



Member Services  
Now at your fingertips

# CHPW HealthMAPS PROVIDER PORTAL USER GUIDE

## REVISION HISTORY

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Version	Date	Prepared By	Summary of Changes
V1.0	August 2018	Joelle Gourdeau	DRAFT
V1.0	November 2018	Joelle Gourdeau	FINAL
V1.0	January 2019	Renée Lillie	Revised
V1.1	June 2019	Joelle Gourdeau	Updated Provider Directory Search
V2	September 2020	Amy Lathan / Renée Lillie	Added "Other Health Insurance (OHI)" section
V3	January 2021	Renée Lillie / Amy Lathan / Dianna Graham	Removed steps to view auths/referrals and steps to submit online claims; added references to training guides; updated "Provider Search" section
V3.1	June 2021	Renée Lillie	Fixed: Table of Contents; broken website link; outdated screenshot
V4.0	September 2021	Renée Lillie / Amy Lathan	Updated instructions to create new account or log in to existing account through OneHealthPort
V5.0	October 2022	Renée Lillie / Amy Lathan	Minor edits
V6.0	February 2024	Renée Lillie / Amy Lathan	Clarified OneHealthPort instructions; added note about claim denial and adjustment reason code descriptions
V6.1	April 2024	Amy Lathan / Renée Lillie	Added "Other Health Insurance" and "EFT Enrollment and Updates" sections

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# 1 Accessing the Portal

A HealthMAPS provider portal account allows you to view CHPW eligibility, benefits coverage, and claim information for CHPW members.

## How to Create a CHPW HealthMAPS Provider Portal Account and How to Log Into the Portal

CHPW offers a provider portal through OneHealthPort. HealthMAPS requires Multi-Factor Authentication through OneHealthPort. This enhances the safety and security of our provider and membership data. This means that you must sign in to HealthMAPS through OneHealthPort. If you try to create a new HealthMAPS account or log in to HealthMAPS directly, the system will redirect you to OneHealthPort. You will then need to log in to OneHealthPort to access HealthMAPS.

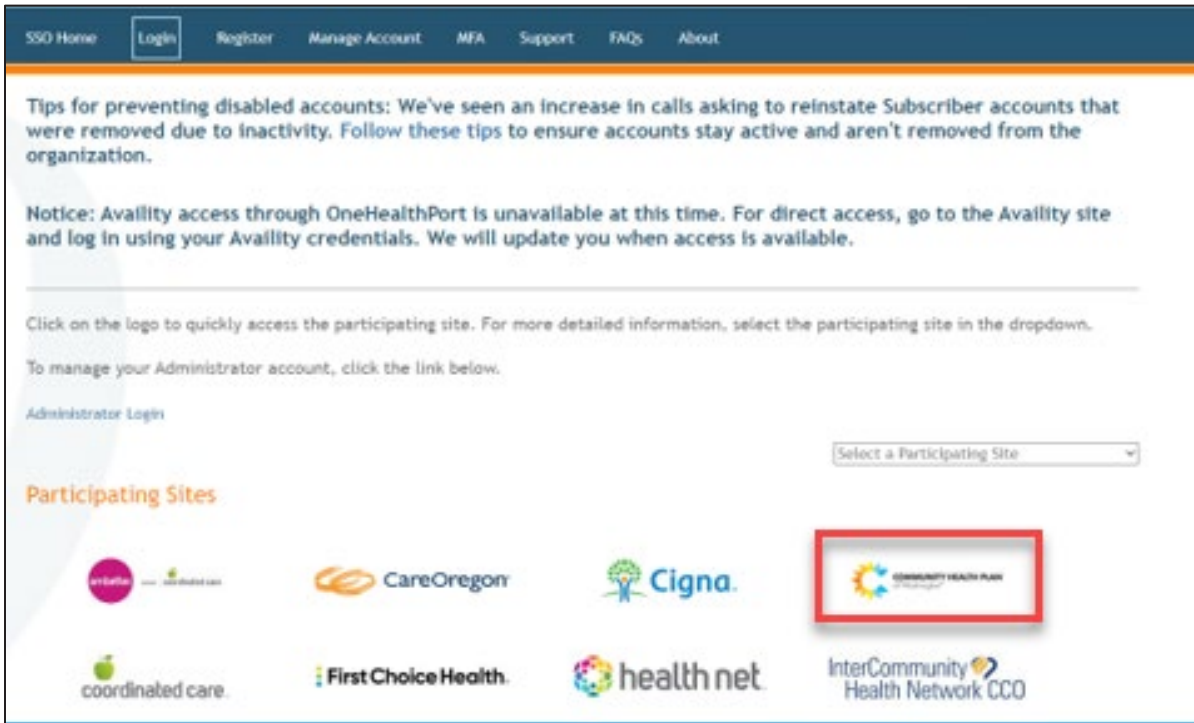
Please see the “About OneHealthPort and Multi-Factor Authentication” and “How to Log In” sections below or the HealthMAPS FAQ on our [Provider Portal Training](#) webpage for more information.

### *Before You Begin*

You will need know your Billing National Practitioner Identifier (NPI) and Billing Tax ID (TIN) number(s) to create a new HealthMAPS account. Please note, if you are creating a new account, it may take up to 5 calendar days to process your registration. You will receive an email when your registration is complete.

## Screens

### OneHealthPort



SSO Home **Login** Register Manage Account MFA Support FAQs About

Tips for preventing disabled accounts: We've seen an increase in calls asking to reinstate Subscriber accounts that were removed due to inactivity. Follow these tips to ensure accounts stay active and aren't removed from the organization.

Notice: Availity access through OneHealthPort is unavailable at this time. For direct access, go to the Availity site and log in using your Availity credentials. We will update you when access is available.







Click on the logo to quickly access the participating site. For more detailed information, select the participating site in the dropdown.

To manage your Administrator account, click the link below.

Administrator Login

Select a Participating Site

**Participating Sites**

-  Availity
-  CareOregon
-  Cigna
-  **Community Health Plan of Washington**
-  coordinated care
-  First Choice Health
-  health net
-  InterCommunity Health Network CCO



OneHealthPort | SSO

SSO Home Login Register Manage Account MFA Support FAQs About

# Community Health Plan of Washington

BI Portal Login **HealthMAPS Login** ←

## Choose an Authentication Method

The site or application you are trying to access requires Multi-Factor Authentication. Please select an authentication method from the list below.

For more information visit the [MFA page](#)



ONE-TIME PASSCODE



GOOGLE AUTHENTICATOR

**CHPW HealthMAPS**

Quick Links

- Dashboard
- Tax ID Preferences
- Authorizations & Referrals <
- Patient Eligibility <
- Claims <
- Secure Messages
- Extras <
- Provider Search
- Other Health Insurance
- Provider Resources <
- Reports <



## Q&A

### About OneHealthPort and Multi-Factor Authentication

#### What is [OneHealthPort](#)?

OneHealthPort's [Single Sign-On \(SSO\)](#) offers healthcare professionals an easy and secure way to access the provider portals of major local health plans and hospitals as well as other valuable online services with one ID and password.

#### What is Multi-Factor Authentication?

Multi-Factor Authentication (MFA) means a user must verify their identity by multiple methods in order to log into an account or system. Methods can include something you know, such as your username and password, plus something that is unique to each log in, such as a unique code that is generated by an app and sent to you via email or text. You enter the necessary information to verify your identity and approve your login. This can help prevent someone else from accessing your account, even if they know your username and password.

Please see OneHealthPort's [Multi-Factor Authentication](#) page for more information.

#### How do I check if my organization has a OneHealthPort account?

Please see OneHealthPort's [Frequently Asked Questions](#) page for more information:

- To check if your organization is registered with OneHealthPort, follow the instructions under "What if I don't know whether my Organization is registered yet or who is my Administrator?"
- If you don't have a OneHealthPort account, follow the instructions under "How do I register to use OneHealthPort?" or go directly to [Register Your Organization](#).

If you already have a OneHealthPort account, you're all set.

### **What if I have more questions?**

If you have questions about OneHealthPort, including how to register or how to access your account, you can contact OneHealthPort's Help Desk at 1 (800) 973-4797, 24 hours a day, seven days a week.

If you have questions about CHPW's HealthMAPS portal, please see our [Provider Portal Training](#) page , or email our Customer Service Team at [customer care@chpw.org](mailto:customer care@chpw.org). One of our Customer Care Representatives will contact you.

## How to Log In

Follow these steps to log in to HealthMAPS via OneHealthPort.

### Step-by-Step Instructions

#### Steps

#### More Information

##### Start from CHPW's OneHealthPort page

#### 1. Sign in to OneHealthPort:

There are two ways you can sign in.

One option is to go to the OneHealthPort Single Sign-On (SSO) page at <https://www.onehealthport.com/sso>. From the main screen, select the **Community Health Plan of Washington** icon.

The other option is to go directly to OneHealthPort for CHPW at <https://www.onehealthport.com/sso-payer/community-health-plan-washington>.

- a. On the CHPW page, select the **HealthMAPS Login** button.
- b. Enter your OneHealthPort logon credentials.
- c. Choose your authentication method.
- d. Follow the instructions on the OneHealthPort page to continue.
- e. Click **Verify** when prompted.

#### 2. The CHPW HealthMAPS Provider Dashboard displays.

If you're not sure if you're registered with OneHealthPort, see OneHealthPort's [Frequently Asked Questions](#) page for more information.

Once you have a OneHealthPort account, you'll have access to CHPW's HealthMAPS provider portal.

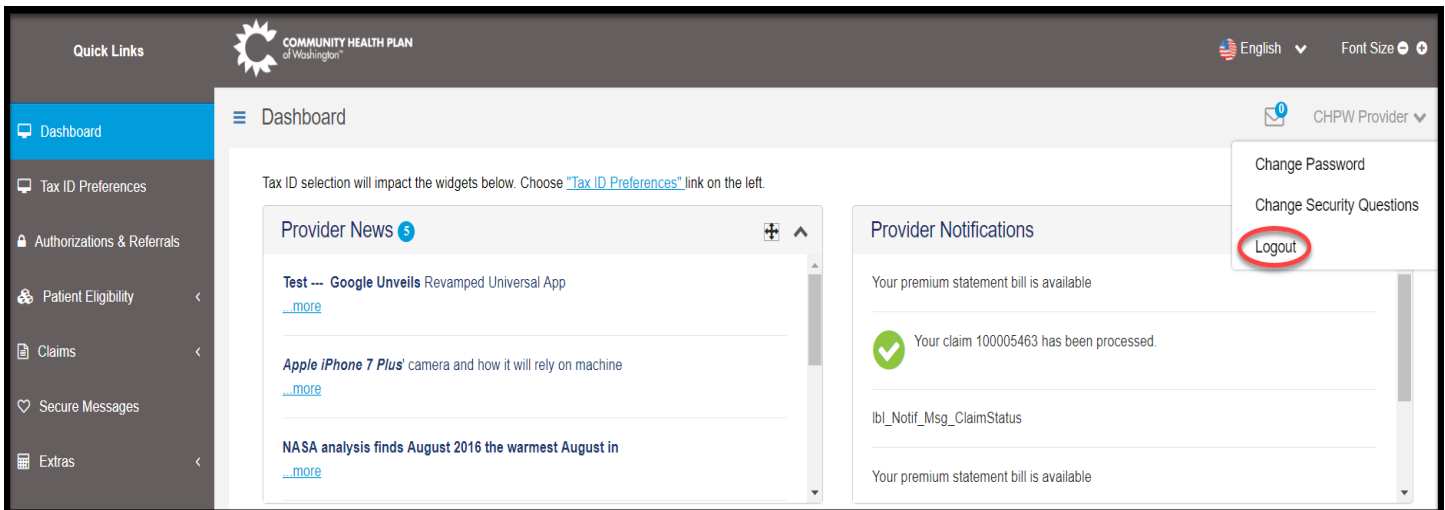
Follow these instructions each time you want to log in to HealthMAPS.

## How to Log Out

For security purposes, it is recommended that you logout of the Provider Portal instead of just closing your browser. Follow these steps to securely end your provider portal session.

### Screens

#### Provider Dashboard Page



### Step-by-Step Instructions

#### More Information

#### Steps

##### Start on your Provider Dashboard Page

1. Click the **Welcome [Provider Name]** option.

This option is located near the top right of the page.

2. Click the **Logout** option.

You will be returned to the **Provider Login** page.

## 2 The Provider Dashboard

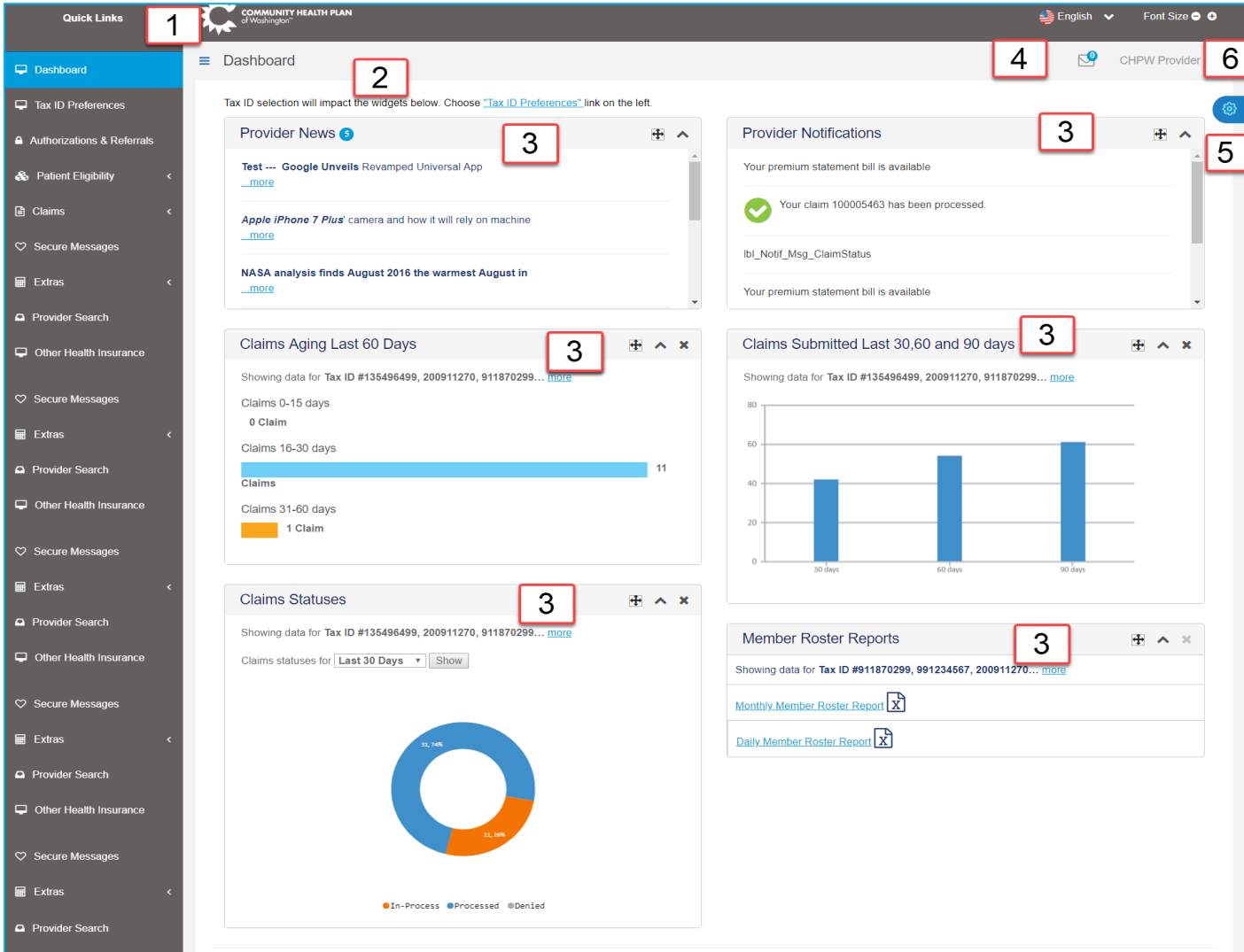
### How to Customize Your Dashboard

The dashboard can be customized to present the most valuable and useful information at a glance. The dashboard provides easy navigation to high-level metrics with the ability to drill down to detailed information simply by selecting the desired object. The customized gear list allows you to select what information to display on your dashboard based on your Preferred Tax ID selections.

#### Before You Begin

You will need your User ID and password.

#### Screens



The screenshot shows the CHPW Provider Dashboard interface. The following elements are highlighted with numbered callouts:

- 1:** Quick Links menu in the top left corner.
- 2:** Dashboard title and navigation area.
- 3:** Individual widget titles: "Provider News", "Claims Aging Last 60 Days", "Claims Statuses", "Provider Notifications", "Claims Submitted Last 30,60 and 90 days", and "Member Roster Reports".
- 4:** Language and Font Size settings in the top right.
- 5:** User profile information (CHPW Provider) in the top right.
- 6:** Settings gear icon in the top right.

The dashboard content includes:

- Provider News:** A list of news items with "more" links.
- Claims Aging Last 60 Days:** A bar chart showing claim counts by age range: 0-15 days (0), 16-30 days (11), and 31-60 days (1).
- Claims Statuses:** A donut chart showing claim status distribution: In-Process (33, 14%), Processed (11, 20%), and Denied (56, 26%).
- Provider Notifications:** A list of messages, including "Your premium statement bill is available" and "Your claim 100005463 has been processed."
- Claims Submitted Last 30,60 and 90 days:** A bar chart showing claim counts for 30, 60, and 90-day periods.
- Member Roster Reports:** Links to "Monthly Member Roster Report" and "Daily Member Roster Report".

