



Member Services

Now at your fingertips

CHPW HealthMAPS PROVIDER PORTAL USER GUIDE



COMMUNITY HEALTH PLAN
of Washington™

The power of community

Apple Health (Medicaid)
Medicare Advantage
Individual & Family Plans

REVISION HISTORY

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V3.1	June 2021	Renée Lillie	Fixed: Table of Contents; broken website link; outdated screenshot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
V6.2	October 2024	Renée Lillie	Rebranded and reformatted (not published)
V7.0	January 2025	Amy Lathan / Renée Lillie	Added information for non-contracted providers

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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.

You do not have to be contracted with CHPW to use HealthMAPS.

You can use CHPW's HealthMAPS portal to submit claims, update your banking (payment) information, check patient eligibility and more, even if you're not a CHPW-contracted provider, as long as your information is in our claims system.

If **your information is not in our system** and you would like to use the portal, email the following information to Provider.Changes@chpw.org, using the subject line, "HealthMAPS Portal Set Up Request":

- Your W-9 form;
- A copy of the claim;
- Your tax identification number (TIN);
- Company name and provider name(s);
- Billing-level and provider-level National Provider Identifier (NPI) number;
- Your license information; and
- Your billing address.

You also have the option to mail a paper claim you'd like to bill CHPW to:

CHP Claims
PO Box 269002
Plano, Texas 75026-9002

After we receive your information, we'll perform some checks and balances (confirm you're licensed to see members in Washington state, etc.), then we'll enter your information into our claims system. You should be able to submit claims in our HealthMAPS portal ***within 10-15 business days of sending your information to us.***

If you have submitted claims to CHPW that have been processed, you are already in our claims system and can enroll in HealthMAPS. If you're a participating provider with us, once you have a contract and are credentialed, you should be able to register for our HealthMAPS portal.

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 to 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 for CHPW







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—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.

If you have questions about CHPW's HealthMAPS portal, please see our [Provider Portal Training](#) page, or email our Customer Service Team at customercare@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

Start from CHPW's OneHealthPort page

1. Go to OneHealthPort for CHPW at <https://www.onehealthport.com/sso-payer/community-health-plan-washington>.
 - a. 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.

Tips!

- 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.

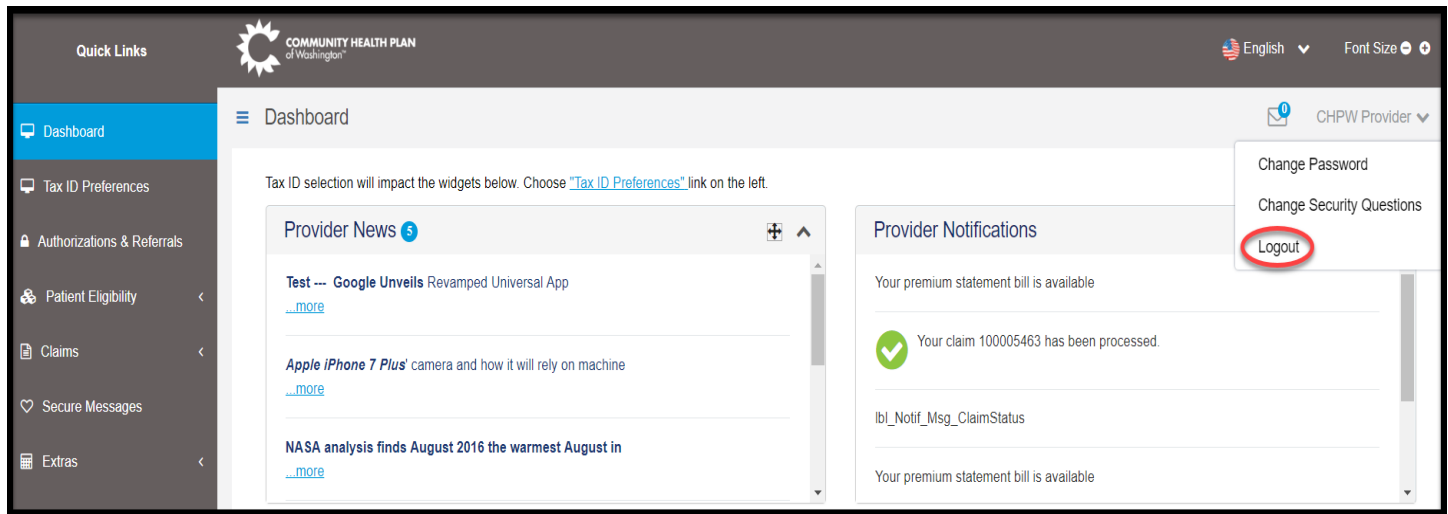
2. **The CHPW HealthMAPS Provider Dashboard displays.**

