



COMMUNITY HEALTH PLAN
of Washington™

Provider Newsletter

Updates and resources from Community Health Plan of Washington to providers and staff.

To get the latest updates, visit our Bulletin Board:

[Provider Bulletin Board](#)

New Provider Portal Is Live

HealthMAPS, CHPW's new provider portal, is now live.

Providers should now access HealthMAPS for patient information. HealthMAPS is replacing the Health Information Portal (HIP).

We are no longer accepting new HIP registrations. Providers who already have access to HIP can still access information from this link for several more months: <https://hip.chpw.org/login.asp>. Access to HIP is no longer available from OneHealthPort.

HealthMAPS is not replacing Jiva, CHPW's care management portal. Please continue to use Jiva to submit and view prior authorization requests, referral requests, and inpatient notifications.

You can go online to <https://mychpw.chpw.org/en/provider> and register to create a HealthMAPS account. You will need to know your Billing Tax ID number(s) in order to do so. Please note, it may take up to 10 calendar days to process your HealthMAPS registration. You will receive an email when your registration is complete. **In the interim, you can still access information via HIP.**

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

More information about HealthMAPS is available on our website.

- "Introducing HealthMAPS" on the CHPW Provider Bulletin Board, <https://www.chpw.org/for-providers/bulletin-board/>.
- A "Provider Portals FAQ" and two training guides are available from the Provider Orientation, Training, and Education page on our website, <https://www.chpw.org/for-providers/training/>, under Training Workbooks and then under HealthMAPS Portal.

[Register for HealthMAPS](#)

Provider and Staff Training Programs

CHPW is committed to provide training and education to our Providers and their Staff. We are dedicated to developing your knowledge and understanding through a variety of mandatory and optional training programs.

To access our on-line training programs, go to our website at www.chpw.org. From the home page, select "For Providers" and from the menu, select Orientation, Training and Education. You can also find specific resources and training related to Integrated Managed Care implementation on the [Clinical](#)

[Integration Resources](#) web page.

Perinatal Mental Health Phone Consultations Available

We recently added a link to our Forms and Tools page with information about using the "[Partnership Access Line \(PAL\) for Moms](#)".

This resource is for any health care provider in Washington State to receive consultation, recommendations, and referrals to community resources from a UW psychiatrist with expertise in perinatal mental health.

If you prefer an in-person training session, or if you have any questions regarding our training programs, please contact our Provider Relations Department at Provider.Relations@CHPW.org.

Integrated Managed Care Update

Starting on January 1, 2019, four additional regions began implementation of Integrated Managed Care (IMC) for Apple Health (Medicaid): King, Pierce, Greater Columbia, and Spokane.

The administration of behavioral health services in these regions has transitioned from the Behavioral Health Organization (BHOs) to the Managed Care Organizations (MCOs).

CHPW is one of the contracted MCOs providing coverage in King, Greater Columbia, and Spokane; in Pierce, CHPW is not an MCO and is focused on continuity of care for members through the transition.

An FAQ for providers developed from a Joint MCO Symposium, along with other IMC information and resources, is available on [CHPW's Integrated Managed Care page](#) online.

Post-Fracture Treatment Approaches

When a patient comes in with a fracture, particularly if the patient is over 60, you know to test their bone density. Fractures themselves increase a patient's risk of future fractures, and osteoporosis only makes the patient more vulnerable. After a hip fracture, 12%-17% of patients die in the first year, only 50% walk independently again, and 20% are forced to move into a long term care facility. The sooner osteoporosis is identified, the earlier you and your patient can form a treatment plan and reduce the risk of future fractures.

The most common test is the Dual-energy X-ray Absorptiometry (DXA) scan. This test is recommended by National Osteoporosis Foundation (NOF) and the International Society for Clinical Densitometry (ISCD) regardless of whether your patient's fracture is a fragility fracture (such as a fracture from falling from standing height), or a fracture that involved more trauma.

However, the NOF and the ISCD recommend that if your patient comes in with a fragility fracture of the hip or spine, they should be considered for osteoporosis treatment even if their scan does not indicate low bone density. Recommended treatment is a bisphosphonate, such as an Alendronate and Calcium with a Vitamin D supplement if needed.