## Provider Dashboard Functions

### Provider Dashboard

- 1. Quick Links**

Use the links in this section to go directly to the page or function you want to access.
- 2. Dashboard Display**

Click the three horizontal lines to hide or display the Quick Links pane.
- 3. Widgets**

The Provider Dashboard contains several small boxes called widgets. Widgets can be moved or collapsed and some widgets can be hidden. This gives you the option to customize your Provider Dashboard so you can quickly see the information you are most interested in each time you log in.

The Provider News widget is general information that all CHPW providers can view.

Provider Notifications are specific notifications that only you can view.
- 4. Secure Messages Icon**

Click this icon to go directly to your Secure Message page. Secure messages are like email, but they can be only be read in the CHPW HealthMAPS provider portal. Click the envelope icon to see your Secure Messages. The number over the envelope icon tells you how many new secure messages you have.
- 5. Gear List**

Click the Gear List to open the customized dashboard display. You can select and deselect items in the list to customize your dashboard view. You can change what displays on your dashboard at any time.
- 6. Welcome drop-down**

Click the Welcome message to display a drop-down with the following options: Change Password, Change Security Questions, and Logout.

## 3 Provider Tax ID Preferences

You can decide what information you would like to display on your dashboard based on the approved Tax IDs available to you on the Preferred Tax ID selection page.

When you click the link on the dashboard, you will be taken to the Preferred Tax ID selection page.

### How to Choose your Preferred Tax IDs

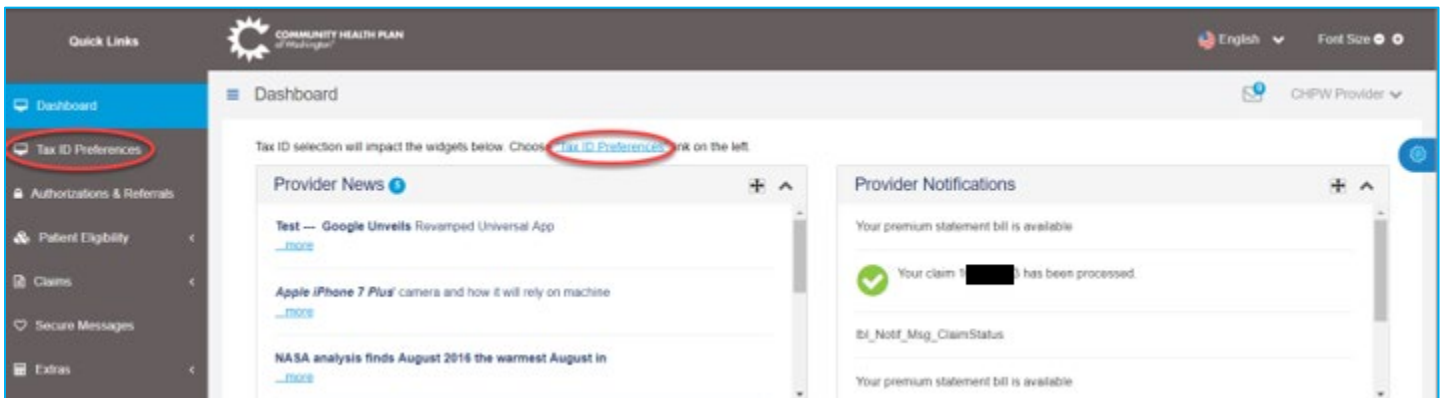
Follow these step-by-step instructions to choose your Preferred Tax IDs.

#### *Before You Begin*

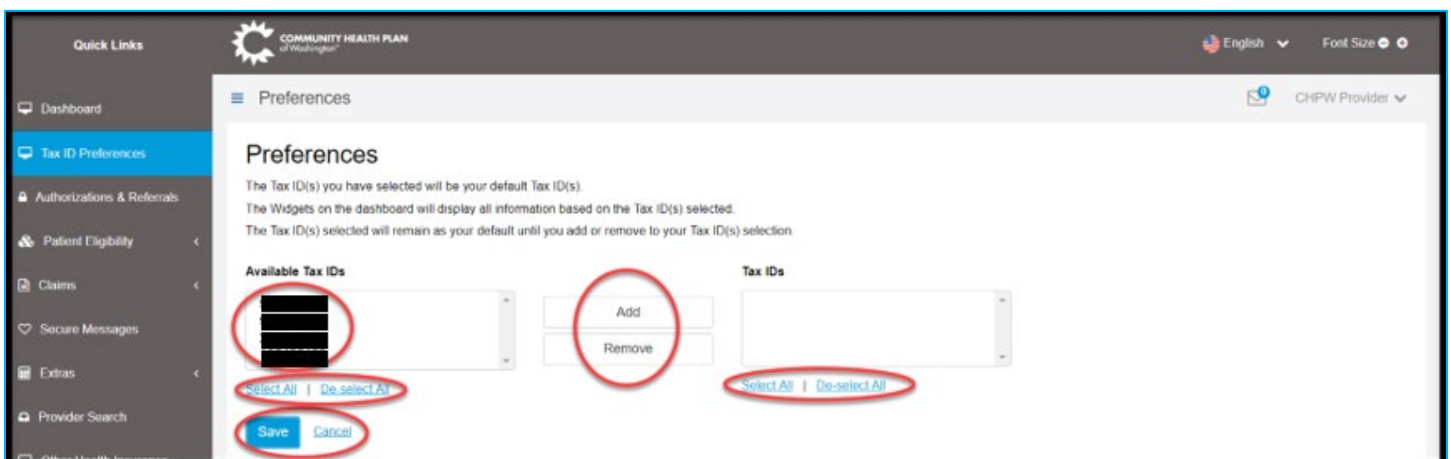
Log in to the CHPW HealthMAPS provider portal and start from the **Provider Dashboard**.

#### *Screens*

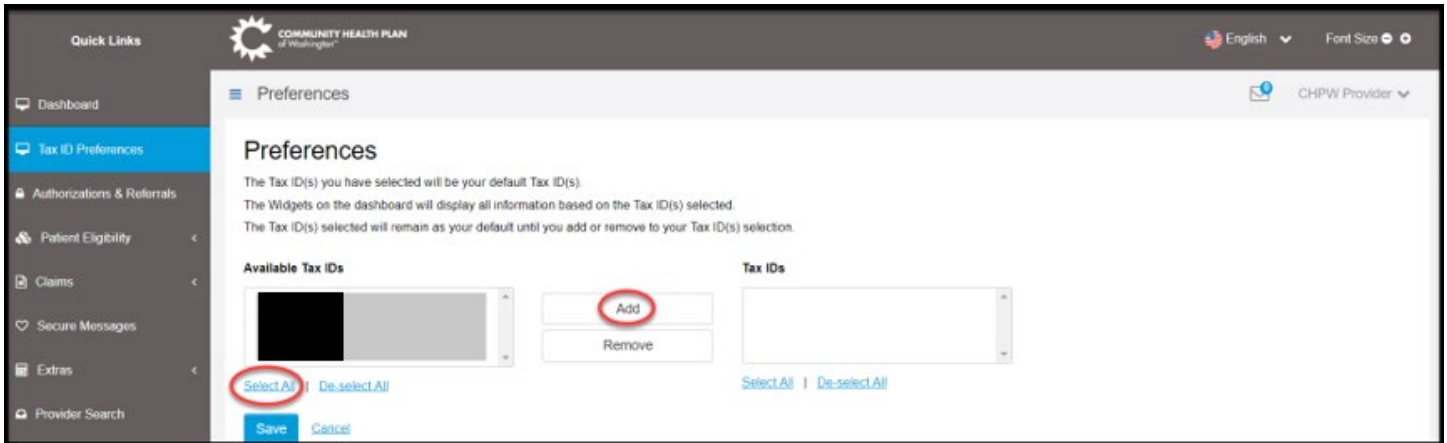
##### **Provider Dashboard**



##### **Provider Tax ID Preferences Page**



## Selecting Your Preferred Tax IDs



Quick Links

COMMUNITY HEALTH PLAN of Washington

English Font Size

Dashboard

**Tax ID Preferences**

Authorizations & Referrals

Patient Eligibility

Claims

Secure Messages

Extras

Provider Search

Preferences

CHPW Provider

**Preferences**

The Tax ID(s) you have selected will be your default Tax ID(s).  
 The Widgets on the dashboard will display all information based on the Tax ID(s) selected.  
 The Tax ID(s) selected will remain as your default until you add or remove to your Tax ID(s) selection.

Available Tax IDs

Tax IDs

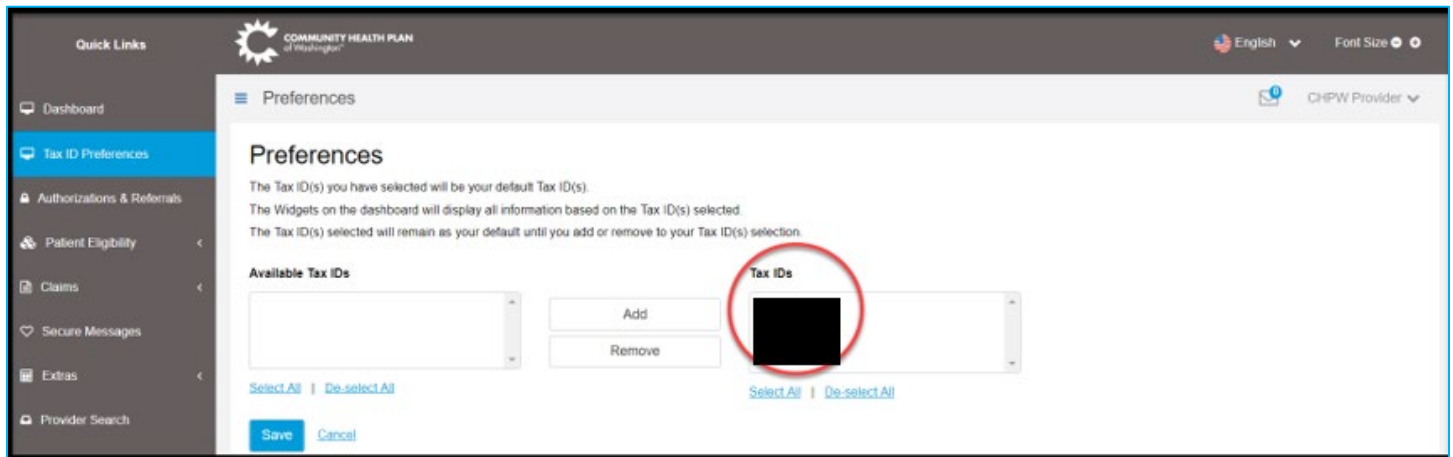
Add

Remove

Select All | De-select All

Select All | De-select All

Save Cancel



Quick Links

COMMUNITY HEALTH PLAN of Washington

English Font Size

Dashboard

**Tax ID Preferences**

Authorizations & Referrals

Patient Eligibility

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Provider Search

Preferences

CHPW Provider

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 The Tax ID(s) selected will remain as your default until you add or remove to your Tax ID(s) selection.

Available Tax IDs

Tax IDs

Add

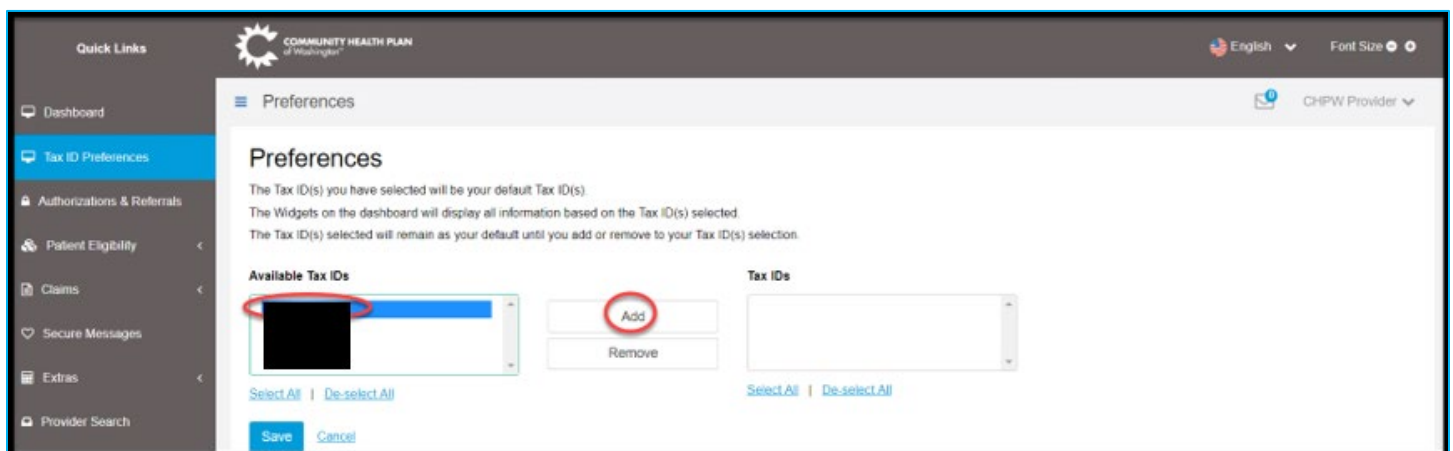
Remove

Select All | De-select All

Select All | De-select All

Save Cancel

## Select A Single Tax ID



Quick Links

COMMUNITY HEALTH PLAN of Washington

English Font Size

Dashboard

**Tax ID Preferences**

Authorizations & Referrals

Patient Eligibility

Claims

Secure Messages

Extras

Provider Search

Preferences

CHPW Provider

**Preferences**

The Tax ID(s) you have selected will be your default Tax ID(s).  
 The Widgets on the dashboard will display all information based on the Tax ID(s) selected.  
 The Tax ID(s) selected will remain as your default until you add or remove to your Tax ID(s) selection.

Available Tax IDs

Tax IDs

Add

Remove

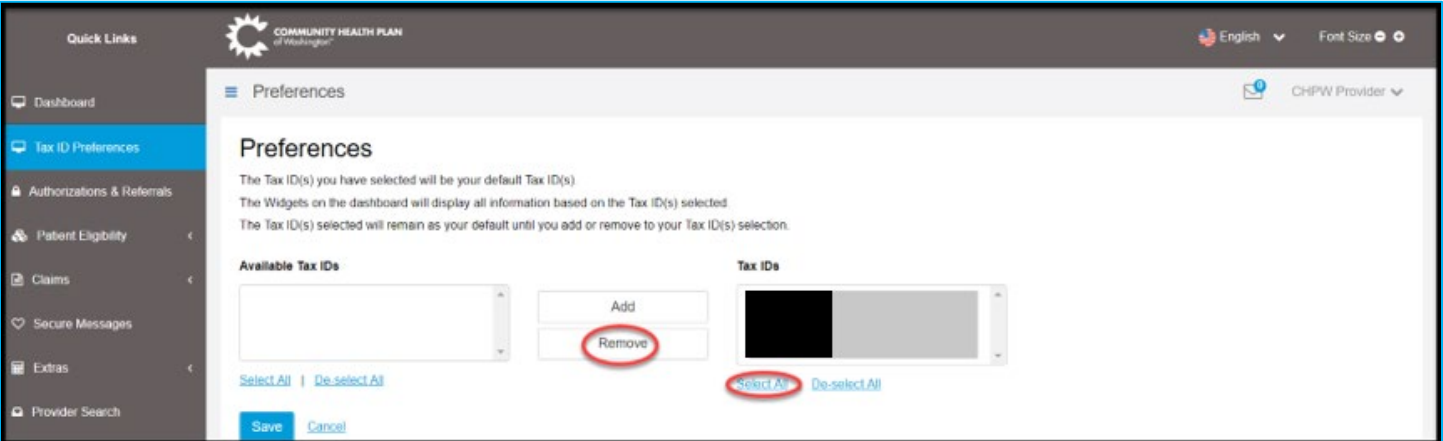
Select All | De-select All

Select All | De-select All

Save Cancel



## Removing Your Preferred Tax IDs



**Quick Links** | COMMUNITY HEALTH PLAN of Washington | English | Font Size | CHPW Provider

**Preferences**

The Tax ID(s) you have selected will be your default Tax ID(s).  
 The Widgets on the dashboard will display all information based on the Tax ID(s) selected.  
 The Tax ID(s) selected will remain as your default until you add or remove to your Tax ID(s) selection.

