children under 18.
- Each child assigned male at birth in the family is eligible.
- Open network: The doctor performing the procedure doesn't have to be contracted with CHPW; they just need to be willing to bill CHPW.
- Any charges above \$200 are member's responsibility.

Early Periodic Screening Diagnosis & Treatment (EPSDT)

EPSDT requires a periodic well-child checkup with the members primary care provider (PCP). HCA's expectations for the recommended frequency of checkups align with the American Academy for Pediatrics (AAP) Bright Futures Periodicity Schedule, including:

Infancy

1 st week	1 month	2 months	4 months	6 months	9 months
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Early Childhood

12 months	15 months	18 months	24 months	30 months	3 years	4 years
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Middle Childhood and Adolescence

One checkup every calendar year for ages 5 through 20 years

Documentation for a well-child checkup

Providers must document in the patient's medical record that each required element of the well-child checkup was done at the visit and what the findings were.

Each well-child checkup consists of specific elements, though how the element is completed depends on the age of the child:

For more information go to:

[EPSDT HCA Program Billing Guide Links](#)

Member Rewards Program



Prenatal Rewards



See the doctor during your first 3 months of pregnancy



Get a **\$60 gift card**



Make a second prenatal visit and earn a **\$40 gift card**

Up to **\$100** for prenatal visits



Postpartum Rewards



Visit the doctor 1 to 12 weeks after giving birth



Get a **\$50 gift card**



Enjoy rewards for taking care of your health

\$50 gift card after giving birth



Well-Child Rewards



Take your child for a well-child visit



Get a **\$20 gift card**



27 possible visits = 27 gift cards

Grand total = \$540

\$20 reward for each well-child checkup



CHPW Contact Guide – Apple Health (Medicaid)

Washington Apple Health (Medicaid) Customer Services

Plans Serviced



In the State of Washington, Medicaid is called Apple Health.

Medicaid is a federal and state government health coverage program available to individuals who meet the income and resource limits.

Apple Health provides coverage to individual adults, families and children, pregnant individuals, and individuals with disabilities.

Receive answers on the following

- Appeals & Grievances
- Claims Status
- Eligibility Verification
- General Information
- Hospital Notifications
- Member Benefits
- PCP Changes
- Prior Authorization Status

Contact Numbers

- (800) 440-1561 Customer Service
- TTY/TDD Dial relay 711
- (206) 652-7050 Customer Service Fax
- customercare@chpw.org

Program Contact and Fax Numbers

- (866) 418-7006 (TTY/TDD Dial relay 711) Community Programs Services
- communitylinkagesrequests@chpw.org
- (206) 652-7089 Community Programs Services Fax
- (866) 418-7004 (TTY/TDD Dial relay 711) Case Management Services
- caremgmtreferrals@chpw.org
- (206) 652-7092 Case Management Services Fax

Apple Health Medical Management:

- (206) 652-7065 Prior Authorization & Referrals; Mom & Baby Admits
- (206) 652-7067 Prior Authorization for Behavioral Health Services- IMC/BHSO Only
- (206) 652-7078 Inpatient Notification, Admission & Discharge

Knowledge Check

True or False

CHPW's Alternative Treatments

- Include Massage, Chiropractor and Acupuncture.
- A combined total of 20 visits.
- Massage visits are based on a session length of 30 minutes.
- A one-hour massage counts as two visits.

Answer: **True**

Plan Enrollment & PCP Assignment

- Plan & PCP Selection/ Plan & Clinic Changes
- Auto Assignment Process
- Newborn – Effective Date of Enrollment
- Newborn – PCP Assignment
- Member Eligibility Verification
- Retro Enrollment – AH (Medicaid)

Apple Health Member Plan and PCP Clinic Selection

Enrollees can select their Plan and Clinic/PCP during the initial enrollment application on WA Healthplanfinder. Visit wahealthplanfinder.org or call their Support Center at [1-855-923-4633](tel:1-855-923-4633).

If the enrollee wishes to apply any changes to their Plan (MCO) selection after they made the selection on the WA Healthplanfinder, member can do so through the Healthplanfinder or Provider One portals.

Note: If a patient expresses the desire to switch to CHPW, you can assist your patient by calling:

- Phone: **866 907-1904 – Monday – Friday from 8:00am to 5:00p**

For more enrollment information, to CHPW's website page: [How to enroll with CHPW](#)



Auto-Assignment Process

If the member did not choose an MCO during the enrollment process via WA Healthplanfinder, the state auto-assigns them to an MCO (one of the 5 listed below). The MCO then will auto-assign the enrollee to a PCP closest to their home.



- Should the enrollee wish to change the MCO that they were auto-assigned, they can go through WA Healthplanfinder or Provider One and choose another MCO.
- If the enrollee was auto-assigned to CHPW and wishes to change the PCP/Clinic, they can access a PCP/Clinic change form on CHPW 's website here: [CHPW Online](#) or call CHPW Customer Service at 1-800-440-1561.

Newborn - Effective Date of Enrollment

Newborns whose mothers are enrollees with Community Health Plan of Washington on the date of birth are deemed enrollees and under the same plan as the mother as follows:

- Retrospectively for the month(s) in which the first twenty-one (21) days of life occur and prospectively, beginning the first of the month after the newborn is reported to the Health Care Authority.
- If the newborn does not receive a separate client identifier from the Health Care Authority the newborn enrollment will be only available through the end of the month in which the first twenty-one (21) days of life occur.
- If the mother's enrollment is ended before the newborn receives a separate client identifier from the Health Care Authority, the newborn's enrollment shall end the last day of the month in which the twenty first (21st) day of life occurs or when the mother's enrollment ends, whichever is sooner.



Newborn PCP Assignment

Newborn accounts manually created by CHPW's eligibility department will be assigned to mom's PCP.

Newborn accounts created via state files are put through auto-assign and can be adjusted by submitting a request -

PCP assignment requests can be submitted as follows:

- PDF Form: <https://forms.chpw.org/clinic-selection>
 - Fax this form to: 206-652-7085
- Online: [CHPW PCP Assignment Request](#)
- CHPW Customer Service: 800 440-1561

Prospective Requests: Requests received through customer service, via on-line or fax are checked daily to make sure assignments are processed and completed.

If a newborn request is received through either of these methods, the PCP is updated, and a new ID card is sent to the member. The update should also be seen the following day in HealthMAPS.



Member Eligibility Verification

To avoid claims issues or non-payment, it is vital to verify a patient's insurance eligibility before being admitted to any hospital, or treated by a clinic, or medical facility.

Why is routine verification of member/patient eligibility important?

- Prioritizing member eligibility checks promotes proactive collection measures and prevents payment delays.
- Apple Health members can change Managed Care Organization (MCO) Plans Monthly
- CHPW members can change PCP's monthly.

CHPW recommends the following steps to verify member/patient eligibility:

- To verify which MCO the member is enrolled, use ProviderOne via:
 - [OneHealthPort - ProviderOne Log In Page](#)
- To verify CHPW member PCP assignment, use HealthMAPS via:
 - [OneHealthPort - CHPW Log In Page](#)



Member Eligibility Verification



CHPW Member Assignment FAQs:

Q: If a CHPW member is assigned to a PCP clinic outside of your organization, can the member be seen without a Plan Authorized Referral?

- **No**, if the member is assigned to a PCP clinic outside of your organization, a Plan authorized referral would be required (not having a PCP-to-PCP referral will cause claim(s) to deny).

Q: If a CHPW member is assigned to a PCP clinic in your organization, are they able to see any primary care provider in your group?

- **Yes**, *Note: The rendering doctor/provider must be credentialed and issued an effective date by CHPW.*

Note:

- CHPW members are assigned to a Primary Care Provider (PCP)
- If a CHPW member wants to switch to a different PCP or Clinic this can be done using the online [Clinic Selection Form](#)

Retro Enrollment – Apple Health (Medicaid)

Earlier Enrollment allows members to be enrolled into a plan the same month they become eligible for Medicaid, as opposed to waiting until the next month to be enrolled. Earlier enrollment applies to clients who are new to Medicaid or who have had a break in eligibility and are recertified for Medicaid services.

The member will be retro effective to the first of the month they were determined eligible for Medicaid. The current month enrollment is intended to allow the member continuous enrollment in managed care from the date of enrollment. When a member changes from one health plan to the next the change will always be effective the first of the following month.

When a provider renders services to a retroactive enrollee and receives a denial for no prior authorization or inpatient notification, please take the following steps to request a “RETRO ENROLLEE” review.

Fax the following information to CHPW’s Utilization Management Department:

1. CHPW cover sheet or letter should indicate that it’s a “RETRO ENROLLEE” review request.
**You can write “RETRO ENROLLEE” on your face sheet on the top right-hand corner and circle it to ensure it is not missed in lieu of a cover sheet/letter.*
1. Face Sheet
2. Clinicals – medical records
3. **Fax # 206 652-7078**

Knowledge Check

True or False

Verification of Member/Patient Eligibility:

- Verifying eligibility is an important step to avoid claims issues.
- By not verifying eligibility:
 - claims could be submitted to the incorrect payer.
 - it can delay reimbursement.
 - it can cause more work.
 - PCP provider staff might schedule an appointment for a CHPW member that is assigned to another organization/group.

Answer: **True**

Medicare Advantage and D-SNP Plans

- About Medicare Advantage
- Service Area - 2024
- Medicare Plans - 2024
- Health & Wellbeing Benefits
- Delta Dental
- *New 2024* Dual Plans (2)
 - ❑ Dual Complete and Dual Select
- Member Benefits
- CHPW Contact Guide – Medicare Advantage

www.Medicare.chpw.org


About Medicare Advantage

CHPW Medicare Advantage (MA) plans provide access to primary care, specialty care, and prescription drug coverage, and we draw on state and local social services to help members stay healthy in between check-ups.

New in 2024 CHPW's Medicare Advantage (HMO) plans offer:

- Dental and vision coverage
- Grocery benefit
- 1-on-1 support.

CHPW Medicare Advantage Member ID:

 COMMUNITY HEALTH PLAN of Washington™ MEDICARE ADVANTAGE	MedicareRx Prescription Drug Coverage
Name John Sample	ID 1234567801
Group CHPW MA Plan 1 (HMO)	Issuer (80840)
PCP My CHC (123) 456-7890	
Copay PCP \$0 / ER \$100 / Specialist \$50	CMS H5826 016
RxBIN 003858 RxPCN MD RxGrp CHWA	
<i>This card also covers dental and vision services.</i>	
<i>Refer to back of card for member and provider information</i>	

CUSTOMER SERVICE 1-800-942-0247 (TTY: 711).
Member medicare.chpw.org
LIFE-THREATENING EMERGENCY Call 911 or go to the nearest emergency care facility. Contact your PCP or call CHPW customer service at 1-800-942-0247 within 24 hours.
NURSE ADVICE LINE (NAL) 1-866-418-2920 (TTY: 711).
VISION SERVICE PLAN (VSP) 1-855-492-9028
DELTA DENTAL OF WASHINGTON 1-833-527-8090
PHARMACY COVERAGE DETERMINATIONS 1-844-605-8168
Provider mychpw.chpw.org/en/provider
HOSPITAL ADMISSIONS Hospitals must notify customer service within one business day of hospital admissions.
SUBMIT MEDICAL CLAIMS CHPW Claims, PO Box 269002 Plano, TX 75026-9002.
SUBMIT DENTAL CLAIMS Delta Dental of Washington, PO Box 75983 Seattle, WA 98175-0983.
SUBMIT RX CLAIMS Express Scripts ATTN: Medicare Part D, P.O. Box 14718, Lexington, KY 40512-4718.

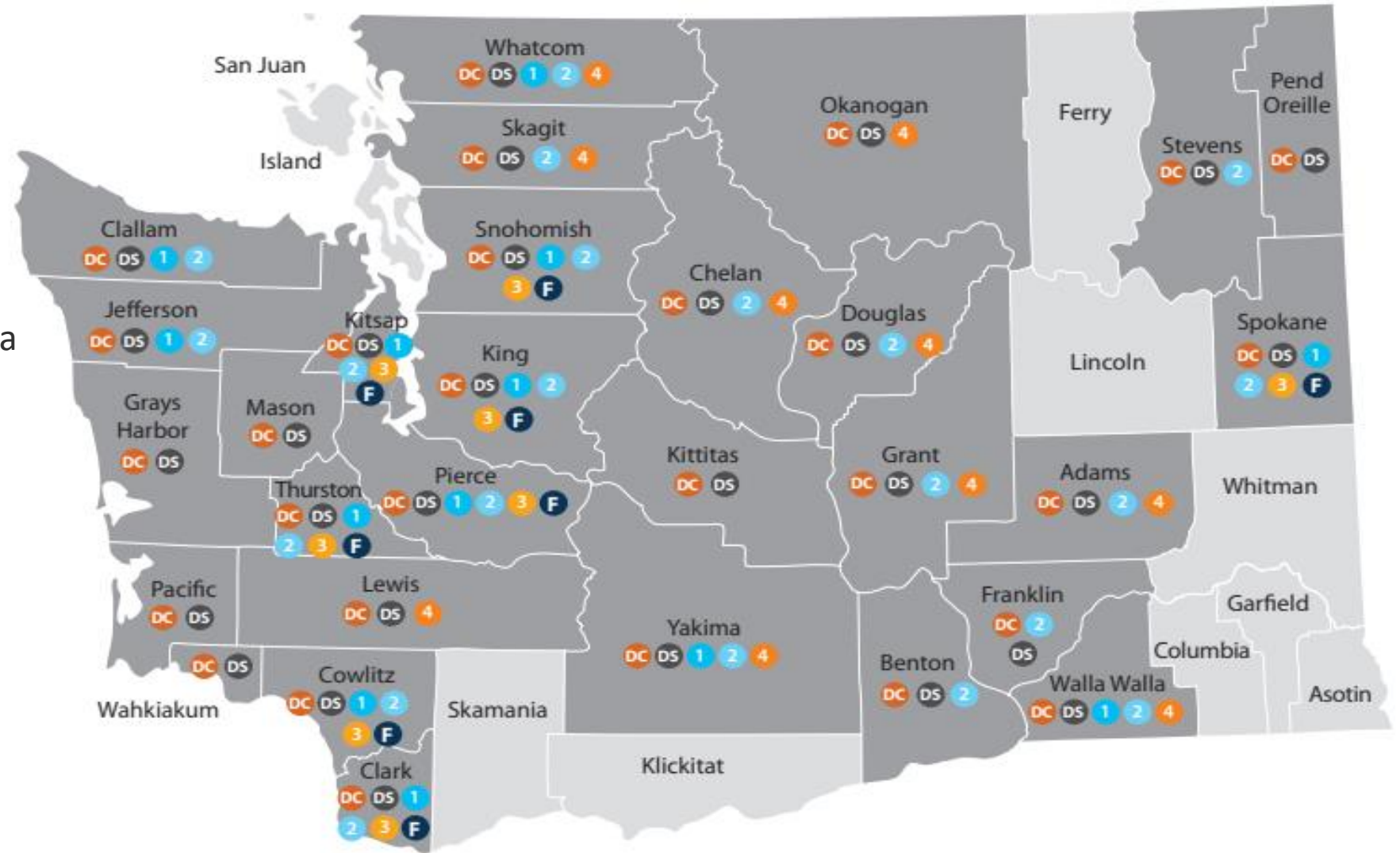


Note: Member ID images are examples; the actual ID cards can list specific regions, or specific plan names.