If your patient's fracture involved trauma, run a DXA scan to determine if osteoporosis was a factor and do a FRAX calculation to determine their risk for future fractures. If the DXA scan shows a T-score less than or equal to -2.5 (osteoporosis), or if the scan indicates osteopenia and the FRAX calculation shows a ten-year total fracture risk is 20% or more, or a 10-year hip fracture risk is 3% or more, the patient should be treated with an FDA-approved medical therapy, such as a bisphosphonate, to reduce the fracture risk.

The DXA scan is a wonderful tool that helps providers accurately determine bone density in most cases. However, it's important to trust your clinical judgment. If a bone breaks from a simple fall, you know there's something wrong, no matter what the scan says.

UW Medicine Pain and Opioid Consult Hotline for Clinicians

If you are seeing a patient with complex chronic pain problems, especially involving opioid management, UW Medicine pain pharmacists and physicians can provide clinical advice at no charge. Typical consults take 15-20 minutes.

To use the hotline, just call. You don't need to make a reservation or complete a form.

Note: This hotline is for prescribers, not patients.

Phone: 1-844-520-PAIN (7246)

SPDL Phase 4 Implementation

The Health Care Authority (HCA) is underway with the creation of the Apple Health (Medicaid) preferred drug list (PDL) in partnership with managed care plans that serve Apple Health clients. HCA is working to ensure the Apple Health PDL provides access to clinically effective and appropriate drug therapies in each class.

HCA is using a phased approach to build the PDL. The first phase was launched 1/1/18, which consisted of 13 drug classes. The second phase was launched 7/1/18, consisting of 57 drug classes. The third phase launched 10/1/18, consisting of 66 drug classes. **The fourth phase launches 1/1/19, consisting of 74 drug classes.** Managed care plans will continue to use their own preferred drug lists for drugs that are not included in the Apple Health PDL.

No changes are being made to the prior authorization (PA) processes each managed care plan currently uses.

HCA, not a managed care plan, currently pays for certain drugs, such as those for Hepatitis C. This arrangement will continue after we implement the Apple Health PDL. Drugs that managed care plans don't cover will reject at point of sale with direction to bill Apple Health fee-for-service.

More information on phase three can be found in the CHPW Pharmacy newsletters on the [Provider Bulletin Board](#).

Reporting Changes in Provider Information

All CHPW providers must give notice to CHPW at least 60 days in advance of any provider changes including, but not limited to:

- Tax identification
- NPI number (individual and/or group)
- Billing (vendor) address, office, and fax phone numbers
- Clinic contact information (name, phone number, fax, and email)—i.e., Credentialing Coordinator, Billing Manager, Clinic Manager
- Provider additions (include provider effective date)
- Provider terminations (include provider termination date)
- Clinic/facility location additions/changes (if applicable, include effective and termination dates for your clinics and/or facility)

A 60-day advance notice for changes will provide CHPW ample time to update all systems, notify members, and prevent claims payment delays. Provider and group changes should be reported to CHPW by completing a Provider Add Change Term (PACT) Form and/or Clinic and Group Add Change Term Form (available on the [Provider Forms and Tools](#) page of our website). Email your completed form(s) to Provider.Changes@chpw.org.

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

For Delegated Credentialing provider groups, please refer to and follow your delegated credentialing agreement. Delegated Credentialing provider groups should submit provider updates via email to DelegatedCredentialing@chpw.org.

CHPW UM Standards of Quality

1. UM decision making is based only on appropriateness of care and service and existence of coverage;
 2. CHPW does not specifically reward practitioners or other individuals for issuing denials (adverse benefit determinations) of coverage; and
 3. Financial incentives for UM decision makers do not encourage decisions that result in underutilization
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Prior Authorizations

For more information about our Prior Authorizations please visit our website at

<https://www.chpw.org/for-providers/prior-authorization-and-medical-review/>

Clinical Coverage Criteria

For more information about our clinical coverage criteria, please visit our website at <https://www.chpw.org/for-providers/care-and-case-management/clinical-coverage-criteria>

If you are unable to access our website and would like more information or paper copies of the clinical coverage criteria please contact our customer service team at 1-800-440-1561 (TTY Relay: Dial 7-1-1), Monday through Friday, 8:00 a.m. to 5:00 p.m.