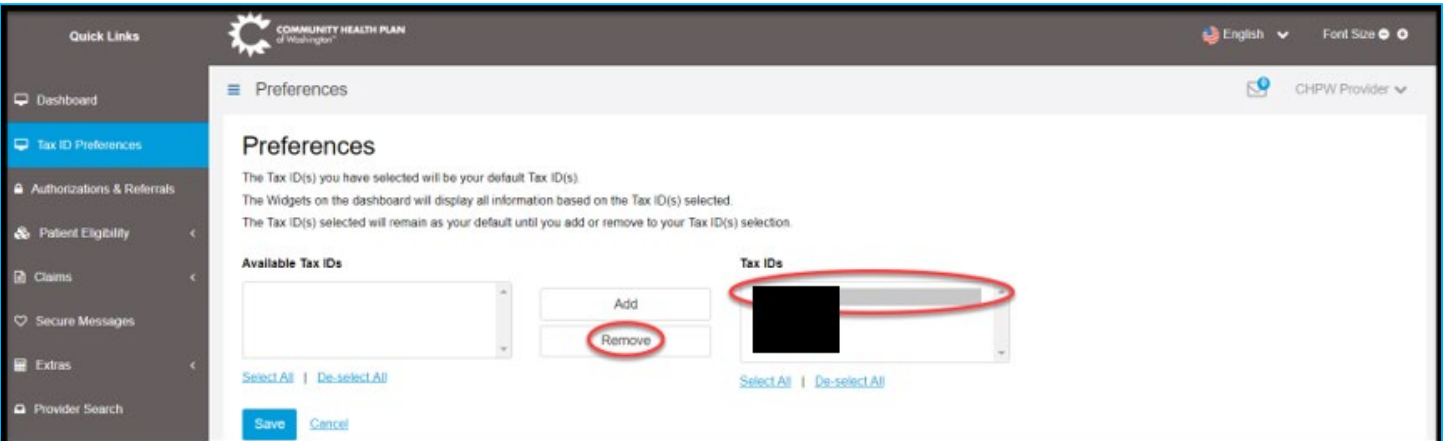
**Available Tax IDs**

[Select All](#) | [De-select All](#)

**Tax IDs**

[Select All](#) | [De-select All](#)

## Remove A Single Preferred Tax ID



**Quick Links** | COMMUNITY HEALTH PLAN of Washington | English | Font Size | CHPW Provider

**Preferences**

The Tax ID(s) you have selected will be your default Tax ID(s).  
 The Widgets on the dashboard will display all information based on the Tax ID(s) selected.  
 The Tax ID(s) selected will remain as your default until you add or remove to your Tax ID(s) selection.

**Available Tax IDs**

[Select All](#) | [De-select All](#)

**Tax IDs**

[Select All](#) | [De-select All](#)

## Step-by-Step Instructions

## More Information

### Start on the Provider Dashboard

#### 1. Click the **Preferred Tax ID link**.

The Preferred Tax ID page displays.

### Select Your Preferred Tax IDs

#### 2. Your Approved Tax IDs will display in the Available Tax ID box.

By default, all the information that displays on your dashboard is for all your Tax IDs submitted and approved during your registration process.

#### 3. Select Your Preferred Tax IDs.

You may add one or more preferred Tax IDs from the Available Tax ID box to the Tax ID box.

Click on a **single** Tax ID and select the Add button. This will move the single Tax ID you selected to the Tax ID box.

Click the **Select All** link and select the Add button. This will move all the Available Tax IDs to the Tax IDs box.

#### 4. Remove Your Preferred Tax IDs.

You may remove one or more Tax IDs from the Tax ID box.

Click on a single Tax ID or click on the **Select All** link, then select the Remove button. This will remove the selected Tax ID(s) to the Available Tax ID box.

#### 5. Deselect Selected Tax ID Preferences.

You may deselect the selected Tax IDs by clicking on the **De-Select All** link.

#### 6. Save Your Tax ID Preferences.

Select the Save button to save your Tax ID preferences.

**IMPORTANT!** The information that displays on your dashboard is limited to the Tax IDs that are moved from the Available Tax IDs box to the Tax IDs box.

**Tip!** Use the **Select All** hyperlink to move all Tax IDs at the same time.

Use the **Deselect All** hyperlink if you want to deselect the Tax IDs.

**IMPORTANT!** When you remove a Tax ID from the Tax ID box to the Available Tax ID box, the information for that Tax ID will no longer display on the Provider dashboard.

**IMPORTANT!** You may change your Tax ID preferences at any time.

## 4 Authorizations and Referrals

You can view/review authorizations and referrals in HealthMAPS that have been processed by our Utilization Management Intake team. **Please continue to request authorizations and referrals via the Jiva portal.**

You can access Jiva directly at <https://jiva.chpw.org/cms/ProviderPortal/Controller/providerLogin>. If you require access to Jiva, you can use this same link to self-register. Please contact [Portal.Support@chpw.org](mailto:Portal.Support@chpw.org) for Jiva registration questions.

When you click the Authorizations & Referrals link in the HealthMAPS Quick Links list, you will be taken to the CHPW Jiva website.

This guide does not provide information about Jiva. Jiva training materials are available from our [Provider Portal Training](#) page.

### How to Access Authorizations and Referrals

Please refer to the Claims Entry, Corrected Claims, and Viewing Prior Authorizations and Referrals training guide, “View prior authorizations and referrals” section, for step-by-step instructions to access authorizations and referrals.

The training guide is available from our [Provider Portal Training](#) page.

## 5 Patient Eligibility

The Patient Eligibility search feature lets you view a patient’s eligibility details.

### How to View Patient Eligibility

Follow these step-by-step instructions to view a patient’s eligibility detail record.

#### *Before You Begin*

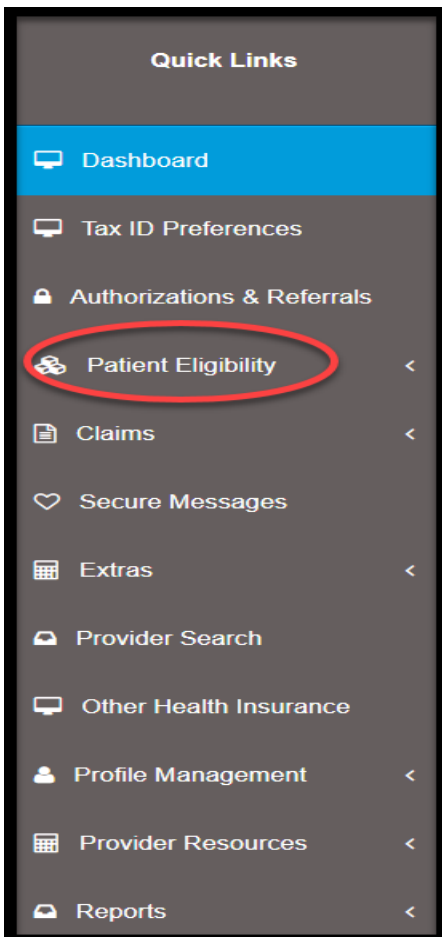
Log in to the CHPW HealthMAPS provider portal and start from the **Provider Dashboard**.

You will need one or more of the following search criteria:

- CHPW Member, Medicare, or ProviderOne ID number.
- Any of the minimum search combinations listed at the top of the search page.

#### *Screens*

##### **Provider Dashboard – Quick Links Menu**



### Patient Eligibility Search Page

☰ Patient Eligibility Search
📧 0 CHPW Provider ▾

## Patient Eligibility Search

Minimum Search Combinations:

- Last Name, Date of Birth, Eligibility As of Date
- Last Name, Eligibility As of Date
- Last Name, Date of Birth, Gender, Eligibility As of Date
- Last Name, Gender, Eligibility As of Date

CHPW Member ID ?

(Add CHPW Member IDs separated by a comma to search for multiple Member eligibility)

OR

Medicare ID ?

(Add Medicare IDs separated by a comma to search for multiple Member eligibility)

OR

ProviderOne ID ?

(Add ProviderOne IDs separated by a comma to search for multiple Member eligibility)

Member First Name

▾

Member Last Name

▾

Date of Birth

📅

Gender

▾

Eligible As Of Date

📅

Search
Clear

### Patient Eligibility Search Results Page

☰ Patient Eligibility Search Results
📧 0 CHPW Provider ▾

## Patient Eligibility Search Results

Export as
📄
📄

CHPW Member ID <span>?</span>	Member Name <span>?</span>	Address <span>?</span>	Phone Number <span>?</span>	Birth Date <span>?</span>
<a href="#">MAN500</a>	JACK EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/1960
<a href="#">MAN500</a>	JIMMY EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/1986
<a href="#">MAN500</a>	JOANIE EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/2000
<a href="#">MAN500</a>	JOEY EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/1988
<a href="#">MAN500</a>	JOHNNY EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/1989
<a href="#">MAN500</a>	LORENA EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/1990
<a href="#">MAN500</a>	JANEY EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/1990
<a href="#">MAN500</a>	EDITH EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/2000
<a href="#">MAN500</a>	EDWINA EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/2001
<a href="#">MAN500</a>	EDDY EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/1981

Showing 1 - 10 of 14 Results
10 Per Page ▾

1
2
>
>>

## Patient Eligibility Details Page – Patient Review and Coordination (PRC) notes

☰ Patient Eligibility Details
Welcome CHPW Provider

### Patient Eligibility Details

Export as

CHPW Member ID	Patient Name	Gender	Date of Birth	Address
257	ETI	MALE	991	AUBURN, WA, 980028176

[View Claims](#)
[View Authorizations](#)

<b>Plan</b> MA Special Needs Plan (HMO SNP)	<b>Coverage Group</b> CMS SPONSORED	<b>IPA</b> Healthpoint
--	--	---------------------------

**Patient Review and Coordination (PRC) MRP Notes**

<b>Effective Date</b>	<b>Term Date</b>

**Notes**

**Assigned Clinic**

<b>Clinic Name</b> WAY	<b>Address</b> 13030 Military Rd S Ste 200, Tukwila, WA, 98168-3085	<b>Clinic Phone Number</b> 289
---------------------------	--	-----------------------------------

**Member Plan Information**

Group	Plan	Effective Date	End Date	Medicare Advantage Plans
CMS	MA Special Needs Plan (HMO SNP)	04/01/2018		<a href="#" style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">View</a>

**Member Eligibility History**

Group	Plan	Plan Effective Date	Plan End Date	Panel ID	Panel Name	IPA
CMS SPONSORED	MA Special Needs Plan (HMO SNP)	4/1/2018		738	HEALTHPOINT MIDWAY	Healthpoint

**Member Other Health Insurance**

Policy Holder Name	Policy Holder Date of Birth	Other Health Insurance Policy Number	Other Health Insurance Phone Number	Other Health Insuran
No Records Found				

**Deductible/ Out-Of-Pocket**

<b>In-Network</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Deductible</b></td> <td style="width: 50%;"><b>Out-of-Pocket</b></td> </tr> <tr> <td>\$0.00   \$1523.00</td> <td>\$0.00   \$65.00</td> </tr> </table>	<b>Deductible</b>	<b>Out-of-Pocket</b>	\$0.00   \$1523.00	\$0.00   \$65.00	<b>Out-of-Network</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Deductible</b></td> <td style="width: 50%;"><b>Out-of-Pocket</b></td> </tr> <tr> <td>\$0.00   \$0.00</td> <td>\$0.00   \$0.00</td> </tr> </table>	<b>Deductible</b>	<b>Out-of-Pocket</b>	\$0.00   \$0.00	\$0.00   \$0.00
<b>Deductible</b>	<b>Out-of-Pocket</b>								
\$0.00   \$1523.00	\$0.00   \$65.00								
<b>Deductible</b>	<b>Out-of-Pocket</b>								
\$0.00   \$0.00	\$0.00   \$0.00								

**Benefits and Limits**

Expand All | Collapse All

**Office Visits**

Services	If In-Network Provider	Out-Of-Network Provider	Limitations and Exceptions
Primary care visit to treat an injury or illness	20% co-insurance	40% co-insurance	none
Specialist visit	20% co-insurance	40% co-insurance	none
Preventive care/screening/immunization	No charge	40% co-insurance	none

For more details and coverage exclusions please refer Summary of Benefits and Coverage, Policy document or call Customer Service.

Disclaimer: This eligibility inquiry does not guarantee payment. Payment is subject to the patient's coverage and eligibility at the time of service.

## Step-by-Step Instructions

### Steps

#### Start on the Provider Dashboard

1. Click the **Patient Eligibility >> Patient Eligibility Search** quick link.

The **Patient Eligibility Search** page is displayed.

#### Patient Eligibility Search Page

2. Enter your desired search criteria.

CHPW Member, Medicare, or ProviderOne ID.

Minimum search criteria combinations are shown at the top of the page.

3. Click the **Search** button

The **Patient Eligibility Search Results** page is displayed.

4. Click the **CHPW Member ID** link.

The **Patient Eligibility Details** page is displayed.

5. View your **Patient search results list**.

Your Patient search results list will display in a table format.

You can control how many results display per page by using the results per page drop-down just below the table.

#### Patient Eligibility Details Page

6. View the patient's eligibility information.

7. What's next...

**Download a PDF copy** – Click the icon at the top right of the Patient Eligibility Details page to export a copy of the patient eligibility information as a PDF file.

**View Claims** – Click the **View Claims** button to see a list of this patient's medical claims.

**View Authorizations** – Click the **View Authorizations** button. You will be redirected to the Jiva login page.

**View Benefits** – Click the **View** button in the Member Plan information based on the line of business. This will open a PDF copy of the patient's benefit information.

**Scroll Bar** – Use the scroll bar to view the member's Other Health Insurance details. See the "Other Health Insurance (OHI)" section below for more information.

**Field Description Help Text** – Is available for some column headings and fields. Just place your cursor over a column or field that has a question mark (?) to display the column or field description.

## Other Health Insurance (OHI)

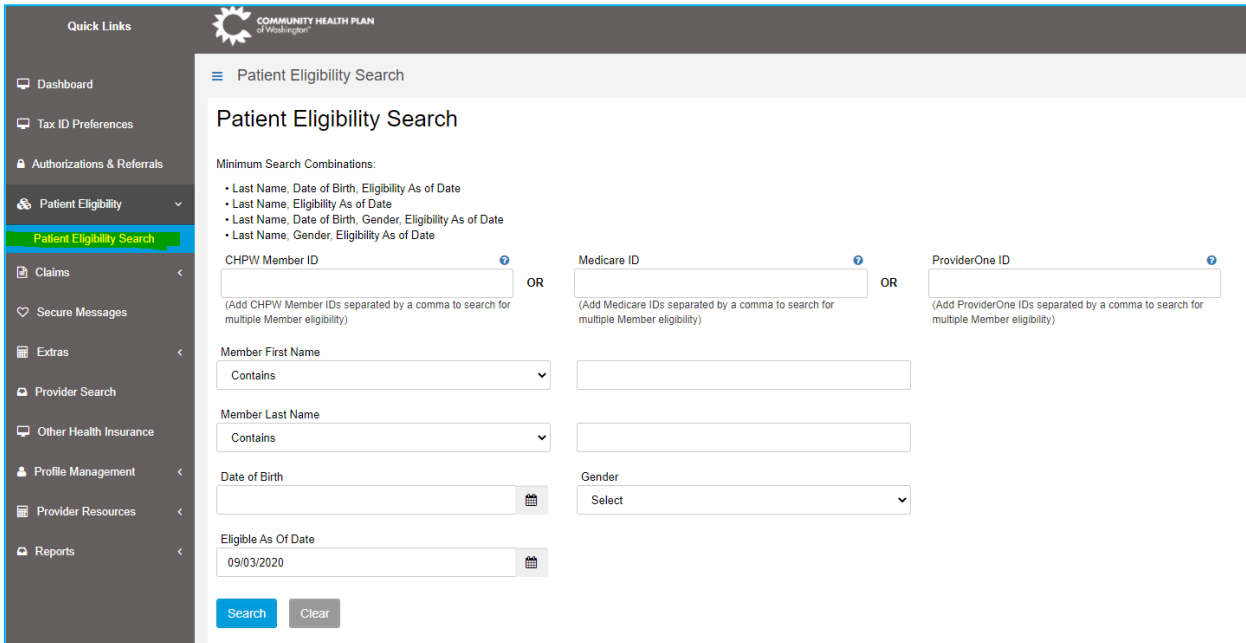
### View or report a patient's other health information (OHI)

Follow the instructions below to view or report a CHPW member's OHI. If you have questions about a member's OHI, please email Customer Service at [customercare@chpw.org](mailto:customercare@chpw.org).

#### View

To view a patient's other health information (OHI):

#### 1. Go to Patient Eligibility >> Patient Eligibility Search.



The screenshot shows the 'Patient Eligibility Search' page within the Community Health Plan of Washington's HealthMAPS Provider Portal. The page features a sidebar with navigation options and a main search area with various input fields and filters.

**Quick Links:** Dashboard, Tax ID Preferences, Authorizations & Referrals, Patient Eligibility, Patient Eligibility Search, Claims, Secure Messages, Extras, Provider Search, Other Health Insurance, Profile Management, Provider Resources, Reports.