2024 Service Area

Expanding our MA service area to two other counties:

- **Kittitas**
- **Pend Oreille**



1 MA Plan 1 (HMO)
2 MA Plan 2 (HMO)
3 MA Plan 3 (HMO)
4 MA Plan 4 (HMO)
F MA Freedom Plan (HMO)

DC Dual Complete (HMO D-SNP)
DS Dual Select (HMO D-SNP)

Medicare Advantage & HMO D-SNP Plans

2024 MA Plans

Dual Complete (HMO D-SNP)	★
Dual Select (HMO D-SNP)	★
MA Plan 2 (HMO)	
MA Plan 1 (HMO)	
MA Plan 3 (HMO)	
MA Plan 4 (HMO)	
MA Freedom Plan (HMO)	

Most people are eligible to receive Medicare benefits if they meet one of the following requirements:

- At least 65 years old
- Under 65 years old and living with a disability
- Any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD)

Medicare beneficiaries can change their coverage. For example, someone might add or drop coverage, or switch Medicare Plans.

The 2024 Enrollment period is from:

- October 1 to December 7

Medicare Advantage

Health and Wellbeing Benefits

- Acupuncture
- Massage
- Naturopathy
- Chiropractor



Dual Complete (HMO D-SNP)	Combined benefit of up to 25 acupuncture, naturopathy, massage, or chiropractor visits per year, as well as various CHPW-recommended Wellbeing programs
Dual Select (HMO D-SNP)	
MA Plan 2 (HMO)	
MA Plan 1 (HMO)	Combined benefit of up to 12 acupuncture, naturopathy, or chiropractor visits per year.
MA Plan 3 (HMO)	
MA Plan 4 (HMO)	
MA Freedom Plan (HMO)	



Dental – Delta Dental of Washington

Effective January 1, 2024, CHPW dental benefits are administered by **Delta Dental of Washington.**

2024 MA plans

Preventive and comprehensive dental

Dual Complete (HMO D-SNP)	\$0 copay, up to \$5,000 per year for preventive and comprehensive services combined.
Dual Select (HMO D-SNP)	\$0 copay, up to \$500 per year for preventive and comprehensive services combined.
MA Plan 1 (HMO)	\$0 copay, up to two preventive visits per year.
MA Plan 2 (HMO)	\$0 copay, unlimited preventive visits, up to \$500 per year for comprehensive services.
MA Plan 3 (HMO)	
MA Plan 4 (HMO)	
MA Freedom Plan (HMO)	



Note: CHPW members must use dental providers in the Delta Dental network for services to be covered.

To find an in-network Dentist, go to:

[Delta Dental Find a Dentist](#)

Medicare Advantage Dual Complete (HMO D-SNP)

Benefit	CHPW Dual Complete	Medicaid*
INPATIENT CARE		
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation)	✓ Covered	Covered
Inpatient Mental Health Care	✓ Covered	Covered
Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)	✓ Covered	Covered
Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	✓ Covered	Covered
Hospice	✓ Covered	Covered
OUTPATIENT CARE		
Doctor Office Visits	✓ Covered	Covered
Chiropractic Services	✓ Covered	20 and under - Covered 21 and over - Not Covered
Podiatry Services	✓ Covered	Covered for medically necessary procedures
Outpatient Mental Health Care	✓ Covered	Covered

Medicare Advantage Dual **Complete** (HMO D-SNP) Plans:

Offers more support to those who qualify for both Medicare and Apple Health (Medicaid).



Medicare Advantage Dual Select (HMO D-SNP)

Benefit	CHPW Dual Select	Medicaid*
INPATIENT CARE		
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation)	✓ Covered	Covered
Inpatient Mental Health Care	✓ Covered	Covered
Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)	✓ Covered	Covered
Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	✓ Covered	Covered
Hospice	✓ Covered	Covered
OUTPATIENT CARE		
Doctor Office Visits	✓ Covered	Covered
Chiropractic Services	✓ Covered	20 and under - Covered 21 and over - Not Covered
Podiatry Services	✓ Covered	Covered for medically necessary procedures
Outpatient Mental Health Care	✓ Covered	Covered

Medicare Advantage Dual **Select** (HMO D-SNP) Plans:

Offers more support to those who qualify for both Medicare and Apple Health (Medicaid).



Medicare Advantage/D-SNP Summary of Benefits



To download a summary of benefits of CHPW's Medicare Advantage and Dual Plans, click on the following hyperlinks:

[CHPW Medicare Advantage Summary of Benefits](#)

[CHPW HMO D-SNP - Dual Complete and Dual Select Summary of Benefits](#)



CHPW D-SNP Member ID















			
Name John Sample	ID 1234567801	Group CHPW Dual Select (HMO D-SNP)	Issuer (80840)
PCP My CHC (123) 456-7890			
Copay PCP 0-20%* / ER \$0-\$100* / Specialist 0-20%*			
<small>*Copay amount depends on level of extra help from Medicaid.</small>			
RxBIN 003858 RxPCN MD RxGrp CHWA CMS H5826 017			
This card also covers dental and vision services.			
<i>Refer to back of card for member and provider information</i>			

CUSTOMER SERVICE 1-800-942-0247 (TTY: 711).
Member medicare.chpw.org
LIFE-THREATENING EMERGENCY Call 911 or go to the nearest emergency care facility. Contact your PCP or call CHPW customer service at 1-800-942-0247 within 24 hours.
NURSE ADVICE LINE (NAL) 1-866-418-2920 (TTY: 711).
VISION SERVICE PLAN (VSP) 1-855-492-9028
DELTA DENTAL OF WASHINGTON 1-833-527-8090
PHARMACY COVERAGE DETERMINATIONS 1-844-605-8168
Provider mychpw.chpw.org/en/provider
HOSPITAL ADMISSIONS Hospitals must notify customer service within one business day of hospital admissions.
SUBMIT MEDICAL CLAIMS CHPW Claims, PO Box 269002 Plano, TX 75026-9002.
SUBMIT DENTAL CLAIMS Delta Dental of Washington, PO Box 75983 Seattle, WA 98175-0983.
SUBMIT RX CLAIMS Express Scripts ATTN: Medicare Part D, P.O. Box 14718, Lexington, KY 40512-4718.

Note: Member ID images are examples; the actual ID cards can list specific regions, or specific plan names.

CHPW Contact Guide – Medicare Advantage/D-SNP

Community Health Plan of Washington (CHPW) Medicare Advantage Customer Services

Plan Served	Receive answers on the following	Contact Numbers
 <p>CHPW Medicare Advantage (MA) and D-SNP plans provide access to primary care, specialty care, and prescription drug coverage.</p>	<ul style="list-style-type: none"> • Appeals & Grievances • Claims Status • Eligibility Verification • General Information • Hospital Notifications • Member Benefits • PCP Changes • Prior Authorization Status 	<p> (866) 418-7006 (TTY/TDD Dial relay 711) Community Programs Services</p> <p> communitylinkagesrequests@chpw.org</p> <p> (206) 652-7089 Community Programs Services Fax</p> <p> (866) 418-7005 (TTY/TDD Dial relay 711) Case Management Services</p> <p> caremgmtreferrals@chpw.org</p> <p> (206) 652-7088 Case Management Services Fax</p>
<p>We draw on state and local social services to help members stay healthy in between check-ups.</p>	<p>Contact Numbers</p> <p> (800) 942-0247 Customer Service</p> <p> TTY/TDD Dial relay 711</p> <p> (206) 521-8834 Customer Service Fax</p> <p> customercare@chpw.org</p>	<p>CHPW Medical Management:</p> <p> (206) 652-7066 Hospital Notifications/Discharge; Clinical Records for Review</p> <p> (206) 652-7065 Prior Authorization & Referrals; Mom & Baby Admits</p> <p> (206) 652-7067 Behavioral Health Authorizations</p>

Knowledge Check

True or False

Medicare Advantage D-SNP

- CHPW will have two (2) D-SNP plans starting January 1, 2024.
- CHPW D-SNP plans are called Dual **Complete** and Dual **Select**.
- D-SNP plans offer more support to those who qualify for both Medicare and Apple Health (Medicaid).

Answer: **True**

Individual & Family Plan Cascade Select

- About Cascade Select
- Service Area - 2024
- Plan Levels
- Eligibility Requirements & Enrollment
- Hospital Systems
- CHPW Contact Guide – Cascade Select

About Cascade Select

CHPW's Individual & Family Plans – Cascade Select are available for anyone looking for affordable, quality health insurance.

Cascade Select is an Exclusive Provider Organization (EPO) plans, which means that **this plan covers services only when received by Network Providers**, with limited exceptions such as emergency care.

CHPW Cascade Select Member ID:

 **COMMUNITY HEALTH PLAN** of Washington | **INDIVIDUAL & FAMILY PLANS**
The power of community

Name John Sample **ID** BT1234567801
Group Cascade Select Gold **Issuer** (80840)
Clinic My CHC (123) 456-7890

Copay PCP **123** / ER **123*** / Specialist **123**
*ER copay is waived if you are admitted within 24 hours of your visit.

RxGrp P6TA **RxBIN** 003858 **RxPCN** A4

This card also includes vision services information.
Refer to back of card for member and provider information

CUSTOMER SERVICE 1-866-907-1906 (TTY: 711).

Member | individualandfamily.chpw.org

LIFE-THREATENING EMERGENCY Call 911 or go to the nearest emergency care facility. Contact your PCP or call CHPW customer service at 1-866-907-1906 within 24 hours.

NURSE ADVICE LINE (NAL) 1-866-418-2920 (TTY: 711).

PHARMACY COVERAGE DETERMINATIONS 1-800-753-2851.

VISION SERVICE PLAN (VSP) 1-800-877-7195.

Provider | individualandfamily.chpw.org/onehealthport

HOSPITAL ADMISSIONS Hospitals must notify customer service within one business day of hospital admissions.

SUBMIT HEALTH CLAIMS CHPW Claims, PO Box 269002 Plano, TX 75026-9002.

SUBMIT RX CLAIMS Express Scripts ATTN: Commercial Claims, P.O. Box 14711, Lexington, KY 40512-4711.

PHARMACY HELP DESK (Pharmacist Use Only): 1-800-922-1557.



Note: Member ID images are examples; the actual ID cards can list specific regions, or specific plan names.

Cascade Select Plan Service Area

★ CHPW Individual & Family Cascade Select will be offered in five additional counties in 2024!

Cascade Select members can take advantage of CHPW's statewide network, including:

- **21** Community Health Centers – includes **200** Primary Care Clinics
- More than **1,400** primary care providers
- Over **9,700** medical specialists
- Over **4,400** behavioral health specialists
- Over **70** hospitals
- **27** Affiliate Primary Care Centers – includes **59** Primary Care Clinics



Cascade Select: Plan Levels

All CHPW Individual & Family Plans (Cascade Select **Gold**, **Silver**, and **Bronze**) cover the same list of medical services.

The cost of deductibles, copays, and coinsurance for each service varies depending on the plan.

Visit our [2024 Plans Page](#) or contact [Customer Service](#) for details, including:

- Services and procedures covered
- Limitations or exclusions
- Out-of-pocket costs
- Summary of Benefits and Coverage (SBC)
- Evidence of Coverage (EOC)



Cascade Select Information

Important Information for Providers when a Cascade Select member contacts or presents to your office:

Cascade Select members must:

- Receive care from in-network providers

In-network Providers who do not have an agreement with Cascade Select:

- To avoid serving a Cascade Select member as an out-of-network provider, provider staff should always check member/patient eligibility. This way, you will identify what line of business the member is enrolled with CHPW.
- In the event you identify the member is enrolled with Cascade Select, you should ensure that your agreement with CHPW includes this health plan before you render services.

Note: If you do not have an agreement with CHPW that includes Cascade Select, please send a request to add Cascade Select to your agreement by emailing Provider.Contracting@chpw.org



Individual & Family Plan – Cascade Select

Eligibility Criteria:

- Must be under the age of 65 (or not otherwise eligible for Medicare or Apple Health, Medicaid)
- Lives in a Cascade Select service area and do not already have employer-provided health care

Enrollment Period (2024): November 1 - January 15

- Folks can sign up for a new health plan or switch plans for the new year, until January 15.
- Folks may qualify for a Special Enrollment Period at any time of year if they experience certain life changes.

New for 2024: Folks that live in the state of Washington can buy health insurance through Washington Healthplanfinder, even if they are an immigrant who is undocumented. Folks do not need U.S. citizenship, a green card, or other immigration papers.

How to Enroll

Over the Phone:

- Call 1-833-993-0181 (TTY Relay: Dial 711)
- Monday through Friday – 8am to 5pm
- State-Licensed experts will help folks enroll through Washington Healthplanfinder, the state’s online health insurance marketplace.

Online:

- Enrollment can be done through [Washington Healthplanfinder](#).

Major Hospital Partners Include

(Hospital & Specialty Services Only)

- Cascade Medical Center
- Central Washington Hospital
- St. Michael's Hospital
- Columbia Basin Hospital
- Kittitas Valley Hospital
- Lake Chelan Community Hospital
- Mid Valley Hospital
- MultiCare (All Locations)
- Quincy Valley Medical Center
- Shriners Hospital For Children
- Sunnyside Community Hospital
- Three Rivers Hospital
- Toppenish Medical Center
- Wenatchee Valley Hospital
- Yakima Valley Memorial
- Columbia County Health Systems
- Providence Health & Services
- Morton General Hospital
- Jefferson County Public Hospital District (Facility)
- Mason General Hospital
- Kadlec Regional Medical Center-Facility (All Locations)
- PacMed Clinics (All Locations)
- Swedish Health Services (All Locations)
- St. Luke's Rehabilitation Medical Center (All Locations)
- UW Medicine
- Harborview Medical Center
- Valley Medical Center
- Ferry County Health
- Whitman Hospital
- Pullman Regional Hospital
- Dayton General Hospital














NEW

- Othello Community Hospital
- East Adams Rural Healthcare
- Tri-State Memorial Hospital
- Olympic Medical Center
- Forks Community Hospital



CHPW Contact Guide – Cascade Select

Cascade Select Powered by CHPW

Plan Served	Receive answers on the following	Contact Numbers
 <p>COMMUNITY HEALTH PLAN of Washington™</p> <p>■ Bronze ■ Silver ■ Gold</p> <p>Cascade Select is an Exclusive Provider Organization (EPO) plans, which means that this plan covers services only when received by Network Providers, with limited exceptions such as emergency care.</p>	<ul style="list-style-type: none"> ● Claims Status ● Eligibility Verification ● General Information ● Hospital Notifications ● Member Benefits ● Prior Authorization Status <p>Contact Numbers</p> <ul style="list-style-type: none">  (866) 907-1906 Customer Service  TTY/TDD Dial relay 711  CustomerCare@chpw.org 	<ul style="list-style-type: none">  (866) 418-7006 (TTY/TDD Dial relay 711) Community Programs Services  communitylinkagesrequests@chpw.org  (206) 652-7089 Community Programs Services Fax  (866) 418-7004 (TTY/TDD Dial relay 711) Case Management Services  caremgmtreferrals@chpw.org  (206) 652-7092 Case Management Services Fax  (206) 652-7050 Prior Authorization & Referrals  (206) 652-7067 Prior Authorization for Behavioral Health Authorizations  (206) 652-7050 IP Notification, Admission, Discharge

Knowledge Check

True or False

Cascade Select:

- Cascade Select members can receive care from non-participating providers.
- Non-par provider claims will be paid.
- Cascade Select is not an Individual & Family plan and is not offered through WA **healthplanfinder**.