**Patient Eligibility Search**

Minimum Search Combinations:

- Last Name, Date of Birth, Eligibility As of Date
- Last Name, Eligibility As of Date
- Last Name, Date of Birth, Gender, Eligibility As of Date
- Last Name, Gender, Eligibility As of Date

Search criteria fields:

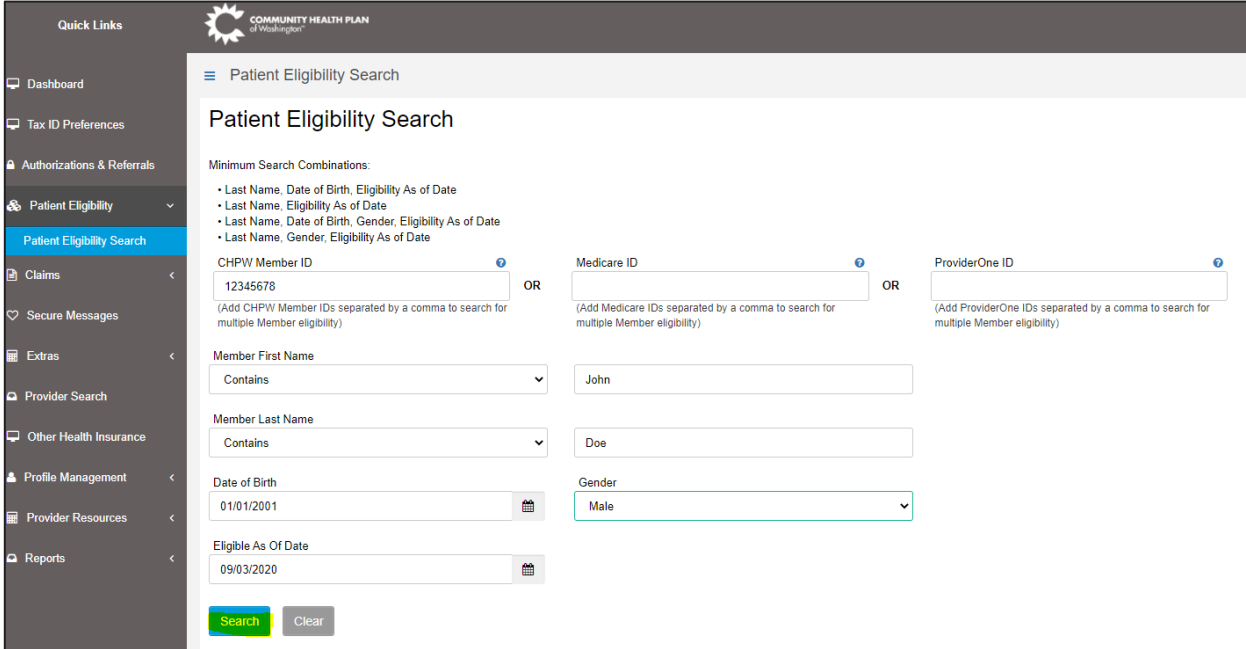
- CHPW Member ID (OR) Medicare ID (OR) ProviderOne ID
- Member First Name (Contains)
- Member Last Name (Contains)
- Date of Birth (Calendar icon)
- Gender (Select)
- Eligible As Of Date (09/03/2020, Calendar icon)

Buttons: Search, Clear



## 2. Enter your search criteria.

Using the available fields and the data you have, enter your search criteria (such as the CHPW Member ID) and click **Search**.



**Quick Links**

- Dashboard
- Tax ID Preferences
- Authorizations & Referrals
- Patient Eligibility
  - Patient Eligibility Search**
- Claims
- Secure Messages
- Extras
- Provider Search
- Other Health Insurance
- Profile Management
- Provider Resources
- Reports

**COMMUNITY HEALTH PLAN of Washington**

### Patient Eligibility Search

Minimum Search Combinations:

- Last Name, Date of Birth, Eligibility As of Date
- Last Name, Eligibility As of Date
- Last Name, Date of Birth, Gender, Eligibility As of Date
- Last Name, Gender, Eligibility As of Date

CHPW Member ID:  OR Medicare ID:  OR ProviderOne ID:

(Add CHPW Member IDs separated by a comma to search for multiple Member eligibility) (Add Medicare IDs separated by a comma to search for multiple Member eligibility) (Add ProviderOne IDs separated by a comma to search for multiple Member eligibility)

Member First Name:  (Contains: )

Member Last Name:  (Contains: )

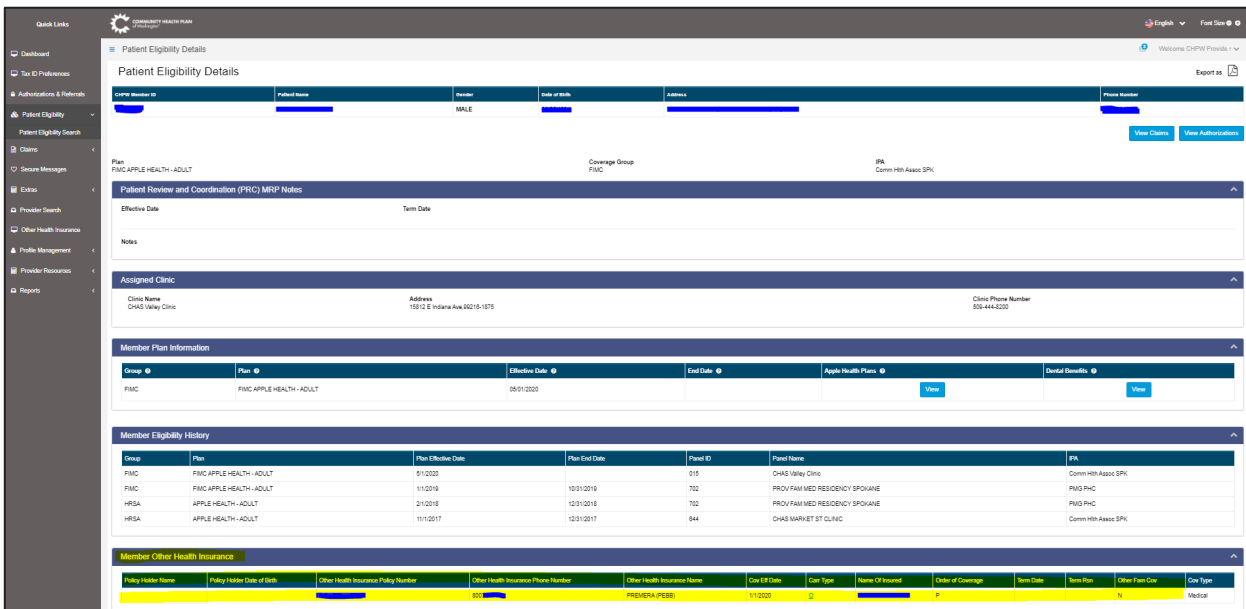
Date of Birth:  Gender:

Eligible As Of Date:

**Search**

## 3. Scroll down to view the member's other health insurance information.

When the member's information displays, scroll down to the **Member Other Health Insurance** section (highlighted in yellow below) to view the member's other health insurance information.



**COMMUNITY HEALTH PLAN of Washington**

Welcome CHPW Provider

### Patient Eligibility Details

CHPW Member ID: [REDACTED] Patient Name: [REDACTED] Gender: MALE Date of Birth: [REDACTED] Address: [REDACTED] Phone Number: [REDACTED]

Plan: FHC-APPLE-HEALTH-ADULT Coverage Group: FHC IRA: Comm-HH-Assoc-SPK

**Patient Review and Coordination (PRC) MRP Notes**

Effective Date: Term Date

Notes:

**Assigned Clinic**

Clinic Name: CHS Valley Clinic Address: 1812 E Indiana Ave 0216-1875 Clinic Phone Number: 509-444-0200

**Member Plan Information**

Group	Plan	Effective Date	Plan End Date	Apple Health Plan	Dental Benefits
FHC	FHC-APPLE-HEALTH-ADULT	09/01/2023		<input type="button" value="View"/>	<input type="button" value="View"/>

**Member Eligibility History**

Group	Plan	Plan Effective Date	Plan End Date	Plan ID	Plan Name	SPK
FHC	FHC-APPLE-HEALTH-ADULT	9/1/2023		915	CHS Valley Clinic	Comm-HH-Assoc-SPK
FHC	FHC-APPLE-HEALTH-ADULT	11/1/2018	10/31/2019	782	PROV FARMED-RESIDENCY SPOKANE	PRG-PHC
HSEA	APPLE-HEALTH-ADULT	2/1/2018	12/31/2018	702	PROV FARMED-RESIDENCY SPOKANE	PRG-PHC
HSEA	APPLE-HEALTH-ADULT	11/1/2017	12/31/2017	644	CHAS MARKET ST CLINIC	Comm-HH-Assoc-SPK

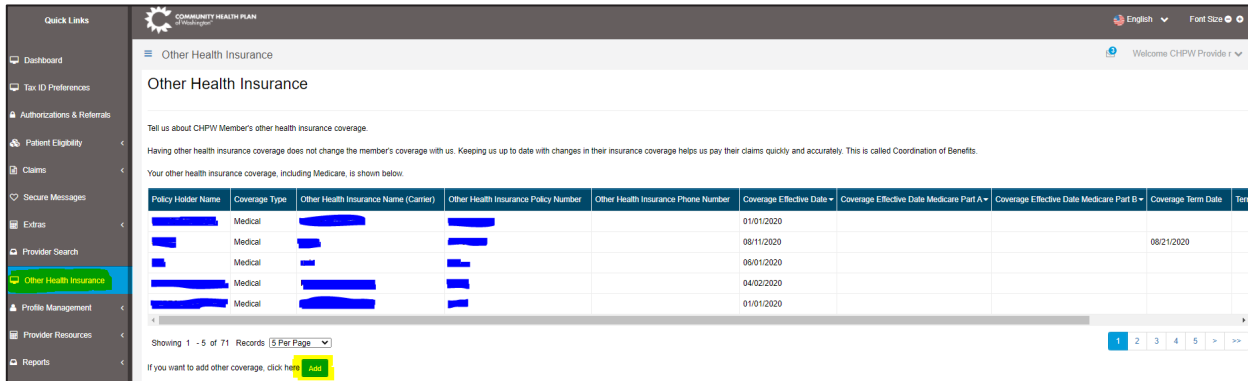
**Member Other Health Insurance**

Policy Holder Name	Policy Holder Date of Birth	Other Health Insurance Policy Number	Other Health Insurance Phone Number	Other Health Insurance Name	Cost Eff Date	Class Type	Name of Insured	Order of Coverage	Term Date	Term Year	Other Plan Cov	Class Type
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PRINCEPA (PEBE)	1/1/2023	Q	[REDACTED]	P			N	Medical

## Report OHI

To provide or report a member's OHI to CHPW, click **Other Health Insurance** (under **Quick Links**), then click **Add**.

**Note:** Once we receive your information, we will verify that it is accurate and valid, then we will update our systems with the new information.



Other Health Insurance

Tell us about CHPW Member's other health insurance coverage.

Having other health insurance coverage does not change the member's coverage with us. Keeping us up to date with changes in their insurance coverage helps us pay their claims quickly and accurately. This is called Coordination of Benefits.

Your other health insurance coverage, including Medicare, is shown below:

Policy Holder Name	Coverage Type	Other Health Insurance Name (Carrier)	Other Health Insurance Policy Number	Other Health Insurance Phone Number	Coverage Effective Date	Coverage Effective Date Medicare Part A	Coverage Effective Date Medicare Part B	Coverage Term Date	Termination Date
[REDACTED]	Medical	[REDACTED]	[REDACTED]	[REDACTED]	01/01/2020				
[REDACTED]	Medical	[REDACTED]	[REDACTED]	[REDACTED]	08/11/2020			08/21/2020	
[REDACTED]	Medical	[REDACTED]	[REDACTED]	[REDACTED]	06/01/2020				
[REDACTED]	Medical	[REDACTED]	[REDACTED]	[REDACTED]	04/02/2020				
[REDACTED]	Medical	[REDACTED]	[REDACTED]	[REDACTED]	01/01/2020				

Showing 1 - 5 of 71 Records 5 Per Page

If you want to add other coverage, click here **Add**

Enter the CHPW member ID number in the **CHPW Member ID** field, then click the magnifying glass icon to search for the member number.

If any of the information populated below is incorrect please send a secure email using the envelope icon above or call our Customer Service department at one of the numbers below for assistance prior to completing this form.

Apple Health Customer Service 800-440-1561  
Integrated Managed Care Customer Service 866-418-1009  
Medicare Advantage Customer Service 800-942-0247

CHPW Member ID

Member Date of Birth

Member First Name  Member Middle Name  Member Last Name

**Medical / Dental / Vision** Medicare

\* Coverage Type

If the Carrier is the same for multiple coverage types Medical, Dental or Vision select the checkbox next to the coverage types covered by that Carrier.

Medical  Dental  Vision

Carrier Information

\* Other Health Insurance Name (Carrier)  Order of Coverage  Carrier Type

Click the radio button (small circle) next to the member's information, then click **Continue**.

If any of the information populated below is incorrect please send a secure email using the envelope icon above or call our Customer Service department at one of the numbers below for assistance prior to completing this form.

Apple Health Customer Service 800-440-1561  
Integrated Managed Care Customer Service 866-418-1009  
Medicare Advantage Customer Service 800-942-0247

CHPW Member ID

Member First Name

Medical / Dental / Vision Medicare

\* Coverage Type

If the Carrier is the same for multiple coverage types Medical, Dental or Vision select the checkbox next to the coverage types covered by that Carrier.

Medical  Dental  Vision

Carrier Information

\* Other Health Insurance Name (Carrier)

Order of Coverage

Carrier Type

**Member Search Results**

Select	Subscriber ID	Person No.	Member Name	DOB	Address	Phone
<input checked="" type="radio"/>	REDACTED	01	REDACTED	REDACTED	REDACTED	REDACTED

Showing 1 - 1 of 1 Records

Enter the other health information you want to submit.

Quick Links

- Dashboard
- Tax ID Preferences
- Authorizations & Referrals
- Patient Eligibility
- Claims
- Secure Messages
- Extras
- Provider Search
- Other Health Insurance
- Profile Management
- Provider Resources
- Reports

CHPW Member ID

Member Date of Birth

Member First Name

Member Middle Name

Member Last Name

Medical / Dental / Vision Medicare

\* Coverage Type

If the Carrier is the same for multiple coverage types Medical, Dental or Vision select the checkbox next to the coverage types covered by that Carrier.

Medical  Dental  Vision

Carrier Information

\* Other Health Insurance Name (Carrier)

Order of Coverage

Carrier Type

Policy Holder / Insured Information

\* Policy Holder Name

\* Policy Holder Date of Birth

\* Name of Insured

\* Other Health Insurance Policy Number

Other Health Insurance Phone Number

\* Effective Date

Termination Date

Termination Reason

\* Other Family Coverage

Select a file to Upload

No file chosen

Only one file attachment is allowed

You can also upload a screenshot or a document to support the information. At the bottom of the form, **Select a file to Upload** and then click **Upload**.

Medical / Dental / Vision
Medicare

\* Coverage Type  
If the Carrier is the same for multiple coverage types Medical, Dental or Vision select the checkbox next to the coverage types covered by that Carrier.

Medical
  Dental
  Vision

---

Carrier Information \* Mandatory Fields

\* Other Health Insurance Name (Carrier)  
Order of Coverage 
Carrier Type

---

Policy Holder / Insured Information

\* Policy Holder Name 
\* Policy Holder Date of Birth

\* Name of Insured 
\* Other Health Insurance Policy Number 
Other Health Insurance Phone Number

\* Effective Date 
Termination Date 
Termination Reason

\* Other Family Coverage

---

Select a file to Upload

Only one file attachment is allowed

When you're done entering information (and uploading any files, if applicable), click **Submit**.

Medical / Dental / Vision
Medicare

\* Coverage Type  
If the Carrier is the same for multiple coverage types Medical, Dental or Vision select the checkbox next to the coverage types covered by that Carrier.

Medical
  Dental
  Vision

---

Carrier Information \* Mandatory Fields

\* Other Health Insurance Name (Carrier)  
Order of Coverage 
Carrier Type

---

Policy Holder / Insured Information

\* Policy Holder Name 
\* Policy Holder Date of Birth

\* Name of Insured 
\* Other Health Insurance Policy Number 
Other Health Insurance Phone Number

\* Effective Date 
Termination Date 
Termination Reason

\* Other Family Coverage

---

Select a file to Upload

Only one file attachment is allowed

As noted above, once we receive your information, we will verify that it is accurate and valid, then we will update our systems with the new information.

## 6 Claims

You can search for and view claim details for member claims associated with the Preferred Tax IDs you have selected.

### How to Search for Claims

Follow these step-by-step instructions to:

- View a list of claims associated with your Tax ID number
- Print a list of claims associated with your Tax ID number
- View a claim detail record

#### *Before You Begin*

Log in to the CHPW HealthMAPS provider portal and start from the **Provider Dashboard**.

You will need one or more of the following search criteria:

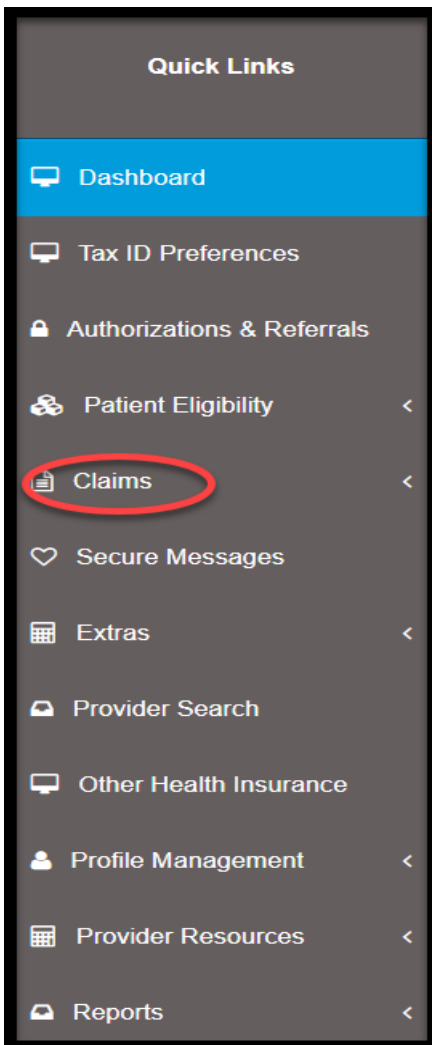
- Claims In (the last 30 days or other date span)
- Claims Status
- Processing Status
- Member Last Name
- CHPW Member, Medicare, or ProviderOne ID number
- Authorization Number
- Date of Birth

Advanced search criteria:

- CHPW Member ID OR Medicare ID OR Medicaid ID
- Member First Name (can be partial name)
- Member Last Name (can be partial name)
- Date of Birth
- Gender
- Provider Number
- Federal Tax ID
- Provider NPID
- Provider Last Name (can be partial name)
- Provider First Name (can be partial name)
- Claim Type
- Claim Number
- Date of Service date range

## Screens

### Provider Dashboard – Quick Links



### Claims Search page

Claims Search
CHPW Provider

## Claims Search

Search Information:

- CHPW Member: Brings back a match only when a complete CHPW Member ID is entered and an exact match is found.
- Medicare ID: Brings back a match only when a complete Medicare ID is entered and the equivalent CHPW Member ID is found.
- ProviderOne ID: Brings back a match only when a complete ProviderOne ID is entered and the equivalent CHPW Member ID is found.

Search By:

Claims in

Claim Status

Processing Status

Member Last Name

CHPW Member ID ?  

(Add Member IDs separated by a comma to search for multiple Member eligibility)

OR

Medicare ID ?  

(Add Medicare IDs separated by a comma to search for multiple Member eligibility)

OR

ProviderOne ID ?  

(Add ProviderOne IDs separated by a comma to search for multiple Member eligibility)

Authorization #

Date of Birth



Search Result










### Claims Advanced Search Criteria


## Advanced Search

CHPW Member ID	Contains	<input type="text"/>
Member First Name	Contains	<input type="text"/>
Member Last Name	Contains	<input type="text"/>
Date of Birth	<input type="text"/>	Gender <input type="text" value="Select"/>
Provider Number	<input type="text"/>	
Fed. Tax. ID	<input type="text"/>	
Provider NPID	<input type="text"/>	
Provider First Name	Contains	<input type="text"/>
Provider Last Name	Contains	<input type="text"/>
Claim Type	Select	
Claim Number	<input type="text"/>	
Date Of Service - From	<input type="text"/>	To <input type="text"/>

### Claims Search Results

Search Result Export as  

Claim Number 	Provider Name 	CHPW Member ID 	Member Name 	Date of Birth 	Date Of Services 	Total Billed 	Claim Type 	Processing Status 
<a href="#">20640</a>	John PROVIDER14	MAN500-01	JACK EPCOTT	01/01/1960	08/12/2018	\$200.00	Professional	Processed
<a href="#">21202</a>	John PROVIDER14	MAN500-01	JACK EPCOTT	01/01/1960	08/12/2018	\$200.00	Professional	Processed
<a href="#">21206</a>	John PROVIDER14	MAN500-01	JACK EPCOTT	01/01/1960	08/12/2018	\$200.00	Professional	Processed
<a href="#">21221</a>	John PROVIDER14	MAN500-01	JACK EPCOTT	01/01/1960	08/12/2018	\$200.00	Professional	Processed
<a href="#">21267</a>	John PROVIDER14	MAN500-01	JACK EPCOTT	01/01/1960	08/12/2018	\$200.00	Professional	Processed
<a href="#">21364</a>	John PROVIDER14	MAN500-01	JACK EPCOTT	01/01/1960	08/12/2018	\$200.00	Professional	Processed
<a href="#">21370</a>	John PROVIDER14	MAN500-01	JACK EPCOTT	01/01/1960	08/12/2018	\$200.00	Professional	Processed
<a href="#">21372</a>	John PROVIDER14	MAN500-01	JACK EPCOTT	01/01/1960	08/12/2018	\$200.00	Professional	Processed
<a href="#">21378</a>	John PROVIDER14	MAN500-01	JACK EPCOTT	01/01/1960	08/12/2018	\$200.00	Professional	Processed
<a href="#">21380</a>	John PROVIDER14	MAN500-01	JACK EPCOTT	01/01/1960	08/12/2018	\$200.00	Professional	Processed

Showing 1 - 10 of 21 Claims | 10 Per Page 

1 2 3 > >>



## Claim Detail

☰ Claim Details
CHPW Provider

Export as

Claim # **20640**      Claim Type **Professional**


CHPW Member ID	Patient Name	Gender	Date of Birth	Address
MAN500.01	JACK EPCOTT	M	1/1/1960	123, Main Street Anytown,#122, No-12-45/33, opp to meadows, Illinois,IL,60416

**Plan**  
TEST FOR BCBSF

**Coverage Group**  
BLUECROSSBLUESH

**IPA**  
Alachua Standard

**Amount Billed : \$200.00**



**Patient Responsibility**  
\$20.00

**Plan Discount**      \$40.00

**Plan Paid**              \$140.00

**Patient Responsibility**      \$20.00

**Provider Information**

Provider NPI: 1234567890      Provider Type: PCP      Provider Name: John PROVIDER14

VISITED	Claim #	Authorization #	Date of Service	Overall Claim Status
John PROVIDER14	20640	99892	08/12/2018	Payable

**Claim Header Information**

Diagnosis Code	Description
780	GENERAL SYMPTOMS

**Claim Details**

From Date of Service & To Date of Service	Posted Date	Received Date	Rev/SVC/Mod	Procedure Code	#Units	POS	Type of Service	Status Date	Claim Line Status	Claim Line Processing Status	Denial RSN/Description	Billed Amount	Allowed Amount/Code	Provider Write Off	Co-Pay Amount	Co-Ins Amount/Code
05/01/2002 12/05/2003	12/05/2003			99213	11				Payable	Processed		\$200.00	\$160.00		\$0.00	\$0.00

Showing 1 - 1 of 1 Claim Details    5 Per Page    1

View Eligibility
Send Inquiry to CSR

### Claim Denial and Adjustment Reason Codes

Descriptions of claim denial and adjustment reason (RSN) codes are available in the **Claim Details**. The example below shows the description for a claim adjustment.

Claim Details														
From Date of Service & To Date of Service	Posted Date	Received Date	Rev/SVC/Mod	Procedure Code	#Units	POS	Type of Service	Status Date	Claim Line Status	Claim Line Processing Status	Denial RSN/Description	Adjustment RSN /Description	Billed Amount	Allowed Amount/Code
12/11/2023 12/11/2023	12/23/2023	12/14/2023		99283	1.0	23			Payable	Paid			\$311.00	\$53.82   PFEI
12/11/2023 12/11/2023	01/06/2024	12/14/2023		99283	-1.0	23			Adjustment	Final		CLM ADJ- PROCESS UNDER INCORRECT MEMBER	-\$311.00	-\$53.82   PFEI

## Step-by-Step Instructions

### Steps

#### Start on the Provider Dashboard

**1. Click the *Claims* >> *Claim Search* quick link.**

The **Claims Summary** page is displayed.

#### Claims Summary Page

**2. Enter the desired search criteria.**

You can enter as many or as few data elements as you want.

**TIP!** Click the **Advanced Search** button to open the Advanced Search box where many more search criteria options are available.

**3. Click the *Search* button.**

The search results are displayed on the bottom of the **Claims Summary** page.

**4. Optional:**

**Download the list as an Excel file** – Click the icon at the top right of the **Claims Summary** page to download a copy of the patient eligibility information in Excel format.

**Download the list as a PDF file** – Click the icon at the top right of the **Claims Summary** page to download a copy of the patient eligibility information as a PDF file.

**5. View your Claims search results list.**

Your Claims search results list will display in a table format.

You can control how many results display per page using the results per page dropdown just below the table.

**6. Click a *Claim Number* link to view the claim's details.**

The **Claim Detail** page is displayed.

## Claim Detail Page

### 7. View the Claim Detail information.

### 8. What's Next...

**Download the claim detail as a PDF file** – Click the icon at the top right of the **Claim Detail** page to download a copy of the file as a PDF file.

**View Claims Details** – View patient, plan, provider, claim header, and claim details information.

**View Eligibility** – Click the **View Eligibility** button at the bottom of the page to view the member's eligibility information.

**Send message to CSR** – Click the **Inquiry to Customer Service** button at the bottom of the page to send a message about the claim to a CHPW customer service representative.

**Field Description Help Text** – Is available for some column headings and fields. Just place your cursor over the column or field that has a question mark (?) to display the column or field description.

## How to Submit Online Claims

You can submit online professional, institutional, and corrected or replacement claims through the CHPW HealthMAPS provider portal.

Please refer to the Claims Entry, Corrected Claims, and Viewing Prior Authorizations and Referrals training guide for step-by-step instructions to submit claims.

The training guide is available on our [Provider Portal Training page](#).

## 7 Secure Messages

Secure messages are like email, but they can be accessed only within the CHPW HealthMAPS provider portal. You can use the secure messaging feature to contact the CHPW Customer Service team.

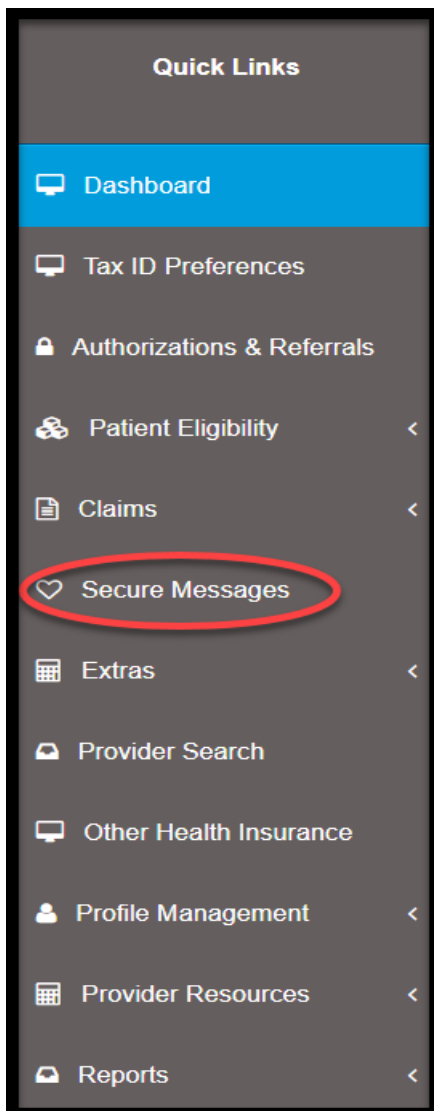
### How to View Your Secure Messages

#### *Before You Begin*

Login to the CHPW HealthMAPS provider portal and start from the Provider Dashboard.

#### *Screens*

##### **Provider Dashboard Page – Quick Links**



## Secure Messages Page

Secure Messages CHPW Provider

Contact Customer Service directly using Secure Message to protect your healthcare and personal information.

[Compose new message](#)

Search By:

Ref ID:  Subject:  Status:  Activity in:

This message has been viewed by [REDACTED]

Ref ID	Submission Date	Last Activity Date	Subject	Submitted ID/Name	Submitter
<a href="#">10585</a> <span>Open</span>	08/27/2018	08/27/2018	Appeal	CHPW@hip.com/CHPW Provider	930930930
<a href="#">10584</a> <span>Open</span>	08/27/2018	08/27/2018	Appeal	CHPW@hip.com/CHPW Provider	930930930
<a href="#">10581</a> <span>New</span>	08/20/2018	08/20/2018	Authorizations/Referrals	CHPW@hip.com/CHPW Provider	930930930

Showing 1 - 3 of 3 Records 10 Per Page

## Message Page

Secure Messages CHPW Provider

Use the space below to submit your question to a Customer Representative

**Details**

Reference ID: 10585 Subscriber ID: [REDACTED]

Status: Open Message By: 103907/CHPW Provider

Message Type: CSR Message Submit Date: 08/27/2018

Subject: Appeal [Download Attachment.txt](#)

**Original Message**

hi

Reply

Enter up to 4000 characters

Select a file to Upload

No file chosen

Only one file attachment is allowed

**History**

Submission Date	Message ID	Reply Date	Name	Message
08/27/2018	10239	08/27/2018	CHPW@hip.com/CHPW Provider	hi

## Step-by-Step Instructions

### Steps

### More Information

#### Provider Dashboard Page

##### 1. Click the **Secure Messages** quick link.

The **Secure Messages** page is displayed.

#### Secure Messages Page

##### 2. View your list of secure messages.

Your messages are displayed in a table format.

You can control the number of messages shown per page using the results per page drop-down displayed just below the table.

##### 3. Sort and filter your list of messages.

Filter your list of secure messages by entering data in the search fields at the top of the page, then clicking the looking glass icon.

Sort the table by clicking on the column headers that include an arrow.

##### 4. Click the **Ref ID** link to open a message.

The **Message** page is displayed.

#### Message Page

##### 5. What's next...

**Review Original Message** – You can view the original message.

**Respond** – Respond to the message by typing text in the **Reply:** box then clicking the **Send** button.

**Review Message History** – Click the **History** option to view all messages included in the secure message conversation.

**Download Attached Document** – Download an attachment.

**Attach a file to your response** – Attach a file to your response before you send it by clicking the **Choose File** option. Locate the file you want to attach and click **Open** then click **Upload**. You can attach the following types of files:

- .doc
- .docx
- .pdf
- .txt
- .xlsx



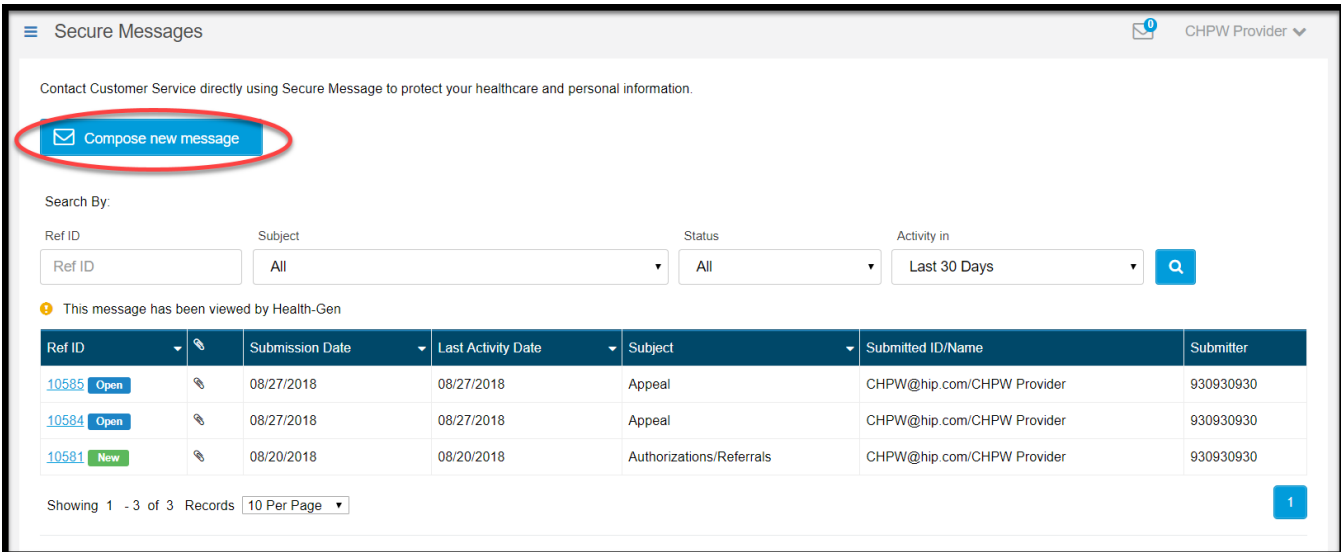
## How to Create and Send a New Secure Message

### Before You Begin

Log in to the CHPW HealthMAPS provider portal. Start from the Provider Dashboard and select Secure Messages.

### Screens

#### Secure Messages Page



Secure Messages 0 CHPW Provider

Contact Customer Service directly using Secure Message to protect your healthcare and personal information.

**Compose new message**

Search By:

Ref ID:  Subject:  Status:  Activity in:

! This message has been viewed by Health-Gen

Ref ID		Submission Date	Last Activity Date	Subject	Submitted ID/Name	Submitter
10585	<a href="#">Open</a>	08/27/2018	08/27/2018	Appeal	CHPW@hip.com/CHPW Provider	930930930
10584	<a href="#">Open</a>	08/27/2018	08/27/2018	Appeal	CHPW@hip.com/CHPW Provider	930930930
10581	<a href="#">New</a>	08/20/2018	08/20/2018	Authorizations/Referrals	CHPW@hip.com/CHPW Provider	930930930

Showing 1 - 3 of 3 Records | 10 Per Page

1

## Compose Message Page

Secure Messages CHPW Provider

Use the space below to submit your question to a Customer Representative

**Details**

Reference ID: Subscriber ID: ██████████

Status: New Message By: CHPW@hip.com/CHPW Provider

Message Type: CSR Message

Subject:

Message

Enter up to 4000 characters

Select a file to Upload

Only one file attachment is allowed

## Step-by-Step Instructions

### More Information

### Steps

#### Provider Dashboard Page

1. Click the **Secure Messages** quick link.

The **Secure Messages** page is displayed.

#### Secure Messages Page

2. Click the **Compose new message** button.

The **Compose Message** page is displayed.

#### Compose Message Page

3. Select a message subject.
4. Type your message text.
5. **Optional: Attach a file to your response.**

Attach a file to your message before you send it by clicking the **Choose File** option. Locate the file you want to attach and click **Open** then click **Upload**. You can attach the following types of files:

- .doc
- .docx
- .pdf
- .txt
- .xlsx

6. Click the **Send** button.

The *Your Message Sent Successfully* popup is displayed. The popup displays the Reference ID number of your secure message. Make note of this number to help you easily find it in the future.

#### Your Message Sent Successfully Popup

7. Click the **OK** button.

You'll be returned to the Secure Messages page.

Your new message is shown in your list of messages.

## 8 Extras

The links under the Extras option in the Quick Links pane provide shortcuts to helpful web pages. This guide does not provide detailed information about those web pages.