Answer: **False**

Claims & Billing

- HCA - NPI Registration
- Timely Filing
- Corrected Claims
- Claims Inquiries/Issues
- Other Health Insurance
- CHPW Billing Guidelines
- Prohibition of Member/Patient Billing



COMMUNITY HEALTH PLAN
of Washington™
The power of community

HCA Core Provider Agreement - Provider One

NPI Registration

To avoid claims processing and reimbursement delays, **All** individuals and organizations are required to register their NPI number with the HCA as a billing or non-billing provider.

When you enroll a provider, please use the providers start date as the effective date.

How do I enroll:

hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-provider#how-do-i

WA Health Care Authority

Contact Information:

Phone: 1-800-562-3022, ext. 16137

Phones are open: Tuesdays and Thursdays from 7:30 a.m. to 4:30 p.m. (Closed from noon to 1 p.m.)

Phones are closed: Mondays, Wednesdays, and Fridays.

Email: providerenrollment@hca.wa.gov

Note: CHPW is required to reject claims when providers/organizations NPI numbers are not registered.

Claims - Timely Filing

Timely Filing Requirements

LOB: Apple Health Medicaid, Medicare Advantage and Cascade Select

CHPW maintains the following timely filing requirements for claim submissions:

- CHPW is the **primary payer**: original claim must be received **within 365 days from date of service (DOS)**.
- CHPW is the **secondary payer**: original claim must be received **within 365 days from the process date** noted on the primary payer's remittance advice (RA) or explanation of benefits (EOB).
- **Corrected Claims**: must be received **within 24 months of DOS**.

Note: When CHPW is the secondary payer, CHPW follows the primary payors denial/processing policies.

Send claims to:
Electronic Claim -
EDI 837 Transaction
Availity Payor ID: CHPWA

Paper Claim – Send to:
CHPW Claims,
PO Box 269002
Plano, TX 75026-9002

Corrected Claims

What is a Corrected Claim:

- A claim that was accepted and finalized (paid or denied).
- The claim is updated with additional information that may potentially impact the payment of the claim.
- **Example:**
 - ❑ The initial claim submission is accepted and contains a single service line. The provider realizes lab charges were omitted from the original claim and submits a corrected claim that contains the original billed services plus the new service lines with the lab charges.

Note: If a claim was previously processed and is not submitted as a corrected claim, it will be denied as a duplicate claim.



Corrected Claims – How to file a Corrected Claim

Electronic:

837P (Professional) Claims: In Loop 2300 (Claim Information), segment CLM05-3, use Claim Frequency Type Code “7” for “Replacement.” The corrected claim will process as a replacement claim and reverse the original claim on file.

837I (Institutional) Claims: In Loop 2300 (Claim Information), segment CLM05-3, use Claim Frequency Type Code “7” for “Replacement.” The corrected claim will process as a replacement claim and reverse the original claim on file.

Paper:

CMS 1500 (Professional Claim Form): Submit code 7 in box 22.

UB-04 (Facility Claim Form): Submit Type of Bill ending in 7 in field 4 (Type of Bill).

What to include in your mailing:

- [CHPW Corrected Claim Cover Sheet](#)
- Attach the corrected claim and supporting documents to the cover sheet and mail to:

CHP Claims

PO Box 269002

Plano, TX 75026-9002

Note: Corrected Claims can also be submitted online through the [HealthMAPS Portal](#)

Claims Inquiries/Issues

Steps to address Claims Inquiries/Issues

Step 1: Contact Customer Service (CS):

- Phone: (800) 440-1561, or
- HealthMAPS (CHPW's portal)

Step 2: After attempts through CS have been exhausted without resolution:

- Email the Claims Investigation Unit (CIU) at cs.claimsdistribution@chpw.org

Following are examples of inquiries that are addressed by Customer Service and the CIU:

- Re-admission issues
- Health Home claims questions
- Applied behavioral analysis (ABA) claims
- Post Payment Review
- ICD-10 billing issues
- Fee schedule issues
- Anesthesia pricing issues
- Recoup/Negative balance issues
- Re-occurring benefit config issues
- Interim billing issues

Claims Inquiries/Issues

How to avoid delays in addressing your claims inquiries/issues:

- Clearly describe and summarize your inquiries/issues.
- Clearly outline your disputes – i.e., for FS disputes, include calculations to show how you derived to the expected rate.
- Include examples (CHPW claim numbers, citations, references, guidelines, etc.)
- Include your Tax ID
- Include your contact information (name, email and phone number)
- Include any other pertinent information that might help address the inquiry/issue



Claims Inquiries/Issues

Expected Turnaround Times:

CHPW does their best to address and respond to your claims inquiries/issues as quickly as possible. Please note the following targeted timelines after you submit a claims inquiry/issue to the following departments (CHPW's Customer Service and CIU):

Customer Service & Claims Investigation Unit (CIU):

- Allow **15-days** for a response. Should you not receive a response within 15-days from customer service (CS) or the CIU, please send an email to them and request a status and allow **5-days** for a response.
- If you do not receive a response from your status request to customer service or the CIU within 5-days, contact your Provider Relations Representative by forwarding the emails you sent to CS and/or the CIU.

Note: If you made a phone call to Customer Service and do not have an email correspondence, email your PR Rep the reference number you received for the call, and include the details concerning your inquiry/issue as outlined on the previous slide.

Knowledge Check

True or False

Claims Inquiries/Issues:

- **Step 1:** Providers should contact Customer Service.
- **Step 2:** Providers should contact the Claims Investigative Unit (CIU).
- If options 1&2 are exhausted without satisfaction/resolution – after allowing 15-days for a response and 5-days after a status check, I should contact my Provider Relations Rep.

Answer: **True**

Other health insurance (OHI)

Consider HealthMAPS as the system of truth concerning CHPW members' other health insurance information.

Other health insurance (OHI) information in the state's ProviderOne system may be inaccurate or out of date. CHPW collects, verifies, and then reports other health insurance for our members back to the Health Care Authority via a monthly update file.

View capitation and member roster reports. Providers are in violation of State Code when they refuse to provide services to CHPW members based on TPL information in ProviderOne, HealthMaps and/or etc.

Delaying or stopping a member from receiving healthcare due to private insurance is addressed in WAC 182-501-0200 as follows: 9) A Provider cannot refuse to furnish covered services to a client because of a third-party's potential liability for the services.



Billing Guidelines

CHPW billing guidelines may change over time. To access the most recent guidance concerning the topics below, we encourage providers to Use the resources on our webpage here:

[CHPW Billing Guidelines](#)

- Alternative Treatments Billing Guideline
- Apple Health Dental Services
- Billing and Rendering Taxonomy Requirements
- Circumcision — Apple Health (Medicaid)
- Core Provider Agreement and NPI Status
- Pricing Methodologies
- Primary Care Behavioral Health Billing Updates
- Z Codes as Primary Diagnosis - Denials for RHCs



CHPW's Provider Manual is another resource: [CHPW Provider Manual](#)

Member/Patient Billing

Apple Health (Medicaid) and Medicare

Providers are prohibited from billing a patient for the difference between Apple Health or Medicare reimbursement and the providers billed charges – also known as Balance Billing.

Apple Health (Medicaid)

- Billing is not permitted for covered services.
- Billing is not permitted unless the Provider and Member/Patient fully complete and sign the “[HCA 13-879 Form](#)” Agreement to Pay for Healthcare Services.”
 - **Examples:** Member/patient wants services rendered that are not covered by Apple Health or maximum services have been exhausted and the member/patient would like to continue services.
- Services must be rendered within 90 days of signing the HCA 13-879 Form, otherwise a new form must be completed and signed
 - For members with limited English proficiency, the agreement must be the version translated in the client's primary language and interpreted if necessary. If the agreement is translated, the interpreter must also sign it.

Member/Patient Billing

Medicare Dual-Eligibles

Providers cannot seek payments for cost sharing from D-SNP members for health care services; cost sharing is handled by Medicaid.

- Providers cannot bill D-SNP members for services not reimbursed by Medicaid.
- Medicare cost sharing is paid according to WA state's Medicaid reimbursement logic.
- Medicaid does not reimburse for Medicare cost sharing if the payment has already met or exceeded Medicaid reimbursement methodology.

To help avoid billing members when prohibited, the member/patient should be registered in your billing system as follows:

- Community Health Plan of WA (Medicare): **Primary**
- Medicaid (DSHS FFS): **Secondary**

Knowledge Check

True or False

Member/Patient Billing:

- Providers can bill a member for non-covered services without having a fully completed HCA 13-879 Form on file.
- If the HCA 13-879 form is not signed by the patient and the provider office, the form is still considered valid.
- D-SNP members/patients can be billed for services not reimbursed by Medicaid.

Answer: **False**

Fee Schedule/Rate Updates

Throughout any given year, numerous government payer rate changes occur, sometimes with retroactive effective dates.

To improve CHPW claim payment turnaround times in cases where federal and state rate changes do not provide sixty (60) days advance notice, CHPW will implement rate changes on the later of:

- The date that CHPW completed the reconfiguration of its claim system; or
- The published effective date of the new rates provided by the governmental entity.

CHPW uses Medicare and appropriate Medicaid fee schedules for Cascade Select pricing/rates and follow the same protocol for fee schedule updates.



Encounter Data

CMS and HCA require encounter data reporting (EDR) from contracted managed care organizations (MCOs). Data reporting must include all health care, including behavioral health (mental health and substance abuse) services delivered to eligible clients.

Complete, accurate, and timely encounter reporting is the responsibility of each MCO and is critical to the success of the managed care health care delivery system.

For more information and resources, please reference:

- [CHPW Provider Manual](#), under the “Encounter Data” section.

HCA Encounter Data Reporting Guide:

- Managed Care Organizations (MCO)
- Managed Care Third-Party Administrators (TPA)
- Retail Pharmacy (NCPDP)
- Health Home Lead Entities (HH)
- Behavioral Health – Administrative Services Organizations (BH-ASO/ASO)

Post Payment Review (PPR) – Program Integrity Audits

CHPW strives to be stewards of state and federal funding as well as taxpayer dollars. As part of our due diligence to ensure that claims are paid appropriately, we conduct post payment reviews:

Our PPR includes, but is not limited to:

- Medical necessity of the admission and/or procedure(s) performed
- Appropriateness of the treatment setting or length of treatment
- Patient's status upon discharge
- All patient diagnosis-related group (AP-DRG) validation
- General quality of care delivered
- Validation of the procedure(s) and diagnosis codes submitted records



Our goal in conducting PPR is to:

- Educate our provider community on appropriate billing and guidelines
- Ensure we are paying according to our contracts
- Monitor for potential fraud, waste, and abuse (FWA)

Post Payment Review (PPR) – Program Integrity Audits

- CHPW requires providers/facilities provide complete/accurate records timely.
- Retrieval and duplication of records will be at the provider's expense.
- CHPW does not check third party portals or websites for records that were requested for post payment review.
- Providers must notify CHPW when records are ready for retrieval from the third-party vendor.

Should you have any questions concerning PPR requests email:

Operations.Intake@chpw.org

If you disagree with PPR results, please contact the CIU at

cs.claimsdistribution@chpw.org



Provider & Member Appeals

- Member Appeals
- Member Appeals – Apple Health
- Member Grievances
- Provider Appeals
- Provider Appeals – *Non-Par
- CHPW Contact Guide - Appeals



Member Appeals

CHPW members have the right to file an appeal.

An **appeal** is when the member wants CHPW to reconsider a decision made about what benefits the plan covers or what will be paid. An appeal can be filed when a service or referral has been denied.

All standard member appeals require the written consent of the member -

- A member can request an appeal verbally but must follow up with written consent.
- A provider may need to submit an appeal on the member's behalf, but we will need to receive written consent before proceeding.
- If an appeal submitted as urgent is determined not to meet medically urgent criteria, written consent will need to be obtained to continue processing the appeal.

Note: The Health Care Authority requires CHPW to obtain written consent for any member appeal that is not determined to be medically urgent.



Member Grievances

Member Grievance Process

A **grievance** is a complaint that members can file with CHPW if they are not happy with the quality of care or services, problems with getting care, billing issues etc.

The following is what CHPW members can expect after they file a grievance:

- Grievances are kept private.
- Acknowledgement of receipt within two business days.
- Efforts are made to take care of grievances right away.
- Grievance are resolved within 45 days and members are advised how it was resolved.



CHPW members have the right to file a grievance and they should contact Customer Service for filing:

Phone: [1-800-440-1561](tel:1-800-440-1561) (TTY Relay: Dial 711)

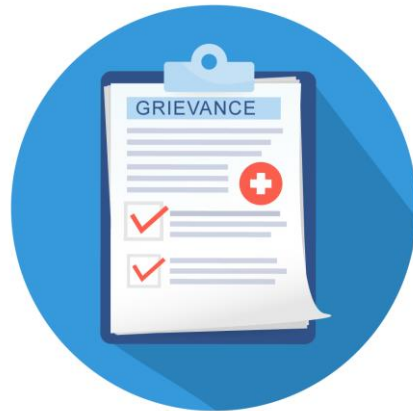
Fax: 206-521-8834

Email: customercare@chpw.org

Member Appeals/Grievances – Apple Health

For more information on member appeals and grievances, you can click on the hyperlinks below:

- Apple Health (Medicaid): [Apple Health Member Appeals -Grievances](#)
- Medicare Advantage: [Medicare Member Appeals - Grievances](#)
- Cascade Select (individual & family): [Cascade Select Member Appeals - Grievances](#)



Provider Appeals

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 must be submitted to CHPW **within sixty (60) days of the first-level decision** and will be reviewed **if new information is provided**.