### Credentialed Provider

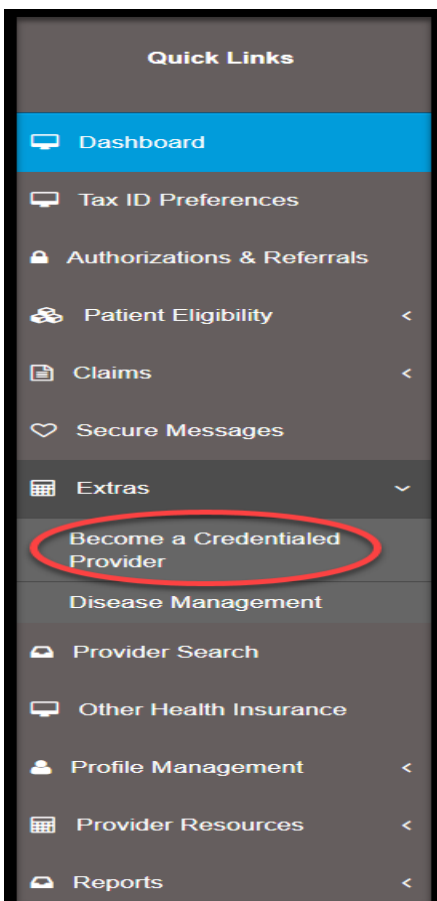
#### *How to Become a Credentialed Provider*

#### *Before You Begin*

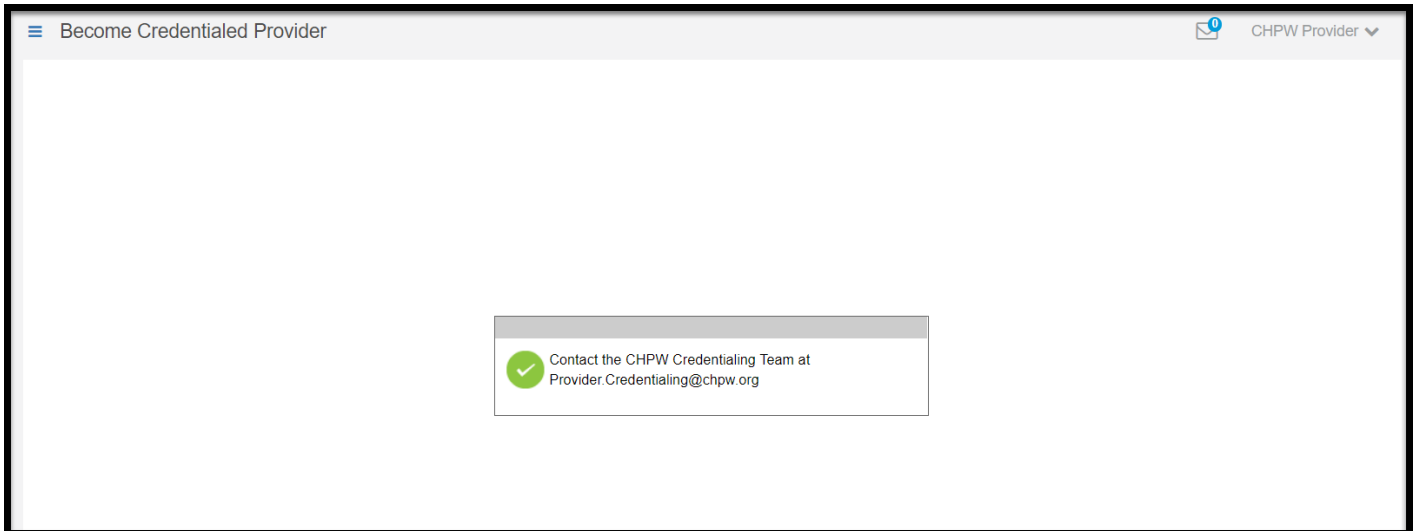
Login to the CHPW HealthMAPS provider portal and start from the Provider Dashboard.

#### *Screens*

#### **Provider Dashboard Page – Quick Links**



## Become A Credentialed Provider – Message



## Step-by-Step Instructions

## More Information

### Steps

#### Provider Dashboard Page

1. Click Extras >> **Become a Credentialed Provider** quick link.

The Become a Credentialed Provider message displays with the CHPW credentialing team's contact information, [Provider.Credentialing@chpw.org](mailto:Provider.Credentialing@chpw.org).

# Disease Management Program

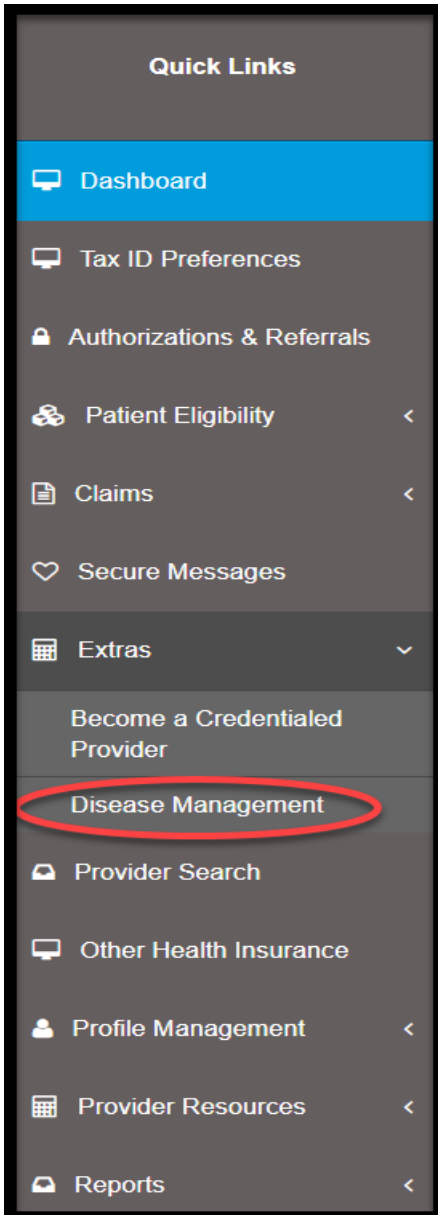
## *How to Enroll a Member into a Disease Management Program*

### *Before You Begin*

Login to the CHPW HealthMAPS provider portal and start from the Provider Dashboard.

### *Screens*

#### **Provider Dashboard Page – Quick Links**



## Disease Management – Care Management

[Home](#) > [Member Center](#) > [Health Management](#) > Case Management

# Case Management

Case managers help you on your journey to better health. They listen to you and support your needs.



## Addressing your needs, together

When life is busy and uncertain, it can be hard to ensure all your health needs are being met. Community Health Plan of Washington (CHPW) created the Case Management program to support you.

Your CHPW case manager is your advocate, cheerleader, and health care system interpreter. They'll work with you to figure out your health needs and how you can address them. This can mean:

- Helping you talk to your providers about the care you need
- Asking you questions about your health, making a plan together, and **supporting you as you work toward health goals**
- **Getting care for mental health or substance use disorder.** Our case managers can help you schedule and keep appointments, manage medication, and more.
- Connecting you with **local help for housing, food, and paying bills**
- Providing education about the health care system, health conditions you have, and your CHPW benefits

## Step-by-Step Instructions

## More Information

### Steps

#### Provider Dashboard Page

1. Click **Extras >> Disease Management** quick link.

You will be redirected to our [Care Management](#) page.

## 9 Provider Search

### How to search for a provider

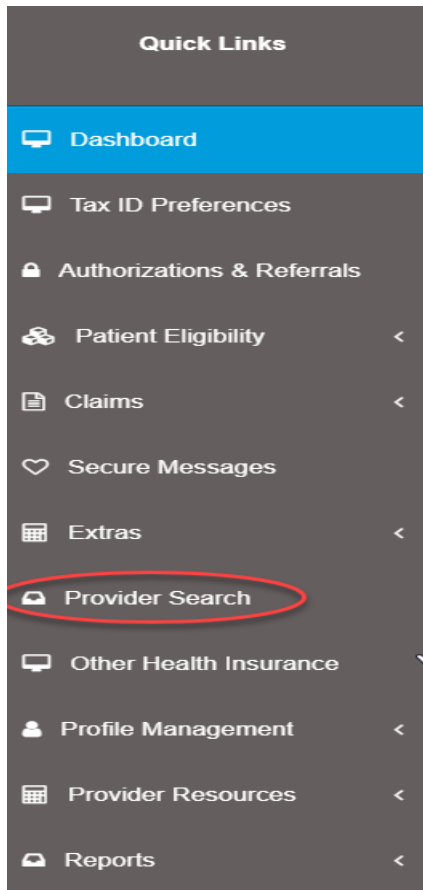
Follow these step-by-step instructions to search for a doctor/medical professional, hospital, facility, behavioral health or DME supplier.

#### *Before You Begin*

Login to the CHPW HealthMAPS provider portal and start from the Provider Dashboard.

#### *Screens*

##### **Provider Dashboard – Quick Links**





## Quick Search

Quick Search options allow you to use default settings or enter new search values to refine your search.

**Search for a CHPW Provider** [Provider Search Instructions](#) [Children's Behavioral Health Providers](#)

Primary Care Provider   
 Accepting New Patients

**Advanced Filter Options** ▾

## Advanced Filter Options

Advanced filter options allow you to refine your search by entering information into any of the input fields, choosing a specific dropdown selection, or by selecting any of the checkboxes. Some of the fields display with default values. The default values can be changed.

**Advanced Filter Options** ▾

Board Certification   
 ADA Accessibility   
 Telehealth   
 Urgent Care Facility

Extended Hours   
 Interpretation Services

## Search Results

Showing 1 - 10 of 32944 locations 10 Per Page Export as

**Last Updated:** 02/04/2019 (CHPW Community Health Centers are returned in the search results as a priority.)

**MD CLINIC NAME FOR DIRECTORY** 1234 MAIN STREET, ELDRIDGE, WA, 95431 Visit Clinic Website View on Map Home Accessibility User Profile

**Flint Orr, MD**

<b>Gender</b> Male	<b>Accepting New Patients</b> Not Available	<b>Specialty</b> INTERNAL MEDICINE	<b>Areas Of Expertise</b> Not Available	
<b>Extended Hours</b> Not Available	<b>Urgent Care Facility</b> Not Available	<b>Board Certification</b> Am Bd Int Med, SPEC BOADR3	<b>Primary Care Physician</b> Yes	<b>Limitations</b> provider limitations
<b>Provider Languages Spoken</b> Not Available	<b>Telemedicine</b> Yes	<b>ADA Accessibility</b> Yes	<b>Accessibility</b> Full Accessibility	

[Additional Details](#)

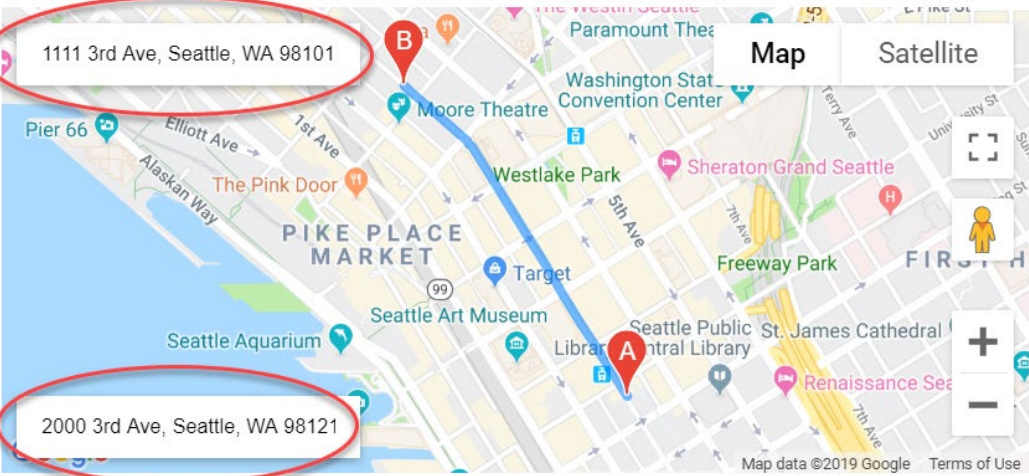
<b>Medical Group Affiliations</b> Group Name ME	<b>Hospital Affiliations</b> Prosser Memorial Hospital, Seattle Childrens Hospital
<b>Board Certification</b> Am Bd Int Med, SPEC BOADR3	

[Click to report error](#)

## Map View

A map displays next to the quick search fields at the top of the search results. Using the map location and destination allows you to get directions and shows the route. The map view defaults to expanded view.

**Provider Search Results** Map View



1111 3rd Ave, Seattle, WA 98101

2000 3rd Ave, Seattle, WA 98121

Map | Satellite

1111 3rd Ave, Seattle, WA 98101, USA

0.5 mi. About 4 mins

- Head northwest on 3rd Ave toward Seneca St

Parts of this road are closed 6:00 AM - 7:00 PM

Pass by Chipotle Mexican Grill (on the right in 0.2 mi)

Map data ©2019 Google Terms of Use

### Search by Address

The Search by address allows you to search using any address.

#### Search by Address ✕

Address 1:

Address 2:  City:

State:  Zip Code:

## Step-by-Step Instructions

### Steps

### More Information

#### Provider Dashboard

1. **Click the Provider Search link from the left navigation menu.**

The **Provider Search** page displays.

#### Search for a Doctor

2. **Quick Search**

Quick search allows you to use the default settings or change the settings by entering a city, zip code or county, and selecting a provider type. You can also search for a Primary Care Provider by selecting the PCP checkbox.

**TIP!** Click the **Advanced Filter Options** down arrow to open the Advanced Search section where more search criteria options are available.

3. **Provider Search Instructions.**

Select the Provider Search Instructions link at the top right of the search results page for instructions on how to use the search functionality.

4. **Children Behavioral Health Providers**

Select the Children's Behavioral Health Providers link to search for Children Behavioral Health Providers.

5. **Advanced Filter Options**

Select the down arrow icon ▼ to view additional Advanced Filter Options. The fields that display here are based on the Provider Type selected. Select the up arrow ▲ to collapse the section.

6. **Search Within | Search by Address**

Search Within works in combination with the Search by Address ONLY when a complete address is entered.

**TIP!** The Search Within will not work when using a city, zip code, or county search.

## 7. Search Results

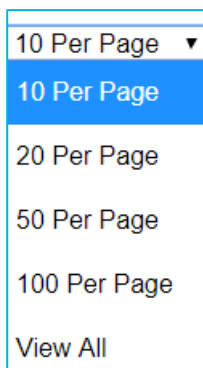
The search results are displayed below the map. The first result will default to expanded view ▲. Each time a new section is selected the previous section will automatically collapse.

**Tips!** Click Additional Details in the detail section to view additional details.

**Note:** CHPW Community Health Centers are returned in the search results as a priority.

## 8. Showing 1 - 10 of 32944 locations

The total number of search results will display. The returned results view will default to display 10 per page. You can increase the number by selecting the down arrow.



## 9. Last Date Updated

The last date the provider directory was updated will display at the top left of the search results detail page.



## 10. Visit Clinic Website


If available, the website link will display. When selected you will be taken to the location website.

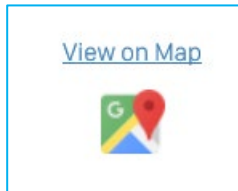
**TIP!** If you would like to add your clinic website to the directory, you may send your request to [Provider.Changes@chpw.org](mailto:Provider.Changes@chpw.org).



### 11. View on Map

Select View on Map to view the location on the map.

The map view will default to expanded view . Select the arrow to collapse the view.

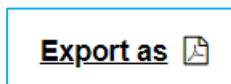


### 12. Print Map Directions

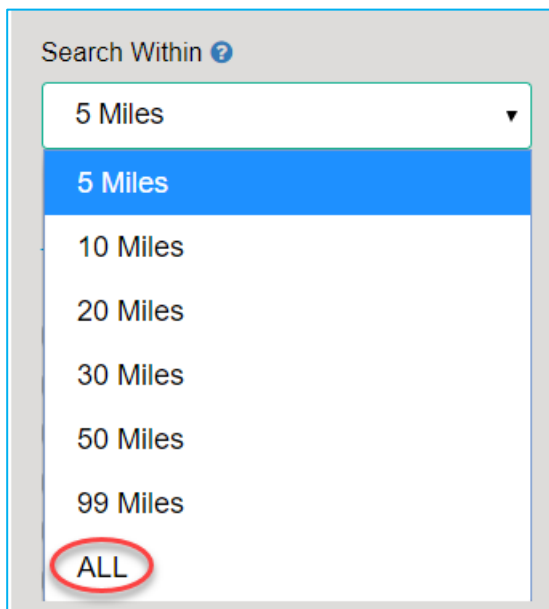
When selected, this will print the directions from the location specified to the desired location.

### 13. Export as

**Download the search results as a PDF file** – Click the icon at the top right of the **Search Results** section to download a copy of the provider directory as a PDF file.



**Tip!** To print a directory to include ALL coverage areas the search must be based on your default address or a complete address entered in the Search by Address window and by selecting **ALL** in the Search Within dropdown options which is located in the Advanced Filter Options section.



#### 14. Click to Report an Error Link

When selected, you will be redirected to the Contact Us page on our website where you can report an error with our Provider Directory via an online form, by email, or by phone.