Please do **not** file an appeal for the following:

- DRG Disputes
- Fee Schedule Disputes
- Refund Requests
- COB
- Post Payment Review (PPR)
- Claims Disputes (*a processed claim with no denied line items*)

Please send the disputes as described and bulleted above to CHPW's Claims Investigative Unit:

Fax: 206 652-7009

Email: cs.claimsdistribution@chpw.org

Email Subject Line: <Provider Group Name> – Tax ID



Provider Appeals

Provider appeals must include:

- CHPW's Appeal Request Form or Letter
- Member name and member ID number
- Claim number (if applicable)
- Date of service
- All supporting documentation pertinent to the reason for the appeal –
 - **Provider/vendor should note 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**)
- A contact from the provider appealing office/vendor – **phone/fax**
- Signed consent (if filing on behalf of a member) – *pre-service*

Note: Incomplete appeals may be rejected and will require the provider to resubmit the appeal following the bullets above to ensure the ability for CHPW to adjudicate the appeal. When an appeal is rejected, it will not be counted as an appeal and the required timelines to file an appeal will be enforced – see required filing timelines on the previous slide.

Providers may submit appeals using the following options:

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

Provider Appeals *Non-Par

Apple Health (Medicaid)

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.

Medicare Advantage

Non-participating provider appeals must be in writing and submitted within **Sixty (60) days** from the date of the notice of the denial; or initial payment of clean claim.

A non-par provider is permitted to file a standard appeal for a denied Medicare claim, but only if the non-par provider completes a **“Waiver of Liability Statement”**.

This Waiver of Liability statement will not allow the provider to bill the enrollee regardless of the outcome of the appeal.

Physicians and suppliers who have executed a waiver of liability statement are not required to complete the Appointment of Representation (AOR/CMS-1696) form. *(In this case, the physician or supplier is not representing the beneficiary, and thus does not need an AOR)*

Contact Guide – Appeals/Grievances

Appeals and Grievances

Provider and Member Appeals/Grievances may be mailed, faxed or emailed for all lines of business to:



1111 3rd Ave. Suite 400,
Seattle WA, 98101



(206) 613-8984



appealsgrievances@chpw.org



Knowledge Check

True or False

Provider Appeals:

- To avoid appeal delays or rejections, providers must file clean appeals that include an appeal request form or letter with a clear and concise written explanation and with applicable documents that supports the appeal.
- When appeals are filed with a large number of documents, the pages relevant to the appeal should be tagged and/or outlined on the appeal request form (coversheet) or letter.
- First level appeals must be filed within 24-months from the date of the notice of denial or initial payment of a claim.
- Second level appeals must be filed within sixty (60) days from the first-level decision.
- Second level appeals should include “new information” otherwise, the outcome of the first level appeal will likely stand.

Answer: **True**

Provider Responsibilities

- Provider Rights
- Provider Responsibilities
- Credentialing
- Provider Data
- Appointment Availability & Wait Times
 - Appointment Access Standards
 - Emergency Care
 - After-Hours Access Standards
 - Annual Appointment and After-Hours Access Reviews
 - Best Practices
 - Interpreter Services
 - Transportation Services
- Clinical Data Repository (CDR)

Provider Rights

- To be treated with dignity and respect by our members.
- To receive accurate and complete information/medical history for the members' care.
- To expect members to follow treatment plans and protocols.
- To file a complaint or appeal against CHPW and/or a member.
- To file a grievance on behalf of a member (with member consent).
- To have access to CHPW's Quality Improvement Program, including goals, activities, and outcomes that relate to the members care/services.
- To collaborate with other health care professionals who are involved in the care of the member.
- To have access to Provider Relations and/or Customer Service staff for issues, concerns, or questions.



Provider Responsibilities

The following includes a partial list of provider responsibilities as outlined in CHPW's provider manual:

- Inform members of their right to self-refer for certain services.
- Provide or arrange interpretive services for members who are hearing impaired or who's primary language is not English.
- Obtain informed consent from the member or from a person authorized to consent on behalf of the member, prior to treatment.
- Inform members of their right to file a grievance and how to do so. In the case of a member grievance regarding behavioral health services, offer the assistance of the Behavioral Health Ombuds in the region where the member resides.
- Utilize research-based practices for individuals, including those with a co-occurring mental health and chemical dependency diagnosis.
- Provide adult members with written information about advance directives and the right to make anatomical gifts.
- Assist members in receiving health care services not covered by CHPW.
- Must not be excluded or sanctioned by the Office of Inspector General (OIG) and the General Services Agency (GSA).



Provider Credentialing

Provider credentialing is a regulatory requirement. CHPW follows policies and procedures in accordance with CHPW, NCQA, CMS State credentialing requirements.

- CHPW accepts the Washington Practitioner Application (WPA) and uses the CAQH database.
- CHPW notifies providers via email when credentialing is completed.
- CHPW will not backdate credentialing effective dates.
- CHPW follows HB1552.
- Claims will be paid back to the date the *completed* application is received, or the date the provider started at the clinic, whichever is later.
- Re-credentialing is required every 3-years, notice will be sent **5-months** in advance.

Send your new credentialing staff contact information to:

Email:

Provider.Credentialing@chpw.org

Email:

Provider.Relations@chpw.org

Note: As of **1/1/24**, CHPW works with CAQH (*only*) - <https://www.caqh.org/>

Provider Credentialing

Please follow the steps below to initiate provider credentialing:

Standard Credentialing:

For new provider credentialing:

- Email a completed provider WPA to CHPW's credentialing department.
- CHPW uses CAQH, when your providers information is updated/available on this site, email CHPW's credentialing department and advise that your providers file is available *on this site*. Note that CHPW does not receive notices from CAQH; thus, providers must notify CHPW at Provider.Credentialing@chpw.org when your provider file is available.

Delegated Credentialing:

- Follow the requirements per your delegated credentialing agreement.
- To avoid claims issues, submit Rosters timely and include required information – *complete all fields on the roster*.

Note: *Credentialing can take up to 60-90 days to complete. If the providers credentialing file is not clean, it may take longer.*

Standard Credentialing Email:
Provider.Credentialing@chpw.org

Delegated Credentialing Email:
DelegatedCredentialing@chpw.org



Provider Credentialing

To request a credentialing status:

- Email CHPW's credentialing department and include the following:

Subject Line: <Provider Group Name> – Status Check

Body of email:

- Group Name
- Group Tax ID
- Provider Name
- Provider NPI

Note: A provider roster can be attached in lieu of submitting the information above in the body of the email. In this case the body of the email should outline your request.

If you do not receive a response within 5 business days from the credentialing team, you can email: Provider.Relations@chpw.org In the event you need to follow up with Provider Relations (PR), please use the email you sent to Provider.Credentialing and **forward** it to PR or attach it to your email.

Standard Credentialing Email:

Provider.Credentialing@chpw.org

Delegated Credentialing Email:

DelegatedCredentialing@chpw.org

Knowledge Check

True or False

Provider Credentialing:

- Credentialing a new provider can take up to 60-90 days or longer if the file is not clean.
- To status credentialing, providers should email CHPW's credentialing team at Provider.Credentialing@chpw.org or DelegatedCredentialing@chpw.org.
- For untimely responses, providers should email Provider.Relations@chpw.org.

Answer: **True**

Provider Data Services – Quality Assurance

Network providers should provide accurate and timely provider and group information including, but not limited to:

- Tax ID – changes/updates
- NPI Number – individual and/or group
- Billing address – changes/updates
- Office phone and fax numbers
- Provider terminations (include provider date of termination)
- Clinic/facility locations – adding a location, changing a location (include start and/or end dates)
- Provider Open/Close panel status for new members/patients
- Clinic Contacts & Information (names/emails/phone #'s) – i.e., Office Managers, Billing Managers/Staff, Credentialing Coordinators – other key contacts



CHPW's goal is to ensure that provider changes/updates are completed accurately and timely to avoid claims delays/issues. It is also important that CHPW's provider directory is up to date.

Provider Data Services – Quality Assurance

A 60-day notice is required when changes/updates are requested.

CHPW needs this time to complete updates that include, but are not limited to:

- Provider profile system updates
- Notify members of provider availability changes
- Claims processing system updates
- Update CHPW's provider directory

Provider changes/updates should be reported to CHPW by completing a:

1. Provider Add/Change/Term Form
2. Clinic and Group Add/Change/Term Form

or

3. Submit an email to Provider.Changes@CHPW.org by following the steps below:

- **Email Subject Line:** Name of Group/Organization – Tax ID

- **Body of Email** (at minimum):

- Include a clear summary of the updates/changes/adds etc. that you are requesting
- Include applicable provider names, credentials, NPI #'s (Individual and/or Group)
- Include service locations (addresses & phone numbers)
- Billing/Pay To address and phone number
- Include desired effective dates
- Include your contact information – Name, Phone and Email.



Provider Data Services – Quality Assurance



You can find the forms here <https://www.chpw.org/provider-center/forms-and-tools/>, and under Provider Updates there are three (3) options to submit the form:

- PDF form can be emailed to: Provider.Changes@chpw.org
- Excel form can be emailed to: Provider.Changes@chpw.org
- On-line form is available here: [Provider Updates- Changes Online Form](#)

Our customer service team can help you with questions you may have regarding any of CHPW's forms
– **Customer Service 800 440-1561**

CHPW makes every effort to process your provider or clinic changes or updates within 30-60 days from the date you submit your requests. To status your requests, you can:

- Email Provider.Changes@chpw.org - Please wait for at least 30-days to request a status.
- **If you do not hear back within 5-days, you can contact Provider Relations**
Email: Provider.Relations@chpw.org

Knowledge Check

Multiple Choice

Provider Changes & Updates

- a. Incorrect provider information can cause claim rejections and/or denials.
- b. Incorrect provider information affects the accuracy of CHPW's Online Provider Directory that members and providers use to find in-network providers.
- c. To ensure provider profiles are up to date in CHPW's systems, Provider changes and updates should be submitted timely and accurately to CHPW by following the instructions provided in this section of the presentation.
- d. All of the above

Answer: **d. All of the above**

Appointment Access Standards

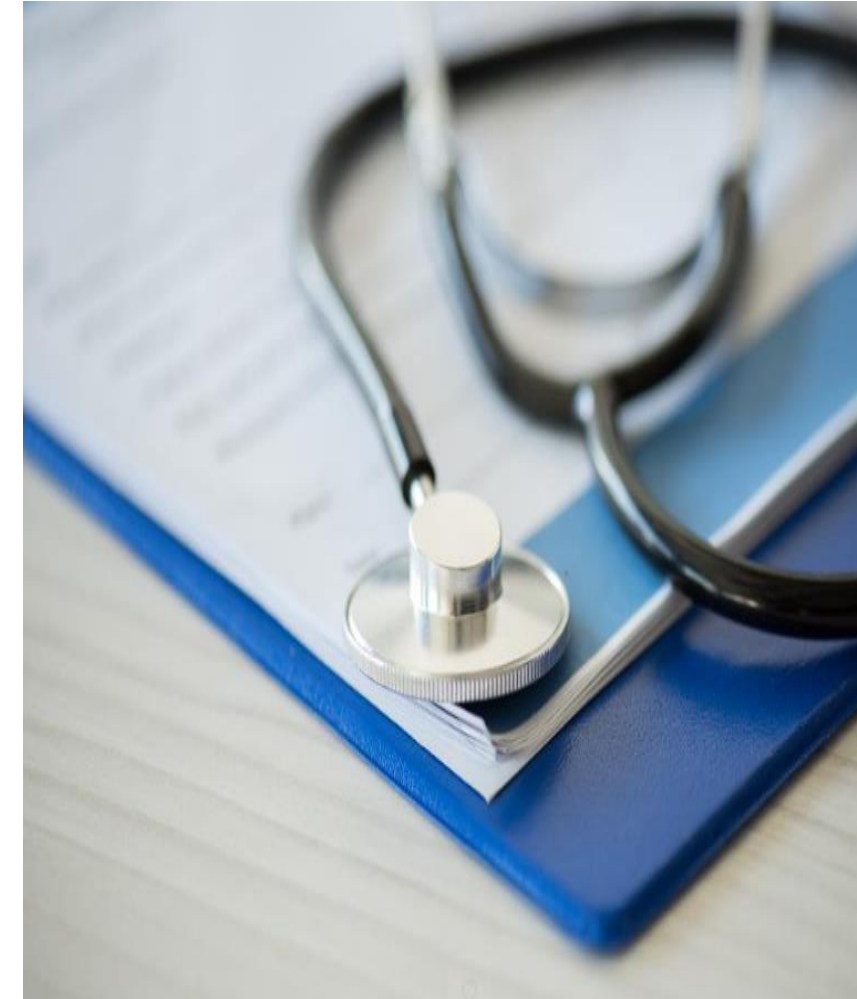
Access to care means **a patient has the ability to see a qualified health provider within a reasonable period of time.**

Access standards have been developed to ensure that all health care services are provided in a timely manner.

Access to transportation, and language services are important to ensure adequate access to care.

Note:

- Office waiting time for scheduled appointments:
 - If a provider is delayed, the patient should be notified
 - Not to exceed sixty (60) minutes
 - If wait time exceeds ninety (90) minutes, the patient should be offered a new appointment.



Appointment Access Standards – ALL Providers

Type of Appointment	Scheduling Time Frame
All Providers	
Emergency Care	Immediately, and available 24/7
Transitional visit (clinical assessment or care planning)	Within seven (7) calendar days of member's discharge from an inpatient or behavioral health facility or substance use disorder treatment program.
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 days.

Appointment Access Standards – PCP, OB/GYN, Midwife

Type of Appointment	Scheduling Time Frame
PCP, OB/GYN, Midwife	
Preventative office visit - non-symptomatic	Within thirty (30) calendar days
Non-urgent routine office visit - symptomatic	Within ten (10) calendar days
Urgent office visit - symptomatic	Within twenty-four (24) hours

Appointment Access Standards – Behavioral Health

Type of Appointment	Scheduling Time Frame
Behavioral Health Providers	
Care for a non-life-threatening emergency	Within six (6) hours
Urgent office visit - symptomatic	Within twenty-four (24) hours
Non-urgent routine office visit - symptomatic	Within ten (10) calendar days
Follow-up, routine care	Within thirty (30) calendar days

Appointment Access Standards - Specialists

Type of Appointment	Scheduling Time Frame
Specialty Care Providers	
Non-urgent routine office visit - symptomatic	Within ten (10) calendar days of request
Urgent office visit - symptomatic	Within twenty-four (24) hours

Specialists should provide the member's PCP with a written report within 14 days of the date of service regarding the proposed plan of treatment, including any proposed hospitalization or surgery and information regarding self-referred services such as women's health care services.

Emergency Care

Emergency Care shall be available 24 Hours a Day, Seven Days a Week



CHPW providers are required to maintain access to health care services on an ongoing basis and shall ensure that services are available to members 24 hours per day, seven days per week.

Provider offices must answer the phone during normal business hours. After normal business hours and on weekends, a provider must have:

- A covering provider.
- An answering service.
- A triage service or voicemail message that provides a second phone number that is answered. For example, behavioral and mental health providers should include a crisis center phone number on their answering machine.
- Any recorded message must be provided in English. If the provider's practice includes a high population of Spanish speaking members, the message should also be recorded in Spanish.

After-Hours Access Standards

Provider Types: PCP, OBGYN, Midwife, Specialist, Behavioral Health

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):

1. “If this is an emergency, hang up and dial 911”
2. How to contact an on-call provider messaging examples -
 - “This is how to contact our on-call provider, dial
 - “I will connect you to our on-call provider now”
 - “I will have our on-call provider contact you within 30-minutes”
 - “Please contact the nurse line at.....”
3. Behavioral Health Providers – after-hours messaging should also include a crisis center phone number.



After-Hours Access Standards

- Physicians (PCPs, Behavioral Health Providers, OB/GYN, Midwife, Specialists, or covering physicians) are required by contract to provide 24 hours a day, 7 days per week coverage to CHPW members.
- Physicians, or his/her on-call coverage or triage/screening clinician must return urgent calls to member, upon request within 30 minutes.
- Clinical advice can only be provided by appropriately qualified staff, e.g., physician, physician assistant, nurse practitioner or RN.

**HOW TO GET MEDICAL CARE
AFTER YOUR DOCTOR'S OFFICE CLOSES**



Annual Appointment and After-Hours Access Reviews

- It is a regulatory requirement for health plans to have monitoring procedures in place to accurately measure the accessibility and availability of contracted providers.
- CHPW conducts annual appointment access and after-hours reviews as required by regulatory and accreditation agencies.
- The purpose for conducting these annual reviews is **to ensure compliance with the Health Care Authority (HCA), CHPW and accreditation agency standards for timely access to care.**



Best Practices | Meeting Access Requirements

- Review and educate staff on Access standards and policies on a quarterly basis and/or as needed.
- Open more appointment time slots to accommodate patients.
- Allot time for walk-ins and same day appointments.
- Offer telephone or video appointments as applicable to the patient's condition.
- Take the time to ensure that the person(s) in charge of appointment scheduling understand Access standard requirements.
- Periodically check your after-hours answering machine and/or answering service to ensure it meets 911 messaging and on-call provider requirements.



Interpreter Services

Apple Health (Medicaid)

Interpreter Services – These services are covered by the HCA through Universal Language Service (Universal)

For additional information about this interpreter services program, please visit [HCA's Interpreter Services Webpage](#)

Sign Language - The State of Washington has a Master Contract for Sign Language Interpreter services and Sign Language Interpreter referral agencies.

To utilize the master contract, you must meet the criteria to sign up to use statewide contracts: [How to Use Statewide Contracts | Department of Enterprise Services \(DES\) \(wa.gov\)](#)

CHPW Medicare Advantage

CHPW provides Telephonic Interpreter Assistance through LionBridge. Providers/Clinic staff are responsible to verify that their patient is a member of CHPW's Medicare Advantage plan. This is free of charge.

To access LionBridge Interpreter Services:

- Dial: 1 855-461-1323 (Toll Free)
- Department Code: 60

Transportation Services

The Washington State Health Care Authority (HCA) covers transportation for individuals who otherwise have no means to access medical care. This includes:

- Public transit bus
- Gas vouchers
- Client and volunteer mileage reimbursement
- Taxi rides
- Wheelchair van or accessible vehicles
- Commercial bus and airfare
- Ferry tickets

If your patients are having trouble connecting with a transportation provider for any reason, please advise your patients to contact CHPW at [1-800-440-1561](tel:1-800-440-1561) (TTY Relay: Dial 711).

[HCA Transportation Directory](#)



Knowledge Check

Multiple Choice

Appointment and After-Hours

- a. Access standards have been developed to ensure that all health care services are provided in a timely manner.
- b. Providers must have an after-hours answering machine or an on-call service.
- c. To help meet appointment and after-hours standards, managers and staff should review standards and policies on a quarterly basis and/or as needed.
- d. All of the above

Answer: d. **All of the above**

Clinical Data Repository (CDR)

What is the Clinical Data Repository?

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).

Note: This requirement does not apply to SUD treatment providers.



The Strategy: Advance Health IT Beyond Organizational EHR's with a CDR:

- The WA Link4Health initiative is part of the State's long-term efforts to improve health care quality, better manage costs and improve health outcomes for all Washingtonians.
- HCA initiated Washington Link4Health, a multi-year initiative to advance the statewide electronic exchange of near real time, consolidated clinical records.

CDR Features and Benefits

Features

- Leverages standards for sharing clinical summaries
- Supports clinical data exchange with organizations without similar platforms
- Offers common place to share information for those participating in different arrangements
- Aggregates clinical and administrative data into longitudinal patient record
- Available beyond Medicaid

Benefits

- May help providers meet ongoing Meaningful Use Objectives and qualify for additional incentive payments
- Provides the care team a more comprehensive understanding of the patient's medical history.
- Provides mainstream quality reporting capabilities
- Enables large data extracts for advanced analytics and population health

HCA has partnered with OneHealthPort to develop and manage the CDR. You will find webinars and documents to help you understand the CDR and keep you updated on new developments and progress at:

<https://www.hca.wa.gov/about-hca/programs-and-initiatives/health-information-technology/clinical-data-repository-cdr>.

- The OneHealthPort Clinical Data Repository (CDR) is a patient-centric database that collects clinical data from many sources across the community.
- The CDR is designed to simplify access to clinical history and provide a longitudinal view of an individual's patient record.
- The healthcare community contributes clinical data and can view data through a Clinical Portal to see what is available from other providers to better coordinate and enhance care delivery.
- This service is being offered in response to the growing need to aggregate and access clinical information from diverse electronic health record (EHR) systems.

To use the OneHealthPort CDR, your organization must be registered with the OneHealthPort SSO and have a OneHealthPort Health Information Exchange (HIE) Participation Agreement.

- **If your organization does not have an SSO account**, learn how your organization can register at <https://www.onehealthport.com/sso/register-your-organization>.
- **Don't know if your organization is already a participant** with the OneHealthPort HIE? Check the Participant List at <https://www.onehealthport.com/hie/participants>.
- **To become a participant** with the OneHealthPort HIE, go to <https://www.onehealthport.com/hie/contracting>.
- **For more information and to learn more** about the steps that need to be taken to participate in CDR please visit the Washington State Health Care Authority's CDR website, hosted by OneHealthPort, at <http://www.onehealthport.com/hca-cdr>.

- **For assistance** contact the OneHealthPort help desk at 1.800.973.4797 (toll free) 24 hours a day, seven days a week. You can also contact them with your questions by submitting a form at: https://onehealthport.formstack.com/forms/contact_us
- **Users can complete training** in one hour or less and reference materials are available on the OneHealthPort website at: <https://www.onehealthport.com/>.
- **Providers with certified EHRs seeing Apple Health Managed Care members** must send a Consolidated Clinical Document Architecture (CCDA) summary from the provider's EHR to the CDR.



****C-CDA** stands for Consolidated Clinical Document Architecture.

CDR - Behavioral Health Providers

Behavioral health providers are encouraged to send CCDA from their EHR to the CDR. If you/your organization meet(s) the following criteria, you are encouraged to participate in the CDR:

- Your organization is part of a Managed Care Organization that serves Apple Health consumers;
- Your organization has a 2014 certified EHR system; and,
- You have received monies from either the Medicare or Medicaid EHR Incentive Program

Note: Substance use disorder providers are not required to submit CCDA to the CDR.

****C-CDA** stands for Consolidated Clinical Document Architecture.

Knowledge Check

Multiple Choice

Clinical Data Repository (CDR)

- a. CDR leverages standards for sharing clinical summaries.
- b. CDR may help providers meet ongoing Meaningful Use Objectives and qualify for additional incentive payments.
- c. Behavioral health providers are encouraged to send CCDA from their EHR to the CDR.
- d. All of the above

Answer: d. **All of the above**

Health Services Utilization Management

- Referral Management
- Prior Authorization
- Clinical Criteria - Prior Auth for Services
- Clinical Criteria – Behavioral Health Services
- Prior Authorization Timelines
- Prior Authorization – Emergency Services
- Inpatient Notification and ETR
- Concurrent Review & Discharge Planning
- CHPW Benefit Grids

Referral Management

A referral is a primary care provider's written statement of intent to refer a member to a specialist or other provider types.

Apple Health (Medicaid), Medicare Advantage and D-SNP:

- CHPW changed its policy on non-participating referral requirements in 2019 to decrease administrative work for our providers and facilitate faster appointment times for our members.
- An approval from CHPW to refer a member to a participating and/or non-participating specialist provider is not required.

Cascade Select:

- Members must go to a participating provider.

Note: All providers must follow and obtain prior authorizations for applicable services as required.

Referral Management

Referrals that require pre-approval from CHPW:

PCP to PCP Referrals:

- A Plan referral is a pre-approval required for members to schedule visits for care with a PCP outside of their assigned PCP or group.
- CHPW must be notified and approve PCP to PCP referrals to avoid claim denials.

PRC Members:

- Members who are in the Patient Review and Coordination (PRC) program are restricted to one PCP, pharmacy and hospital. *Members in PRC must go to these providers only.*
- CHPW must be notified and approve referrals for members to seek care outside of the PRC program.

What is PRC?

- PRC is an HCA controlled program designed to control overutilization and inappropriate use of medical services by members.
- For more information go to: [Patient Review and Coordination Program](#)

Knowledge Check

True or False

Referrals

- a. PCP to PCP referrals are permitted without a CHPW authorization.
- b. CHPW does not need to be notified or approve referrals for members to seek care outside of the PRC program.
- c. Cascade Select members can seek care from out-of-network providers.

Answer: **False**

Prior Authorizations

To access CHPW's Prior Authorization List and Utilization Guidelines, go to:

<https://www.chpw.org/provider-center/prior-authorization/>

For questions or assistance with an authorization, contact CHPW at:

Customer Service: (800) 440-1561

To access CHPW's Procedure Code Lookup Tool, go to:

[Procedure Code Lookup Tool](#)

The Procedure Code Lookup Tool is not intended to replace the use of the Prior Authorization list, nor is the tool necessarily complete. Providers should only use this tool as a supplement to and after first consulting the Prior Authorization list.



Clinical Criteria – Prior Authorization for Service

Apple Health (Medicaid) - CHPW looks first to clinical criteria established by the Health Technology Assessment (HTA) Program of the Health Care Authority (WAC 182 55 055).

- If no HTA exists for a service, CHPW then reviews against our internal Clinical Coverage Criteria (CCC) or national MCG guidelines if no CCC exists.

For more information, go to:

[Apple Health - Physical Health - PA and Clinical Criteria](#)

Medicare Advantage - CHPW utilizes the Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs).

- If no NCD or LCD exists for a service, CHPW then reviews against our internal Clinical Coverage Criteria (CCC) or national MCG guidelines if no CCC exists.

For more information, go to:

[Medicare - Physical Health - PA and Clinical Criteria](#)

Inclusion and Exclusion



Criteria

Clinical Criteria – Prior Authorization for Service

Cascade Select – CHPW utilizes MCG, LOCUS, CALOCUS and ASM

For more information, go to:

[Cascade Select - Physical Health - PA and Clinical Criteria](#)

Behavioral Health

Clinical appropriateness and the medical necessity of behavioral health services requested are based on criteria guidelines used.

CHPW uses **ASAM** (American Society of Addiction) criteria for substance use disorder services or **LOCUS** (Level of Care Utilization System) or **CALOCUS** (Child and Adolescent Level of Care Utilization System) for mental health services.

For more information, go to:

[Apple Health - Behavioral Health - PA and Clinical Criteria](#)

[Medicare - Behavioral Health - PA and Clinical Criteria](#)

[Cascade Select - Behavioral Health - PA and Clinical Criteria](#)

Inclusion and Exclusion



Criteria

Prior Authorization Determination Timelines

Apple Health (Medicaid):

- Standard portal requests 3-14 calendar days and standard fax requests 5-14 calendar days. Clinically urgent requests 1-5 days. Timeline dependent on clinical documentation being submitted with the request.

Medicare Advantage:

- Standard prior authorization requests are processed within 14 calendar days. Clinically urgent requests are processed within 72 hours.

Cascade Select:

- Standard portal requests 3-14 calendar days and standard fax requests 5-14 calendar days. Clinically urgent requests 1-5 days. Timeline dependent on clinical documentation being submitted with the request.

Note: Documentation to support medical necessity must be submitted with Prior Authorization requests.



Prior Authorization – Emergency Services

Emergency services do not require prior authorization and are defined as:

Psychiatric:

- When the patient is a danger to them self, others, or is gravely disabled.

Medical:

- A medical condition with acute symptoms of sufficient severity that the absence of immediate medical attention may result in placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, or serious impairment to bodily functions or serious dysfunction of any bodily organ or part.



Inpatient Notification and ETR

Inpatient Admission Notification

- Must be provided by Facilities within 24 hours or the next business day after an admission.
- To access CHPW's Inpatient Admissions Form: [CHPW Inpatient Admission Form](#)

Exception to Rule (ETR)

- An Apple Health (Medicaid) member and/or the member's provider may request CHPW pay for a non-covered health care service.
- Can be requested within 90 days of the denial notification but **must be requested prior to the service being rendered.**
- To access CHPW's Exception to Rule Form: [CHPW ETR Form](#)

Retro Authorizations

- CHPW will not process retro authorizations or referrals.



Concurrent Review – Discharge Planning

Concurrent Review

- During the inpatient hospitalization, the member's clinical progress is reviewed by the CHPW clinical team using clinical criteria approved by CHPW.

Discharge Planning

- Discharge planning needs are identified through the concurrent review process or by referral from someone on the member's care team.

Note: No referrals or authorizations are required for treatment in an Emergency Room.



CHPW Benefit Grids

Access the links below to learn more about program benefits, copays, and more:

2024 Apple Health Integrated Managed Care

- [Apple Health Benefit Grid](#)

2024 Medicare Advantage and Dual Eligible Special Needs Plan (SNP)

- [Medicare Benefit Grid](#)

2024 Behavioral Health *Only* Benefit Grid

- [BHSO Benefit Grid](#)

2024 Cascade Select

- [Cascade Select Benefit Grid](#)



You can access CHPW's Provider Manual to pull the benefit grids listed above at:

[CHPW Provider Manual](#)

Health Services Care Management

- What is CHPW Care Management
- Care Management Services
- Coordinate Services, Solutions, and Resources
- Apple Health – Health Homes
- Contact Care Management



COMMUNITY HEALTH PLAN
of Washington™
The power of community

Care Management

CHPW Care Management:

Focused on the whole person: teams include medical and behavioral CMs working side-by-side

Data-driven: uses real-time, predictive and pattern analysis to identify members

Consumer-centric: care plans designed to address member priorities and concerns

Community-based: fully integrated with community health centers (CHCs), behavioral health providers and resources

Regionally focused: regional teams to best support member needs



Care Management Services Available to All

Although CHPW Care Management team is available to support all members, there are specialty care management programs as follows: -

- **Autism/Applied Behavioral Analysis (ABA)**
 - Assist with needs associated with Autism and therapies associated with Autism Spectrum Disorder.
 - To request ABA therapy, call the ABA line at 1-844-225-8624.
- **Bariatric**
 - Support members through the bariatric surgery process including coordinating care with providers for the prior authorization process.
- **Children's Mental Health**
 - Case Manager assist in navigating behavioral health needs for children and their families. Including navigation and admission into WISE or CLIP.
- **LGBTQ+ Health**
 - Support members through medically necessary gender affirming treatments and connect members with community resources for support.
- **Healthy You, Healthy Baby**
 - Provide support to members before, during and after pregnancy.