[Click to report error](#)

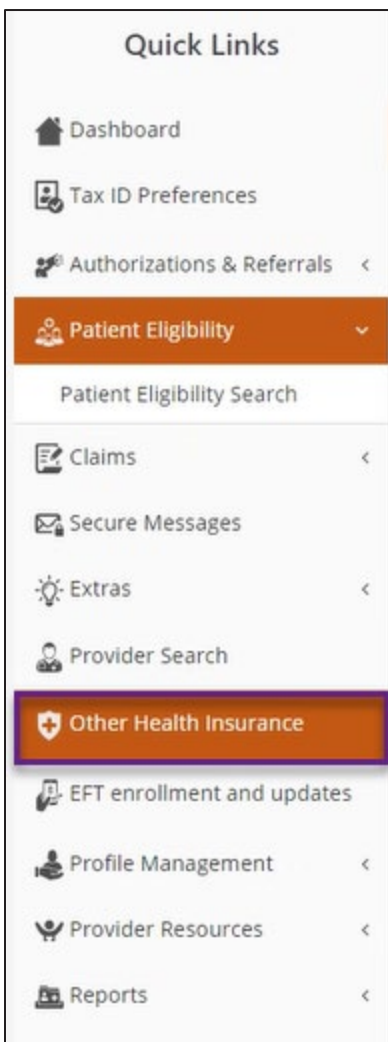
# 10 Other Health Insurance

## How to Add a Patient's Other Health Insurance (OHI)

Follow these step-by-step instructions to view or report a patient's other health insurance (OHI).

### Screens

#### Provider Dashboard – Quick Links





## Steps

## More Information

### Provider Dashboard

**1. Click the *Other Health Insurance* quick link.**

The **Other Health Insurance** page displays.

**2. Click Add.**

**3. Enter the CHPW Member ID and click Search.**

When the search results display, select the appropriate member record, then click ***Continue***.

**4. Complete the online OHI form.**

Complete the form with any information you have about the member's OHI. You have the option to attach documents.

**5. Click *Submit*.**

See the "Patient Eligibility" section of this manual for information on how to **view** a member's OHI.

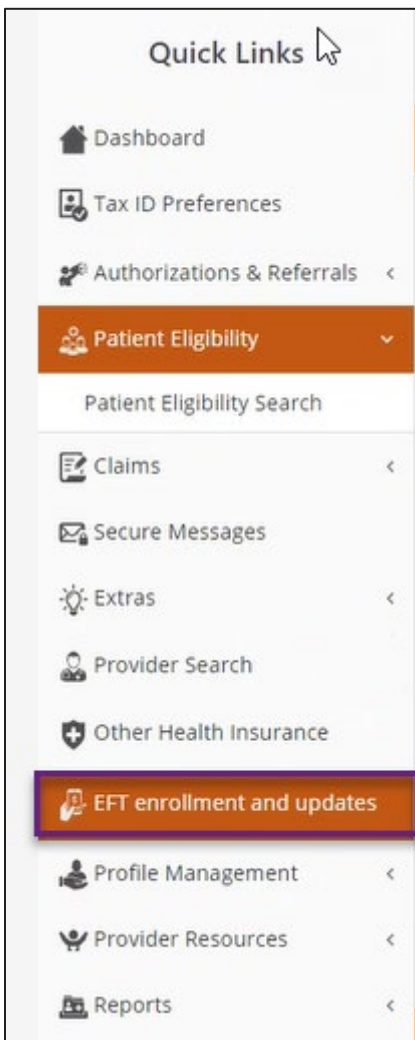
# 11 EFT Enrollment and Updates

## How to Enroll in Electronic Funds Transfer (EFT) or Change EFT


Follow these step-by-step instructions to [enroll in Electronic Funds Transfer \(EFT\) or change EFT](#).


### Screens


#### Provider Dashboard – Quick Links




### EFT enrollment and updates



\* Name on Account 


\* Bank Name 

\* Address 

\* City  \* State  \* Zip Code

\* Type of Account   
 Checking  Savings


\* Financial Institution Routing Number   \* Account Number 


\* Upload File 


Select a file to Upload


No file chosen

**Submission Information**

\* Reason for Submission   
 New Enrollment  Change Enrollment

\* Enrollment Requested EFT start/change effective date 

\* EFT Email Notification 

## Steps

## More Information

### Provider Dashboard

**1. Click the *EFT enrollment and updates* quick link.**

The **EFT enrollment and updates** page displays.

**2. Click *Submit an EFT enrollment application*.**

Read the resulting **Disclaimer** page. If you understand and agree, select the ***I understand and agree with the terms of this Disclaimer*** checkbox, then click **Agree**. If you do not, you will not be able to proceed.

**3. Complete the online form.**

All fields are required, **except**:

- Fax Number
- Attn (Fax Number)
- Ext. (Telephone Number)

**4. Attach a bank letter or blank check to your request, then click Upload.**

**Important!** We cannot process your EFT request without a bank letter or blank check.

**5. Select the *I understand and agree with the terms of this Authorization Agreement* checkbox.**

**6. Click *Submit Application*.**

CHPW processes EFT enrollment and update requests within 7-10 calendar days. CHPW will email you to let you know if your request is approved and provide a timeline for when to expect the deposit account change if your request is approved.

If you have any questions about EFT, please email [EDI.Support@chpw.org](mailto:EDI.Support@chpw.org).

# 12 Profile Management

The Profile Management Quick Links allow you to update your portal account profile, including Change Password, Change Security Questions, and Address Change.

## How to Change Your Password

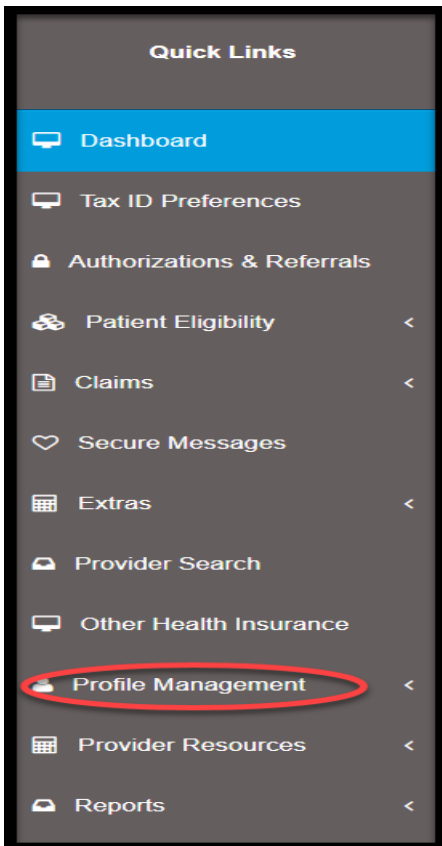
From the Profile Management tab select the Change Password link from the Quick Links menu on the left. Follow these step-by-step instructions to replace your existing password with a new password.

### *Before You Begin*

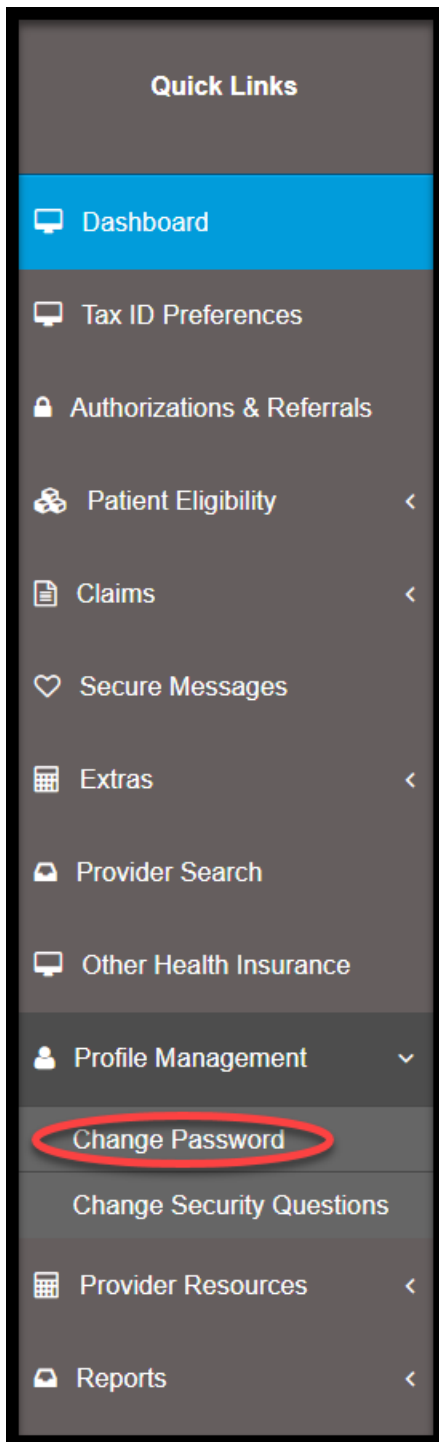
You will need to know your current password and your security questions and answers. Login to the CHPW HealthMAPS provider portal and start from the Provider Dashboard.

### *Screens*

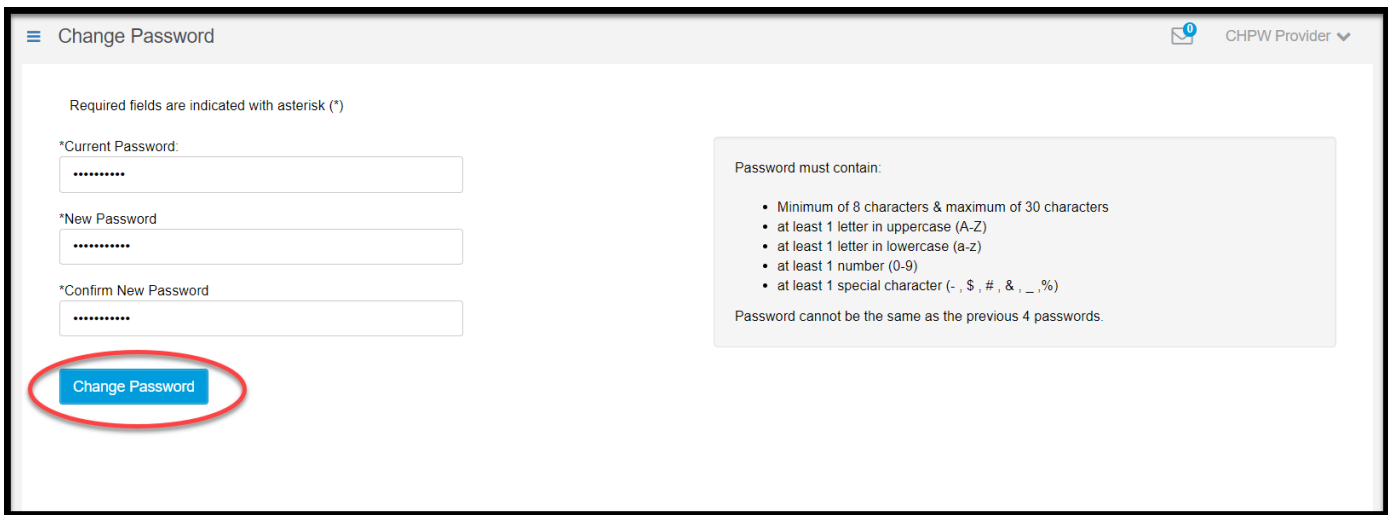
#### **Provider Dashboard Page – Quick Links**



**Profile Management >> Change Password– Quick Links**



## Change Password Page



## Step-by-Step Instructions

### Steps

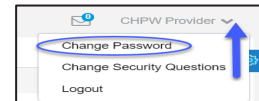
### More Information

#### Provider Dashboard Page

##### 1. Click the Profile Management Tab.

Click the Profile Management tab from the Quick Links menu.

**Shortcut!** Select the arrow next to your name and click on Change Password link.



##### 2. Click the *Change Password* option.

The **Change Password** page is displayed.

#### Change Password Page

##### 3. Enter the requested data.

Be sure to follow the onscreen instructions when creating your new password.

##### 4. Click the *Save Password* button.

The provider portal will display a success message telling you that your password has been changed.

#### Success Message Page

##### 5. Click OK to continue.

You will be taken to the **Login Page** where you can log in using your new password.

## How to Update Your Security Questions and Answers

From the Profile Management tab select Update Security Questions link from the Quick Links menu on the left. Security questions and answers are used to validate your identity in case you forget your password.

Follow these step-by-step instructions to change the answers to your current security questions or to select a different set of security questions and answers.

### Before You Begin

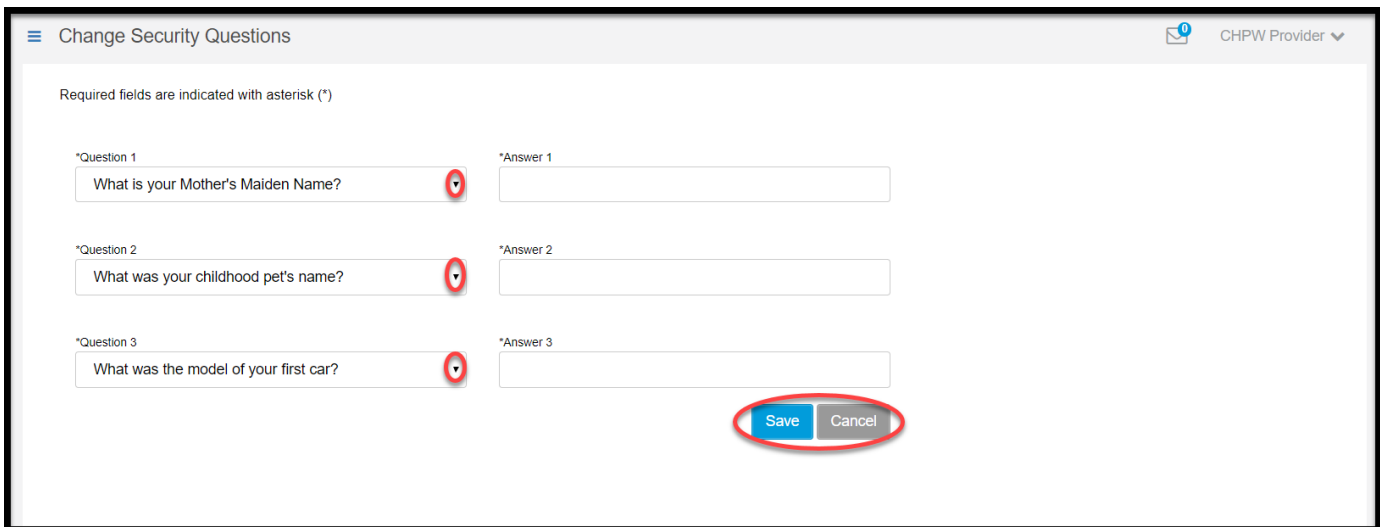
Login to the CHPW HealthMAPS provider portal and start from the Provider Dashboard. You will need to know your current password.

### Screens

#### Change Security Questions Page



The screenshot shows the 'Change Security Questions' page. At the top, there is a navigation bar with a hamburger menu icon, the text 'Change Security Questions', a notification icon with the number '0', and a dropdown menu for 'CHPW Provider'. Below the navigation bar, a message states 'Required fields are indicated with asterisk (\*)'. The main content area contains a text input field labeled '\* Enter Current Password' and a blue 'Validate' button. Both the input field and the button are circled in red.



The screenshot shows the 'Change Security Questions' page with three question and answer pairs. Each question is in a dropdown menu and each answer is in a text input field. The questions are: '\*Question 1: What is your Mother's Maiden Name?', '\*Question 2: What was your childhood pet's name?', and '\*Question 3: What was the model of your first car?'. Each question dropdown has a red circle with a white downward arrow. At the bottom right, there are 'Save' and 'Cancel' buttons, both circled in red.



## Step-by-Step Instructions

### Steps

### More Information

#### Start on the Provider Dashboard Page

1. Click the *Profile Management >> Change Security Questions* link.

The **Change Security Questions** page is displayed.

#### Change Security Questions Page – Validate

2. Type your password.
3. Click the *Validate* button.

You will be taken to your current list of Security Questions.

#### Change Your Security Questions Page – List of Questions

4. If desired, change one or more of your security questions.
5. Provide answers for each security question.

You must provide an answer for each security question, even those questions that you didn't change. Your answers are not validated on this page, but whatever you enter on this page will be used going forward when you are required to answer your security questions.

6. Click the *Save* button.

The provider portal will display a success message.

7. Click the *Close* button.

## 13 Provider Resources

The links under the Provider Resources option in the Quick Links pane provide shortcuts to helpful web pages. This guide does not provide details about the “Provider Resources” web pages.

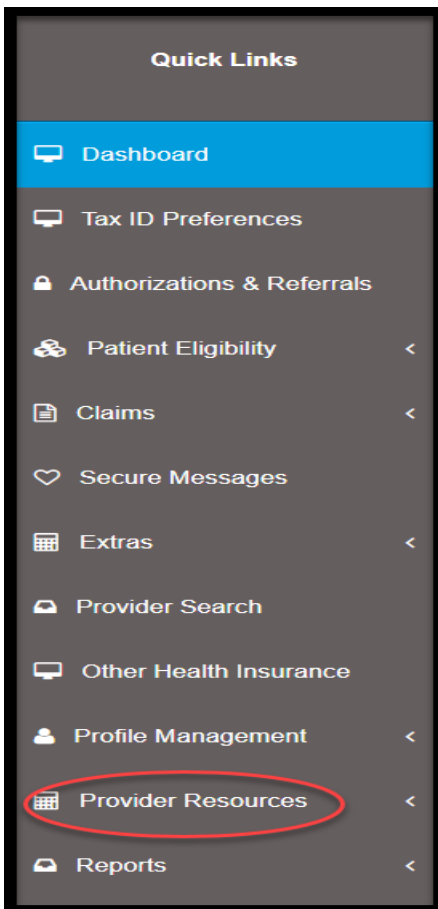
### How to Access Provider Resources

#### *Before You Begin*

Login to the CHPW HealthMAPS provider portal and start from the Provider Dashboard.

#### *Screens*

##### **Provider Dashboard Page – Quick Links**



## How to Access Provider Forms & Tools

### Before You Begin

Login to the CHPW HealthMAPS provider portal and start from the Provider Dashboard. Select Provider Resources, then Provider Forms & Tools.

### Screens

#### Provider Forms & Tools - Quick Links




#### Forms and Tools page

Home > Provider Center > Provider Forms & Tools

## Provider Forms & Tools

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



**EXPLORE MORE!**

- Bulletin Board
- Member Eligibility

**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
- ▶ Child and Adolescent Behavioral Health
- ▶ ChildrenFirst™ Rewards Program
- ▶ Claims
- ▶ Compliance

## Step-by-Step Instructions

### Steps

### More Information

#### Provider Dashboard Page

1. Click **Provider Resources** >> **Provider Forms & Tools**.

You will be redirected to our [Provider Forms & Tools](#) page.

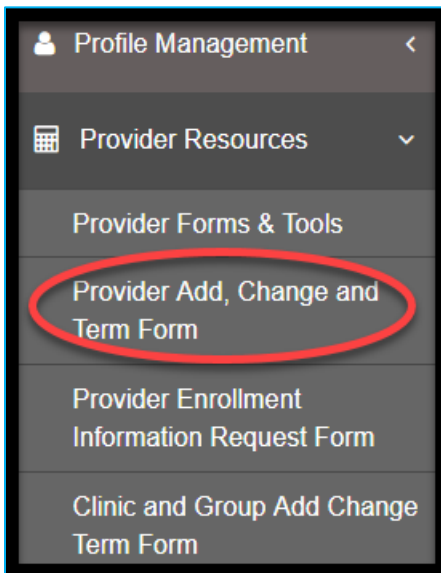
## How to Access the Provider Add, Change and Term Form

### *Before You Begin*

Login to the CHPW HealthMAPS provider portal and start from the Provider Dashboard. Select Provider Resources, then Provider Add, Change and Term Form.

### *Screens*

#### ***Provider Add, Change and Term Form – Quick Links***



*Provider Add, Change and Term Form*



## PROVIDER CHANGES FORM

Please complete the appropriate section of this form and email the completed form to:  
[PROVIDER.CHANGES@CHPW.ORG](mailto:PROVIDER.CHANGES@CHPW.ORG)

**Please note:**

- Incomplete information may result in a delay to processing your claims.
- A referral is required for all services rendered prior to a provider's effective date. Effective date will be determined during the processing of the request.

Go GREEN! Please see our [Provider Manual](#) for more information about electronic transactions or email [EDI.Support@chpw.org](mailto:EDI.Support@chpw.org)

### INDIVIDUAL PROVIDER ADD/CHANGE/TERM FORM

Date submitted:

Is the provider in ProviderSource? Type "yes" or "no."

*For providers in ProviderSource where the information is current in ProviderSource and CHPW has access to download the information, only the provider name, NPI, and a brief description of the change being made needs to be submitted.*

Type "yes" next to your applicable option:

<input type="text"/>	Primary care provider	<input type="text"/>	Specialist provider
<input type="text"/>	Hospital-based provider	<input type="text"/>	Other: <input type="text"/>

**TYPE OF CHANGE (type "yes" next to your applicable option):**

Add provider	<input type="text"/>	Change provider	<input type="text"/>
Terminate provider	<input type="text"/>	Reason for Termination	<input type="text"/>

## Step-by-Step Instructions

### Steps

### More Information

#### Provider Dashboard Page

1. **Click Provider Resources >> *Provider Forms & Tools.***

This will download a fillable PDF.

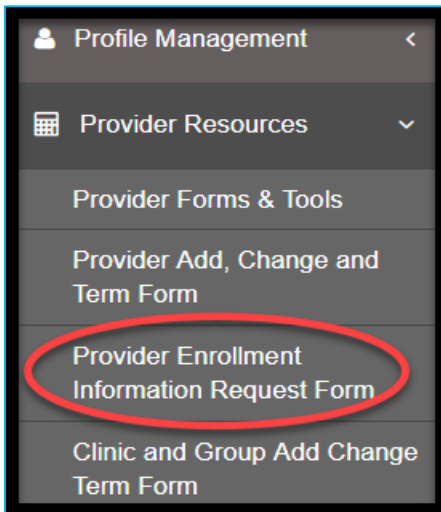
## How to Access the Provider Enrollment Information Request Form

### *Before You Begin*

Login to the CHPW HealthMAPS provider portal and start from the Provider Dashboard. Select Provider Resources, then Provider Enrollment Information Request Form.

### *Screens*


#### ***Provider Enrollment Information Request Form – Quick Links***





## Provider Enrollment Information Request Form

### Provider Enrollment Request Form



If you want to join the Community Health Plan of Washington's provider network, please complete the form below and tell us about your practice. When we receive this information, a Contract Administrator will review your request and determine if we are currently accepting new providers in your county. If we are accepting new providers, a contract may be extended to you. If we are unable to contract with you at this time, we will send you a letter to explain why. We will keep your information on file for future openings in our network. Thank you for your interest in Community Health Plan of Washington. We look forward to hearing from you!

#### Enrollment Details

Select the lines of business in which you would like to contract

---

Does your business have a signed Core Provider Agreement (CPA) with the WA State Health Care Authority (HCA) to see Medicaid patients? \* **Either Signed Core Provider Agreement or Non-Billing Provider must be selected Yes**

Yes  No

If no CPA, are you enrolled as a Non-Billing Provider with the WA State Health Care Authority (HCA)? \*

Yes  No

## Step-by-Step Instructions

## More Information

### Steps

#### Provider Dashboard Page

1. Click **Provider Resources >> Provider Enrollment Information Request Form.**

You will be redirected to our Provider Enrollment Information form.

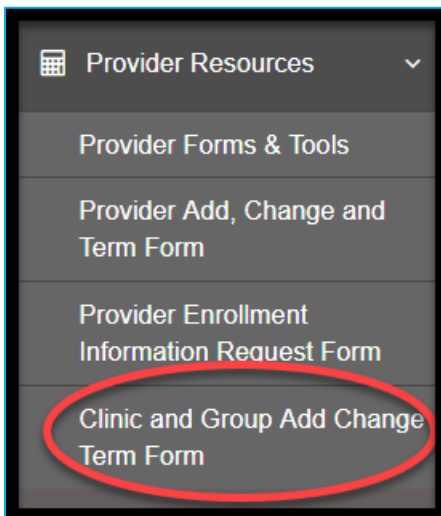
## How to Access the Clinic and Group Add Change Term Form

### Before You Begin


Login to the CHPW HealthMAPS provider portal and start from the Provider Dashboard. Select Provider Resources, then Clinic and Group Add Change Term Form.

### Screens

#### Provider Enrollment Information Request Form – Quick Links



**Provider Enrollment Information Request Form**


**COMMUNITY HEALTH PLAN**  
of Washington™

## CLINIC AND GROUP CHANGES FORM

**Please complete the appropriate section of this form and email the completed form to:**  
[PROVIDER.CHANGES@CHPW.ORG](mailto:PROVIDER.CHANGES@CHPW.ORG)

**Please note:**

- Incomplete information may result in a delay to processing your claims.
- A referral is required for all services rendered prior to a provider's effective date. Effective date will be determined during the processing of the request.

Go GREEN! Please see our [Provider Manual](#) for more information about electronic transactions, or email [EDI.Support@chpw.org](mailto:EDI.Support@chpw.org)

FACILITY, CLINIC, BILLING, AND TAX ID ADD/CHANGE/TERM FORM

Date submitted:

**GROUP INFORMATION:**

Legal name of group:			
Check/clinic name:			
TIN:			
Medicare number:		Medicaid number:	
Core Provider Agreement Y/N		Core Agreement NPI:	
Non Billing Agreement Y/N		Non Billing NPI:	

**TYPE OF CHANGE (type "yes" next to any and all that apply):**

### Step-by-Step Instructions

#### Steps

#### More Information

Provider Dashboard Page

- 1. Click Provider Resources >> *Clinic and Group Add Change Form.***

This will download a fillable PDF.

## 14 Provider Reports

Clicking Provider Reports on the provider services menu lets you view the reports that are generated.

### How to Access Reports

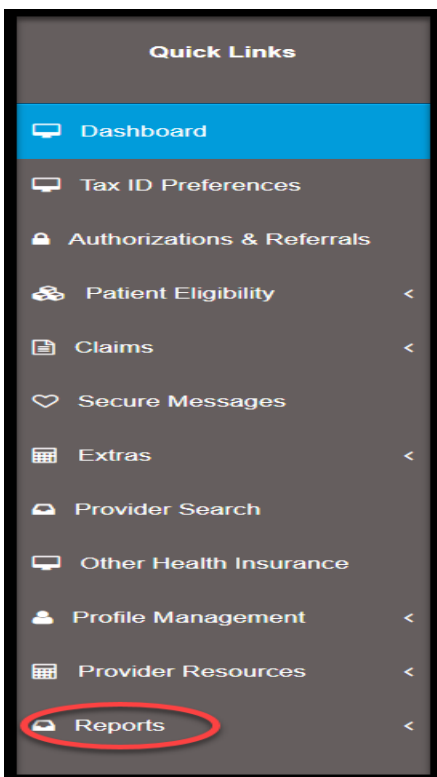
Follow these step-by-step instructions to View the Reports:

#### *Before You Begin*

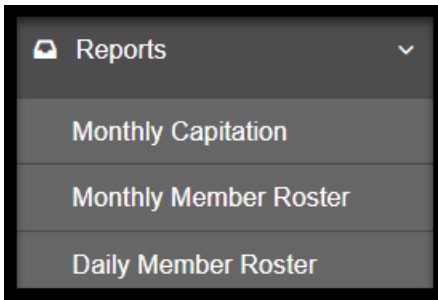
Login to the CHPW HealthMAPS provider portal and start from the Provider Dashboard.

#### *Screens*

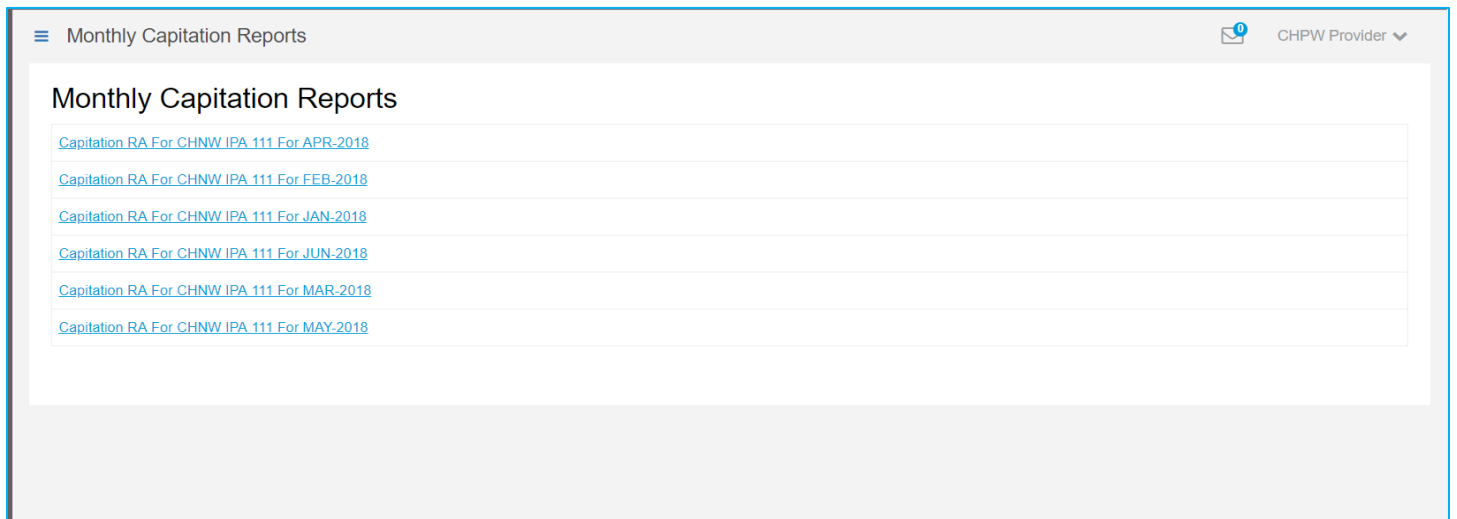
##### **Provider Dashboard Page – Quick Links**



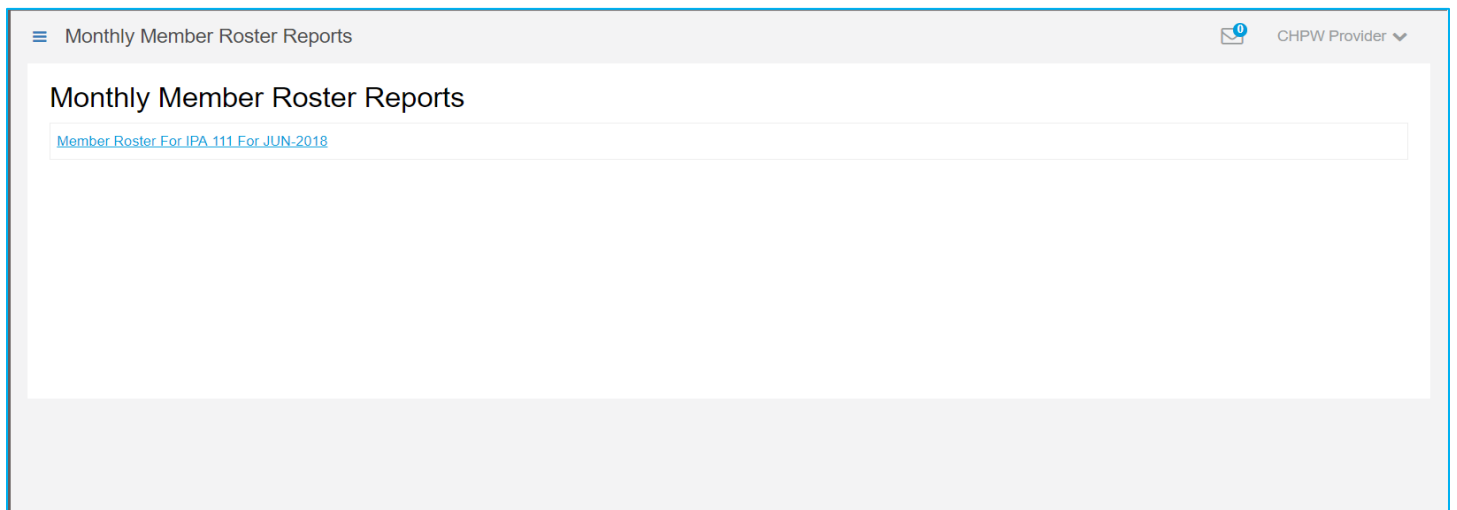
### Available Reports



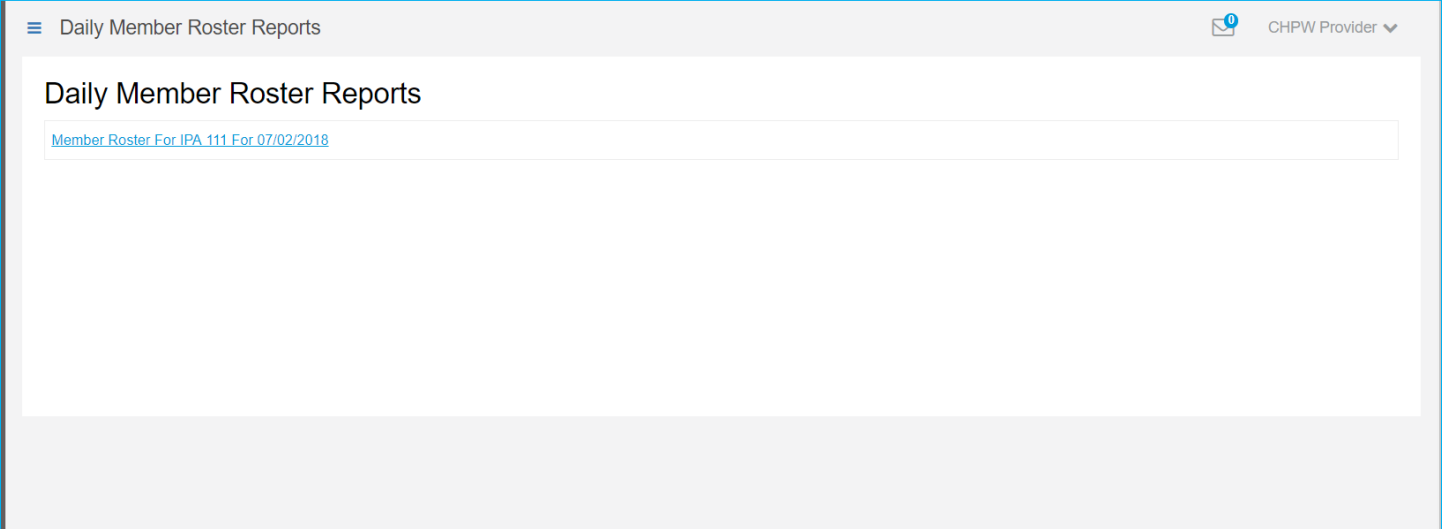
### Capitation Report



### Monthly Member Roster Report



## Daily Member Roster Report



## Step-by-Step Instructions

## More Information

### Steps

#### Provider Dashboard Page

**1. Click Reports. >> *Clinic and Group Add Change Form.***

Click the report you want to view: ***Monthly Capitation, Monthly Member Roster, or Daily Member Roster.***

**2. Your available rosters display.**

Click a report name to open a roster. When prompted, click **Open** or **Save**.