CARE MANAGEMENT

Care Management Services Available to All

Specialty care management programs, **Cont'd**

- **Patient Review and Coordination (PRC)**
 - Coordinate care for members with high utilization of opioids and services.
- **Transitional Aged Youth**
 - Care Management for 15-26 year old members navigating adolescent to adult and in need of physical, behavioral health needs or community connections for housing, education, or employment services during these transitional years.
- **Jail Transitions**
 - Coordinate with the jail and justice involved individuals as a release date approaches to ensure continuity of care for the member.
- **Complex Discharge**
 - Coordinates care for medically stable for a lower level of care but there are barriers to discharge.
- **Diabetes Care Program**
 - Health Coaches and Case Managers support members with pre-diabetes, type 1 and type 2 diabetes.
- **Dual Special Needs Plan**
 - Support members that are dual eligible for Medicaid and Medicare

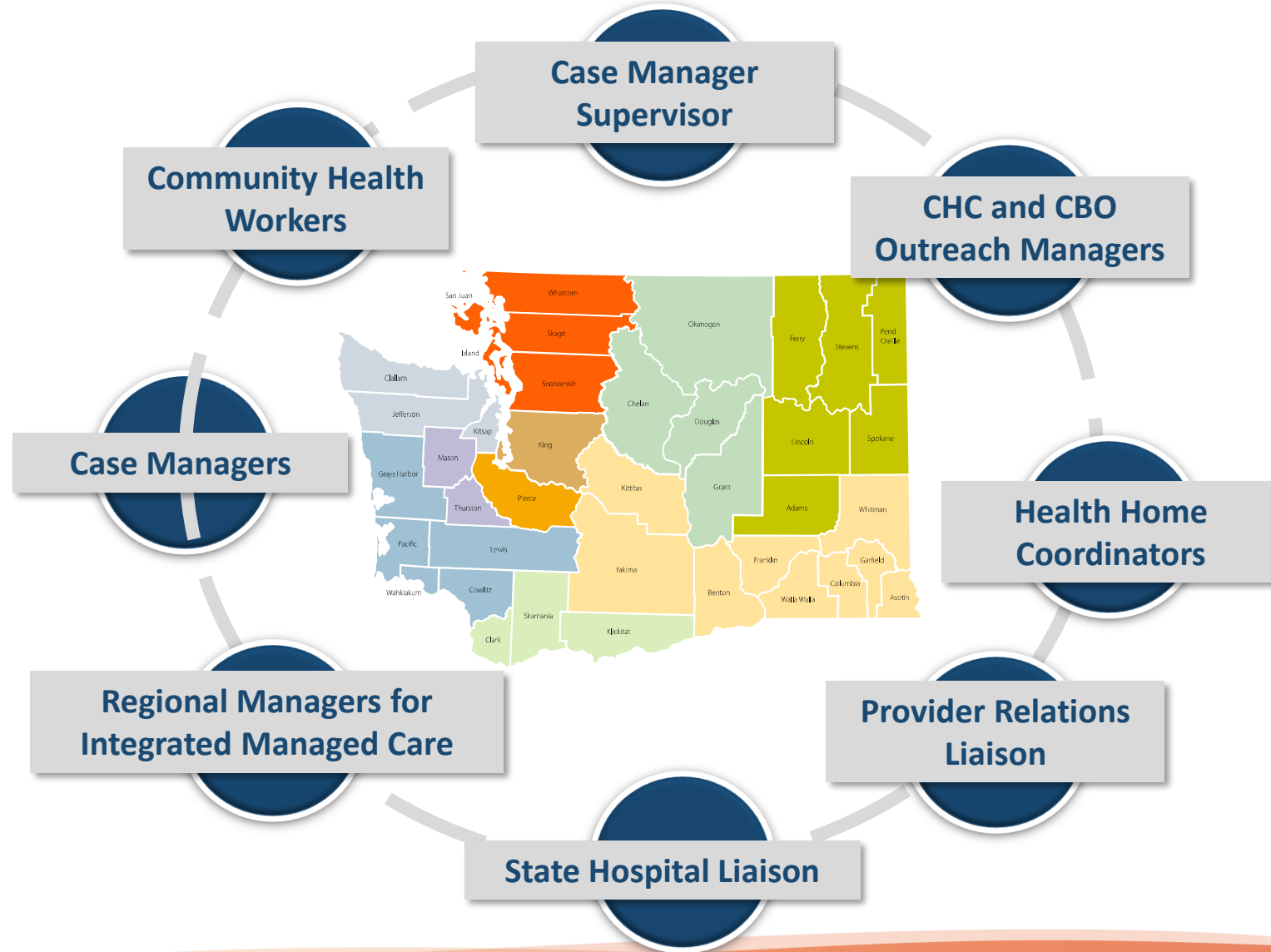
CARE MANAGEMENT

CHPW Regional Teams

- Clinical and non-clinical staff serving members, providers, community partners across all lines of business
- Meet weekly and know regional cultures and resources, and can connect across the state
- Can make decisions quickly

These teams work with all our partners to advance health equity

Coordinate Services, Solutions, and Resources



Health Homes

CHPW is a Qualified Health Home Lead Entity

- Health Homes establishes services for Apple Health, Fee-For-Service and DSNP members with complex and high service needs

Health Home services provided by CHPW's Care Coordination Organization network include:

- Comprehensive care management
- Care coordination
- Transitional care and follow-up
- Patient and family support
- Referral to community support services
- Health promotion

Health

CHPW provides Health Home services in many regions throughout Washington. Refer to the coverage map to find out if we offer the service in your county. [Health Home Network Coverage Map](#)

Health Home services can be provided in primary care settings and through community-based organizations, depending on the particular care needs of an enrollee.

HEALTH HOME COVERAGE AREA MAP

NOTES

All areas: check [Apple Health managed care](#) webpage for MCO availability in each county.

** Not an available MCO in all counties in the Coverage Area.

1

LEAD	FFS	MC
AMG		✓
CHPW	✓	✓
CCW		✓
MHC	✓	✓
O3A	✓	
UHC	✓	✓

2

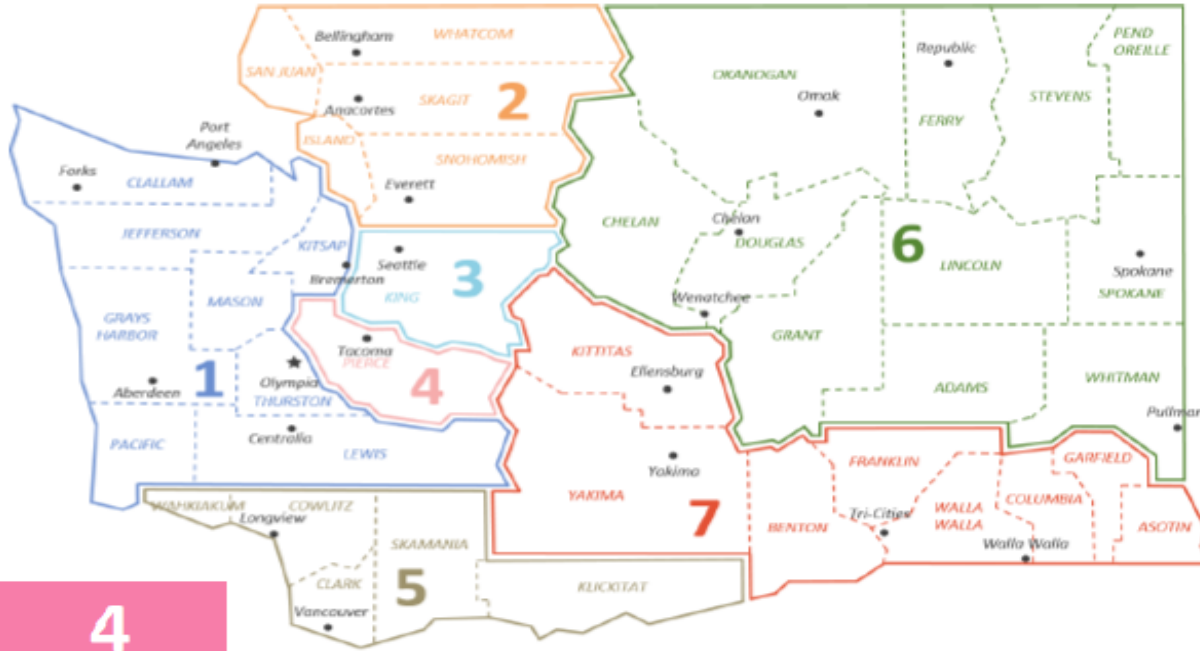
LEAD	FFS	MC
AMG		✓
CHPW	✓	✓
CCW		✓
MHC	✓	✓
NWRC	✓	
UHC	✓	✓

3

LEAD	FFS	MC
AMG		✓
CHPW	✓	✓
CCW		✓
FLC	✓	
MHC	✓	✓
UHC	✓	✓

4

LEAD	FFS	MC
AMG		✓
CHPW	✓	✓
CCW		✓
MHC	✓	✓
PCHS	✓	
UHC	✓	✓



5

LEAD	FFS	MC
AAADSW	✓	
AMG		✓
CHPW	✓	✓
CCW		✓
MHC	✓	✓
UHC**	✓	✓

6

LEAD	FFS	MC
AMG		✓
CHPW	✓	✓
CC-AHP	✓	
CCW	✓	✓
MHC	✓	✓

7

LEAD	FFS	MC
AMG		✓
CHPW	✓	✓
CCW		✓
MHC	✓	✓
SE WA	✓	

If you have any questions specific to the CHPW's Health Homes program, or would like to request more information, please contact the CHPW Health Homes Team at HealthHomes@chpw.org

LEAD ACRONYMS

AAADSW	Area Agency on Aging & Disabilities of SW WA*	MHC	Molina Health Care
AMG	Amerigroup	NWRC	NW Regional Council*
CC-AHP	Community Choice Action Health Partners (CCHN)*	O3A	Olympic AAA (OAAA)*
CHPW	Community Health Plan of WA	PCHS	Pierce County Health Services (PCHS)*
CCW	Coordinated Care of WA	SE WA ALTC	SE WA Aging & Long Term Care*
FLC	Full Life Care*	UHC	United HealthCare

*Not a managed care plan

4/2023



Contact Us!

Please contact us to refer a member for care management services, collaborate on a member, or to connect with a member of our team!

■ Referrals

- [Care Management Referral Form](#)

■ Care Management Department

- CareMgmtReferrals@chpw.org
- 866-418-7004

The screenshot shows the website's navigation bar with links for MEDICARE, INDIVIDUAL & FAMILY, ABOUT, CONNECTIONS BLOG, and myCHPW LOGIN. The main header includes the logo for COMMUNITY HEALTH PLAN of Washington and APPLE HEALTH (MEDICAID), along with customer service contact information: 1-800-440-1561 and TTY Relay: Dial 711. A search bar and language selection (English) are also present.

The breadcrumb trail reads: Home > Provider Center > Provider Forms & Tools.

Provider Forms & Tools

We provide you with forms and tools to save you time.

We provide you with forms and tools to save you time. If you have questions about filling out and submitting online or paper forms, please contact customer service.

- + Appeals
- + **Applied Behavior Analysis (ABA): Autism Spectrum Disorder**
- + Behavioral Health Resources
- Care Management/Quality
 - Dialysis Notification Form
 - **Care Management Referral Form**
 - Care Management Referral Programs
 - Chemical Dependency OTR Form
 - Critical Incident Form
 - Mental Health OTR Form
 - My Life Plan – A Person-Centered Planning Guide is funded by the Washington State Developmental Disabilities

EXPLORE MORE!

- Bulletin Board
- Member Eligibility
- Prior Authorization
- Provider Orientation

HAVE QUESTIONS?

Knowledge Check

True or False

Care Management

- a. Care management is available to ALL CHPW members.
- b. Provider can seek assistance and refer members from CHPW's case management team.
- c. CHPW's care management focuses on the *whole person*.

Answer: **True**

Provider Trainings and Tools

- Portals
 - HealthMAPS
 - JIVA
- CHPW Website:
 - Provider Center
- Provider Trainings:
 - Mandatory
 - Optional
- On-Line Provider Directory
- Provider Directory



HealthMAPS Portal

Registered users have access to the following information:

- The ability to send claims and corrected claims directly to CHPW
- Eligibility and Benefit Details
- Member Rosters
- Capitation Rosters
- Other Health Information (COB)
- View Claim Status & Run Claims Reports
- Send and receive secure messages with CHPW.
- [Register](#) for HealthMAPS

HealthMAPS Portal Training & Guides:

[HealthMAPS Provider User Guide](#)

[Instructions for Professional Claims Entry](#)

[Instructions for Corrected or Replacement Claims Entry](#)

[Instructions for Institutional Claims Entry](#)

[HealthMAPS FAQ](#)

JIVA Care Management Portal

Registered users have access to the following:

- Submit prior authorization requests, referral requests
- Submit Inpatient Notification
- Review Status of Requests
- View Letters (approval, denial, correspondence)
- Register for JIVA: [Register here](#)

Note: JIVA is the preferred method for submitting requests.

JIVA Portal Training & Guides:

[JIVA Portal User Guide](#)

[JIVA Portal FAQ](#)

[JIVA Portal Training Videos](#)

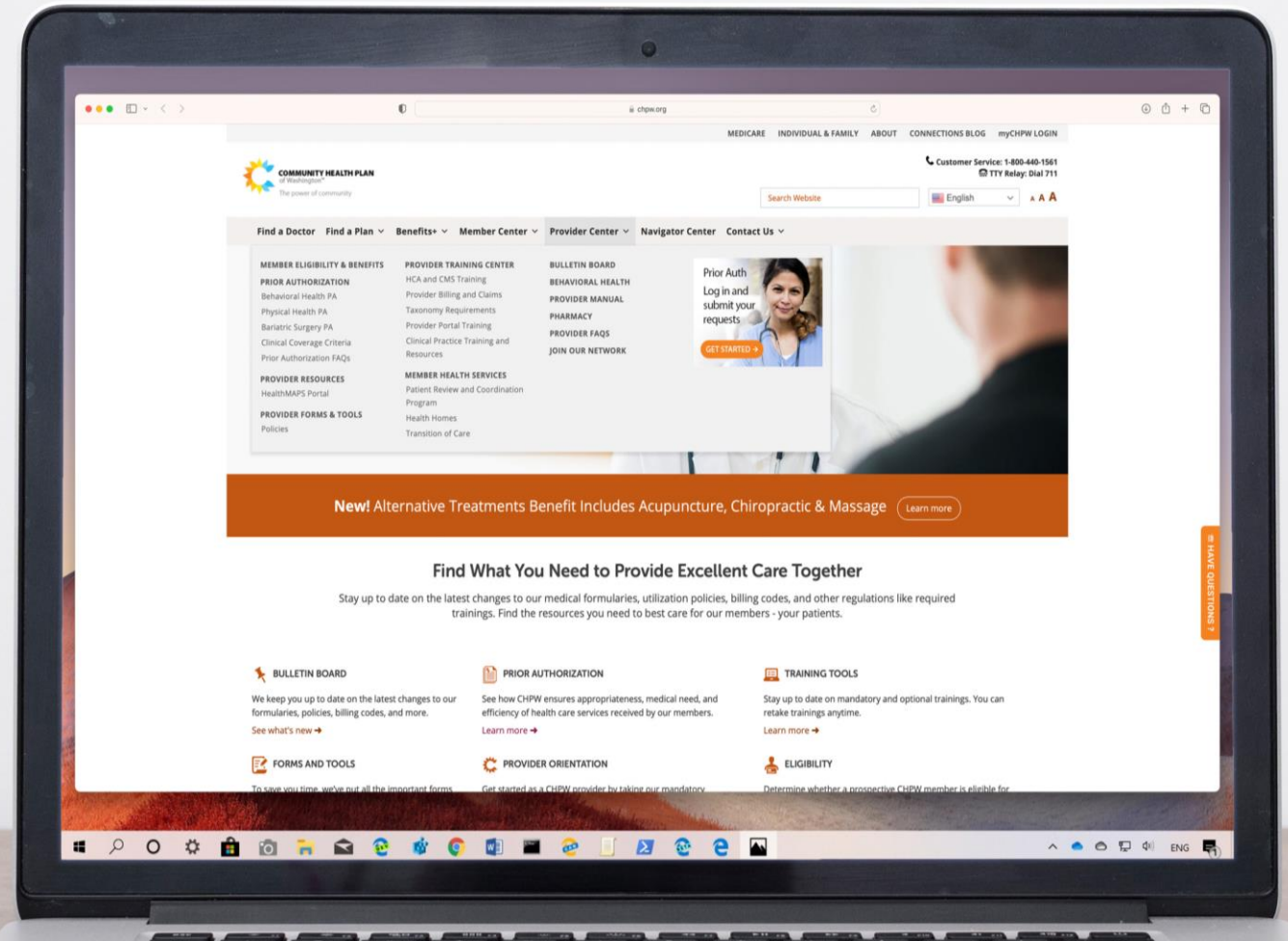
Registration issues or technical assistance:
Contact Portal Support at portal.support@chpw.org

Provider Center Web Site Resources

Stay up to date on the latest changes to our medical formularies, utilization policies, billing, trainings and regulatory requirements.

[Provider Center Web Site](#)

[Provider Bulletin Board](#)



Provider Trainings - Mandatory

Provider Orientation

- Newly contracted providers must complete orientation within 90-days of their contract effective date and complete an attestation of completion.

Dual Eligible Special Needs (D-SNP) Plan and Model of Care (MOC)

- The Centers for Medicare and Medicaid Services (CMS) requires all care provider who treat patients enrolled in a Special Needs Plan (SNP) to complete this training.

Patient Rights & Responsibilities & Advance Directive Training

- Must be completed by Providers & 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

- All staff must complete the CMS General Compliance and/or Fraud, Waste and Abuse Training annually under 42 CFR §438.608 (a) and (b), §422.503(vi)(C) and §423.504(b)(vi)(C). Provider is required to maintain evidence and must make evidence of training available for up to 10 years upon request.

Provider Training - Optional

Established Provider Orientation

- Established providers may access our orientation for a refresher and updates.

WA State HCA Clinical Data Repository

- A Clinical Data Repository or CDR is a database designed to collect and index clinical content for specific uses.

Culturally and Linguistically Appropriate Services (CLAS) Training

- Recommended for all healthcare workers (MD, DO, **Recommended for all healthcare workers** (i.e. MD, DO, ARNP, RN, LPN, Administrators, Office Managers, Medical Assistants, Receptionists, Medical Record Coordinators, Referral Coordinators, etc.).

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.

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 has the ability to see a qualified health provider within a reasonable period of time.

Note: Mandatory and Optional Provider trainings can be found [HERE](#)

Clinical Practice Training/Resources

CHPW's Regional Systems Integration team wanted us to share the following links to ensure you were made aware of other available Training programs:

- [Clinical Practice Training and Resources - Washington State Local Health Insurance - CHPW](#)
- [MCO Resources \(wahealthcareplans.org\)](#)

Training Areas of Focus:

- Evidence Based Practices/Promising Practices (Bree Collaborative)
- Recovery and Resiliency
- Screening Recommendations
- Collaborative Care and Shared Care Planning
- Discharge
- Cultural Competency
- Required safety training

Please access CHPW's Provider Manual to identify all training requirements at <https://www.chpw.org/provider-center/provider-manual/>

To contact our Regional Systems Integration Team, please email: kate.ingman@chpw.org

WA- Integrated Care Assessment (ICA)

CHPW's Regional Systems Integration team also wanted us to share the following information:

As a reminder, WA- ICA remains available to any provider: <https://waportal.org/partners/home/WA-ICA>

The WA-ICA Assessment Tools

The WA-ICA includes two companion tools, one tailored to primary care and one tailored to behavioral health (mental health and substance use disorder) settings. The tools will help providers track, measure, and advance their clinical integration progress across a set of domains.

View the [primary care assessment tool](#)

View the [behavioral health assessment tool](#)

Interested in advancing your integration efforts?

Contact Dr. Tawnya Christiansen, Behavioral Health Director at CHPW to explore ways to advance your integration efforts tawnya.christiansen@chpw.org



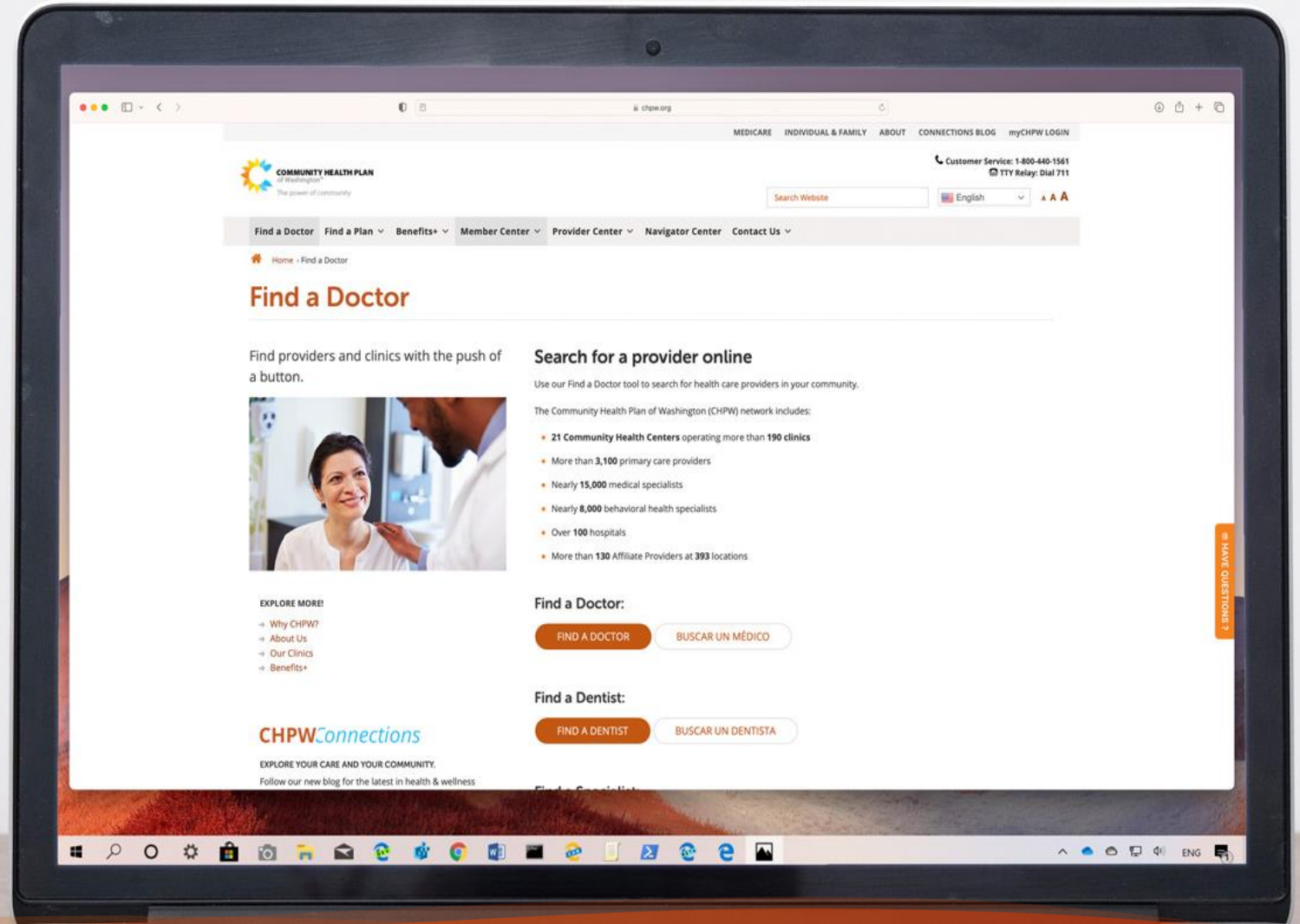
Note:

- Providers may also seek to align with ICA domains.
- Currently, no organized cohorts while efforts are made to align ICA with other initiatives (multi payer, making care primary)

Online Provider Directory

Looking for a Community Health Plan of Washington (CHPW) provider? You're in the right place!

<https://www.chpw.org/find-a-doctor/>



Knowledge Check

True or False

Provider Training & Tools

- a. Using JIVA and HealthMAPS are excellent tools to assist providers/staff with day-to-day work.
- b. CHPW's provider center is a great resource for providers – it includes access to CHPW's Provider Manual, policies and procedures and other helpful information.
- c. CHPW's on-line directory helps providers identify available network providers to assist with member referrals.

Answer: **True**

Pharmacy

- Prescription Drug Coverage
- Pharmacy Searchable Formulary
- Medication Assisted Treatment (MAT)

Prescription Drug Coverage

- **Apple Health Single Preferred Drug List (PDL)**
is used by all managed care plans & Apple Health fee-for-service.
- **Prior Authorization-** to request prior authorization, step therapy, nonformulary, or quantity limit override, contact Express Scripts (ESI) at 1-844-605-8168, 24 hours a day, 7 days a week or use <https://www.CoverMyMeds.com> to start PA process.
- **Pharmacy Reimbursement Issues** – Submit inquiry to ESI through the [Pharmacist Resource Center](#).
- **Pharmacy Emergency Fills** – Emergency fills may be covered to prevent interruptions in therapy. [View our policy on emergency fills.](#)
- **Medications available for 90-day fills** – CHPW covers 90-day supplies for most chronic medications.
- **For more information**, please visit our pharmacy web site – [Provider Center for Pharmacy](#)

Apple Health (Medicaid) & Medicare

Express Scripts

Phone: 844-605-8168

Fax: 877-251-5896

Pharmacy Searchable Formulary

CHPW uses a list of approved drugs. This is called a **“formulary”** or a **“preferred drug list.”**

Access the [CHPW Apple Health Formulary](#), go to and click on:



Providers can search or browse by generic or brand name, or therapeutic class.

From this section, Providers can identify:

- formulary status,
- prior authorization requirements
- step therapy
- additional notes







Pharmacy

Apple Health Formulary

Email this link Share this on:  

Therapeutic Class Search: central nervous system agents/antidepressant - selective serotonin reuptake inhibitors (ssris)
63 drug(s) found

To view other medications in a therapeutic class, click any class hyperlink in your search results.

Brand Name <small>Generic Name</small>	Therapeutic Class <small>Sub-class</small>	Dose/Strength	Status	Notes & Restrictions
CELEXA 10 MG TABLET	CENTRAL NERVOUS SYSTEM AGENTS ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	TABLET 10 mg		
CELEXA 20 MG TABLET	CENTRAL NERVOUS SYSTEM AGENTS ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	TABLET 20 mg		
CELEXA 40 MG TABLET	CENTRAL NERVOUS SYSTEM AGENTS ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE	TABLET 40 mg		



Medication Assisted Treatment (MAT)

Certain chemical dependency medications require providers to follow the HCA MAT guidelines and provide documentation.

To access information, guidelines and forms, go to Medication Assisted Treatment (MAT) Program links below:

- [Buprenorphine Monotherapy Prior Authorization Form](#)
- [Guidelines for Buprenorphine Containing Products](#)
- [Guidelines for Naltrexone Containing Products](#)

Opioid Prescription

- [Information on the HCA Opioid Policy](#)
- [Opioid Attestation Form](#): Fax the completed attestation form to Express Scripts at **1-877-251-5896**
- [Opioid Agonists Medical Policy](#)
- [Pharmacy Expedited Authorization Codes](#)



**MEDICATION
ASSISTED
TREATMENT**



Knowledge Check

True or False

Pharmacy

- a. CHPW does not have a searchable formulary.
- b. Providers should not submit inquiries to ESI through the Pharmacist Resource Center.
- c. Provider should never follow the HCA MAT guidelines and provide documentation.

Answer: **False**

Provider Resources

- Receive CHPW Updates & Notices
- Resources
 - HCA Pregnancy /First Steps Program
 - Partnership Access Line (PAL)
 - Partnership Access Line (PAL) for Moms
 - DCYF Services for Children and Families
 - HCA-Infant-early childhood mental health services
 - WA State Department of Health
 - WA State Medical Association
 - WA State Hospital Association
 - DSHS Long-Term Care Services
 - Psychiatry Consultation Line (PCL)
 - Washington Recovery Help Line
 - UW PACC - Psychiatry & Addictions Case Conference
- Patient Rights & Responsibilities
- Advanced Directives
- POLST
- CHPW Website: Member Center

Receive CHPW Updates & Notices

To receive the provider newsletter, updates and notices from CHPW, please email Provider.Relations@chpw.org and provide contact information (Group/Facility Name, Tax ID - name, title, phone, fax and email addresses) for the following staff/departments:

- CEO/CFO
- Office Clinic Managers/Administrators
- Billing Managers/Staff
- Contracting Managers/Staff
- Credentialing Managers/Staff
- Referral Managers/Coordinators/Staff
- Appeals Managers/Staff
- Medical Records Managers/Staff
- Team Members (billers, receptionists, medical record clerks, etc.)



Provider Office Contacts Grid (example):

Clinic/Facility Name	Tax ID	Title	Name	Phone	Email
Favorite Clinic	55-5555555	Billing Manager	Jane Doe	(555) 555-5555	Jane.Doe@favoriteclinic.org

HCA First Steps Program

First Steps helps Medicaid-eligible, pregnant, or up to 60-days postpartum women and their infants get needed health-related services.

Medical Services: Full medical coverage, prenatal care, delivery, post-pregnancy follow-up, and family planning with Apple Health.

Maternity Support Services: Preventive individual and group health-related services as early in pregnancy as possible.

Infant Case Management: Help learning about and getting needed medical, social, educational, and other support services.

Childbirth Education: Group childbirth and newborn care education generally provided during the third trimester of pregnancy.

A Medicaid program for pregnant women and their infants, including:

- ✓ Medical Services
- ✓ Maternity Support Services
- ✓ Infant Case Management
- ✓ Childbirth Education



[HCA First Steps Web Site](#)

Washington State
Health Care Authority

Partnership Access Line (PAL)

What is the Washington Partnership Access Line?

The Partnership Access Line (PAL) supports primary care providers (doctors, nurse practitioners and physician assistants) with questions about mental health care such as diagnostic clarification, medication adjustment or treatment planning. Our child and adolescent psychiatrists are available to consult during business hours.

PAL has a master's-level social worker available to assist with finding mental health resources for your patients. PAL is also partnered with [Washington's Mental Health Referral Service for Children and Teens](#), where families can speak directly with a referral specialist.

The PAL program is funded by Washington's Health Care Authority and is available to providers caring for any patient in Washington, regardless of insurance type. The phone consultation is covered by HIPAA, section 45 CFR 164.506; no additional release of patient information is required to consult by phone.

Washington providers - to be directly connected to a PAL child and adolescent psychiatrist:

Call 866-599-7257
Monday–Friday
8am – 5pm

paladmin@seattlechildrens.org

seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/



UW Partnership Access Line for Moms

[UW Partnership Access Line for Moms](#) (PAL for Moms) is a free state-funded program providing perinatal mental health consultation, recommendations and referrals for providers caring for pregnant or postpartum patients.

HOW DOES IT WORK?

- Complete a brief intake
- Consult with a UW perinatal psychiatrist (usually immediately, or within 1 business day)
- Receive written documentation of recommendations and resources

WHAT KIND OF QUESTIONS CAN I CALL ABOUT?

- We consult on any behavioral health-related questions for patients who are pregnant, in the first year postpartum, or who have pregnancy-related complications (e.g., pregnancy loss, infertility). Topics may include:
- Depression, anxiety, other psychiatric disorders (e.g., bipolar disorder, post-traumatic stress disorder), substance use disorders, or co-occurring disorders
- Pregnancy loss, complications, or difficult life events
- Weighing risks and benefits of psychiatric medication
- Non-medication treatments

WHO CAN CALL? Any provider in Washington State who cares for pregnant or postpartum patients.

UW Psychiatry Consultation Line (PLC)

The [UW Psychiatry Consultation Line \(PCL\)](#) helps eligible providers who are seeking clinical advice regarding adult patients (18+) with mental health and/or substance use disorders

How does PCL work?

Providers call and after a short intake with a UW health navigator, are connected to a UW psychiatrist. At the conclusion of the conversation, the UW psychiatrist will send a brief written documentation of the recommendations to the caller via email.

Who is eligible to call?

Prescribing health care providers in Washington State from:

- *Primary care clinics
- *Community hospitals
- *County and municipal correctional facilities

What PCL psychiatrists CANNOT do:

- *Speak directly to patients
- *Review written records
- *Manage psychiatric emergencies or satisfy Single Bed Certification requirements

Questions? Email PCLWA@uw.edu

Department of Children, Youth, and Families (DCYF)

DCYF is the lead agency for state-funded services that support children and families to build resilience and health, and to improve educational outcomes.

DCYF accomplishes this by partnering with state and local agencies, tribes and other organizations in communities across the state of Washington.

Their primary focus is to support children and families at their most vulnerable points, giving them the tools they need to succeed.

For more information, go to:

<https://dcyf.wa.gov/>



Washington State Department of Health

The Washington State Department of Health (DOH) fights to defend the public's health from threats in a rapidly evolving world. DOH's programs and services, implemented in collaboration with local health departments and state, federal and private partners, touch the lives of all Washingtonians and visitors to the state 24 hours a day, 7 days a week. DOH provides **comprehensive** public health services and programs to the community through a workforce of approximately **2,000** public health professionals – all dedicated to improving the health and wellbeing of Washingtonians and the communities in which they live, learn, work, worship and play.

DOH will continue to evolve and transform public health activities, taking it to the next level through our cornerstone values of **Equity, Innovation, and Engagement**. Each year brings new diseases, new chronic disease risks, and more natural and man-made disasters. **Public health works together** and across the health ecosystem for a **brighter tomorrow**.

For more information:

<https://doh.wa.gov/community-and-environment/health-equity/community-collaborative>



Washington State Medical Association (WSMA)

The WSMA is the largest physician professional association in Washington, representing physicians, residents, medical students, and physician assistants from nearly all specialties and practice settings throughout the state. [Who We Are](#)

Strategic Plan

The WSMA is guided by a strategic plan, which outlines key priorities for the association, areas of focus for its work, strategic goals, and associated benchmarks. The WSMA's strategic plan reflects the association's commitment to its members, which is to make a difference, whether that's by improving the practice environment, their professional status, or the care they provide to patients and communities. [Strategic Plan](#)

For more information:

<https://wsma.org/>



Washington State Hospital Association (WSHA)

The Washington State Hospital Association advocates for and provides value to members in achieving their missions. WSHA will be the trusted voice and indispensable resource that leads, challenges and assists hospitals and health systems to improve the health of the communities they serve.

Service: We are a member-led association committed to providing servant leadership.

Integrity: We are honest in our work and operate with transparency and accountability.

Collaboration: We act cooperatively, incorporate diverse perspectives and use the power of the collective to achieve our mission.

Innovation: We are agile and drive continuous quality improvement.

Equity: We share accountability to cultivate diversity and promote inclusive environments and opportunities for all people.

For more information:

<https://www.wsha.org/>



Apple Health - Long-term services and supports

Noninstitutional services are authorized for people who are eligible for a categorically needy (CN) or alternate benefit plan (ABP). These services are:

1. Medicaid Personal Care (MPC)
2. Community First Choice (CFC)
3. Hospice

Note: *Hospice services can also be authorized under the medically needy (MN) program.*

Institutional services is also called long-term care (LTC). These services are authorized for people living in a medical institution 30 days or more.

1. Initial eligibility for the Medicaid
2. Functional eligibility for the service
3. Post-eligibility treatment of income to determine the client responsibility toward the cost of care.
This payment is also called participation.

For more information, go to:

[Apple Health Long-Term Services and Support](#)

The UW Psychiatry and Addictions Case Conference is a free weekly teleconference that connects community providers with UW Medicine psychiatrists and addictions experts.

Sessions include both an educational presentation and case presentations where providers who participate receive feedback and recommendations for their patients.

UW PACC sessions take place Thursday from 12:00 to 1:30 pm PT. Any community providers (physicians, nurse practitioners, physician assistants and mental health professionals) are welcome to join the weekly teleconference.

You can register [HERE](#)

CME offered for nominal fee

Please feel free to forward, print, and post this [UW PACC Flyer](#)

For providers interested in
didactic presentations and
case-based learning
uwpacc@uw.edu
Thursdays 12:00-1:30 pm

Behavioral Health is essential to health. Prevention is effective, treatment works, and people recover. If you have a patient who may need Behavioral Health services, please note the resources below and share with your patients.

The WA Recovery Help Line, a service of Crisis Clinic, is a free 24-hour crisis intervention and referral line for those struggling with issues related to mental health, substance abuse, and problem gambling. Professionally trained volunteers and staff provide confidential support and referrals to detox, treatment, and recovery support groups.

For Immediate Help, your patients could call the Washington Recovery Help Line at: 1-866-789-1511 warecoveryhelpline.org

For more information about the Crisis Clinic, go to: crisisclinic.org

Patient Rights

Patient have the right to:

- Make decisions about their health care, including refusal of care.
- Be informed about all available treatment options, regardless of cost.
- Change their Primary Care Provider.
- Request a second opinion from another contracted provider.
- Obtain services within specified appointment standards.
- Be treated with dignity and respect. Discrimination on the basis of race, color, national origin, sex, sexual preference, age, religion, creed or disability will not be tolerated.
- Speak freely about their health care and concerns about adverse results.
- Have their privacy protected and information about care remain confidential.
- Request and receive copies of their medical records.
- Request and have corrections made to medical records if an error has been made.

Request and receive information about:

- Their health care and covered services.
- Their provider and how referrals are made to specialists and other providers.
- How their Managed Care Plan pays providers for care provided.
- All options for care and why they are receiving certain types of care.
- Assistance with filing a grievance or complaint about their care.
- Their Apple Health Managed Care Plan's organizational structure, policies and procedures, practice guidelines and how to recommend changes.
- Enrollee Rights and Responsibilities at least annually.
- Receive a list of crisis telephone numbers.
- Receive help completing mental or medical health advance directive forms.
- Receive mental health and substance use disorder services.

Patient Responsibilities

- Help make decisions about their health care, including refusal of treatment.
- Keep and be on time to their appointments.
- Call their provider's office if they will be late or need to cancel an appointment.
- Present their ProviderOne and Apple Health Managed Care Plan ID cards to their provider for billing purposes.
- Be respectful to providers.
- Learn about their plan, including covered and excluded services.
- Access care when necessary.
- Learn about their health problems and take part in making agreed upon treatment goals whenever possible.
- Provide to their provider and health plan complete information about their health to ensure appropriate care.
- Follow their provider's instructions.
- Use health care services appropriately.
- Renew their Apple Health coverage annually.
- Inform the HCA of the following changes:
 - Family size
 - Address
 - Income
 - Other insurance
 - Medicare eligibility

Advanced Directives

An advance directive is a document that indicates, in writing, your choices about the treatments **you want** or **do not want** and/or **who will make healthcare decisions for you** if you become incapacitated and cannot express your wishes.



There are three forms of Advance Directives:

- 1. Durable Power of Attorney (POA) for Health Care** - This names another person to make medical decisions for the enrollee if they are unable to make the decision themselves.
- 2. Healthcare Directive (Living Will)** - This is a written document that states whether or not an enrollee wants treatment to prolong their life. An enrollee may document their request to die naturally.
- 3. Organ Donation Request** - This allows an enrollee to donate their organs after their death.

Physician Orders for Life Sustaining Treatment (POLST)

The **Physician Orders for Life Sustaining Treatment (POLST)** form is for anybody who has a serious health condition and needs to make decisions about life-sustaining treatment. Your provider can use the POLST form to represent your wishes as clear and specific medical orders.

A POLST form complements the advance directive — it does not replace it. The POLST form is a medical order that tells your emergency health care professional what to do during a medical crisis when the patient cannot speak for him or herself. An Advance Directive is a legal document that tells who the patient wants making medical treatment decisions for him/her when he/she cannot speak and gives general directions on treatments the patient does or does not want to help create a treatment plan.

For more information on POLST and POLST Form, please go to the Washington State Medical Association website: <https://wsma.org/POLST>

Providers should review their obligations concerning Advance Directive in WAC 182-501-0125.

CHPW Policy (CM118) - [Advance Directives and Physician Orders for Life Sustaining Treatment \(POLST\) Policy](#)

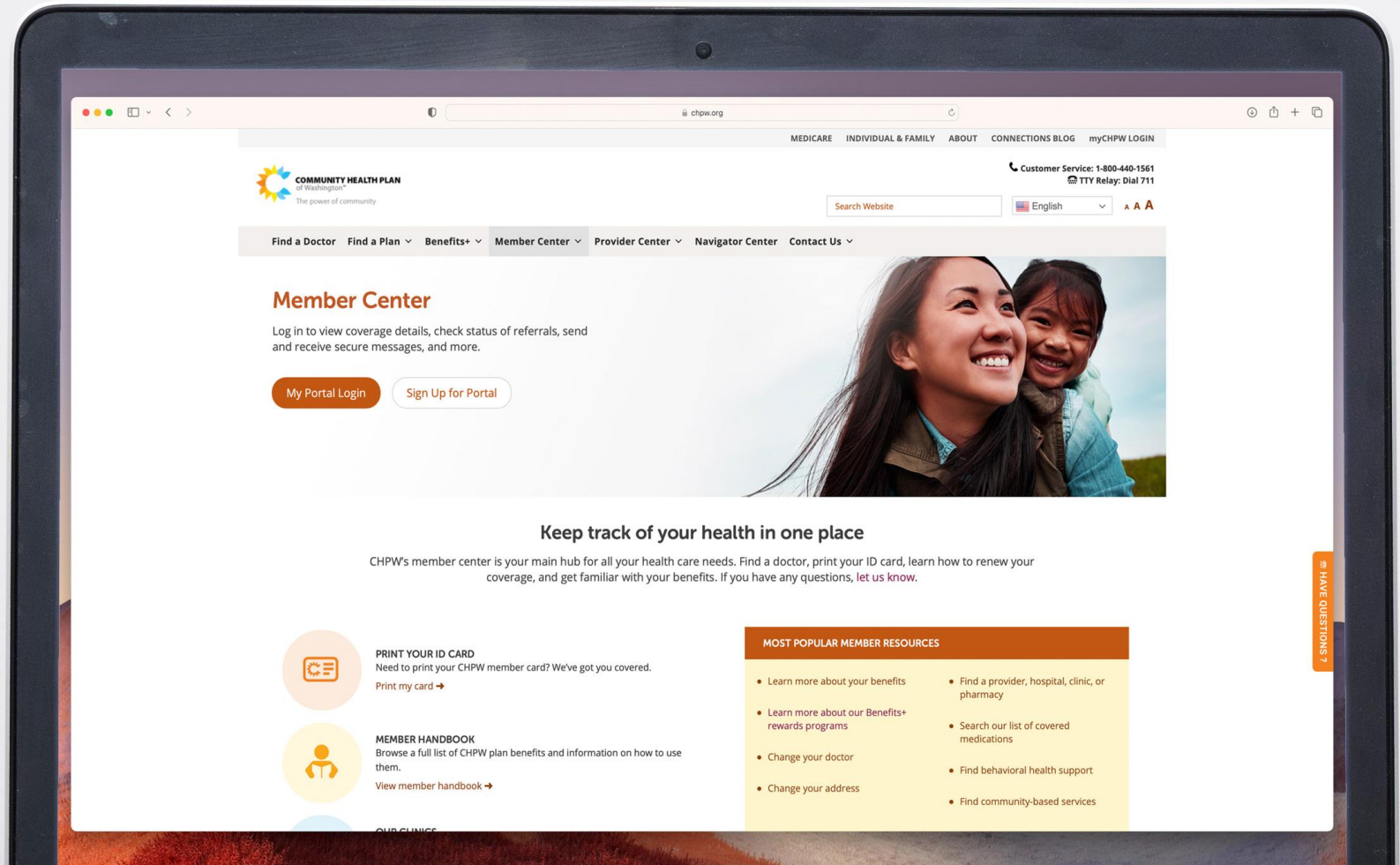
Member Center Website

CHPW's member center a main hub for all member health care needs.

Members can find a doctor, print ID cards, learn how to renew coverage, and get familiar with benefits.

Members can contact Customer Service with questions at [let us know](#).

Member Center



Attestation

Thank you for completing CHPW's
Provider Orientation!

Required

Please complete and submit an
Attestation:

[Attestation Form](#)