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

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

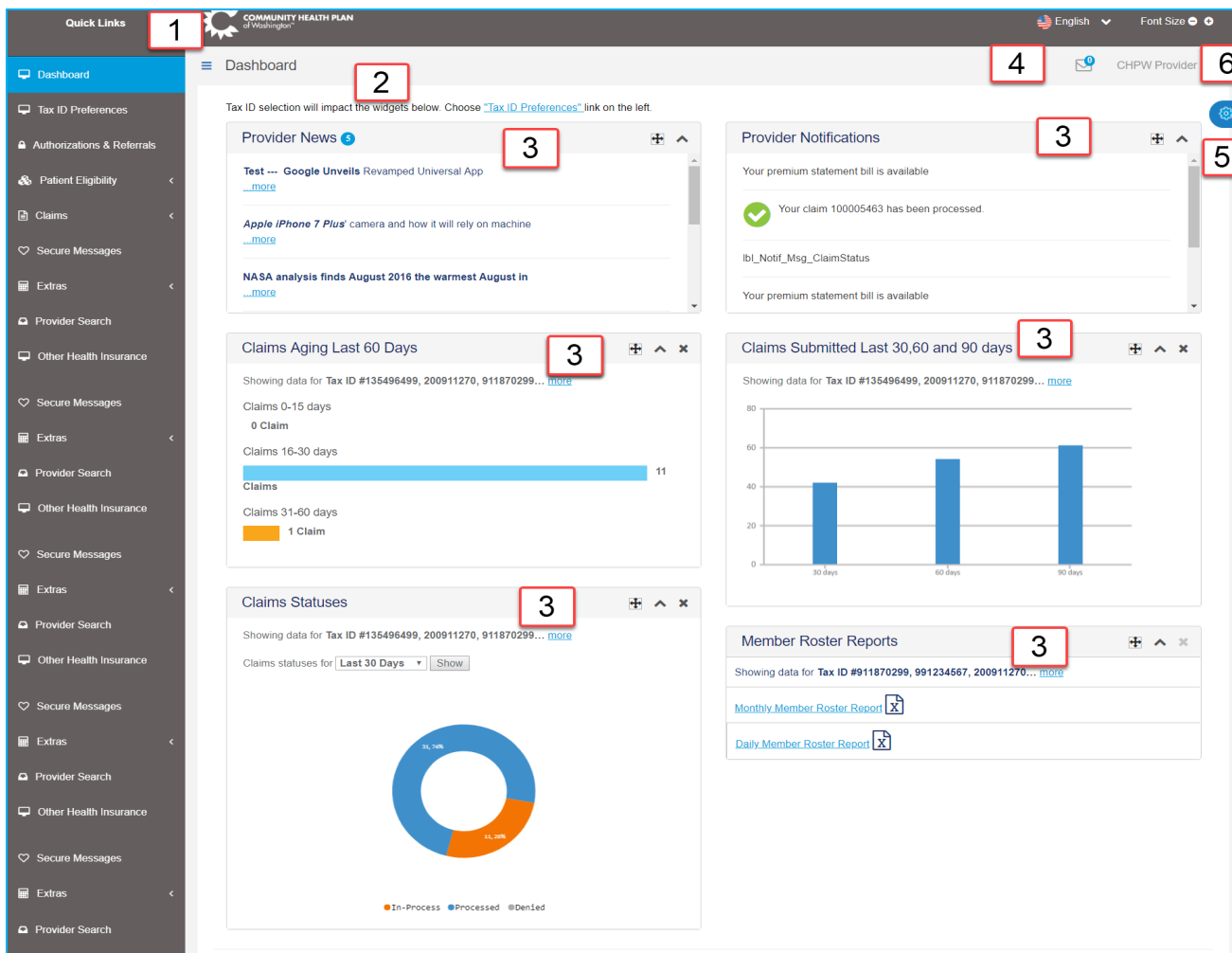
How to Customize Your Dashboard

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



Provider Dashboard Functions

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 Messages page. Secure messages are like email, but they can 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 dropdown

Click the Welcome message to display a dropdown 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

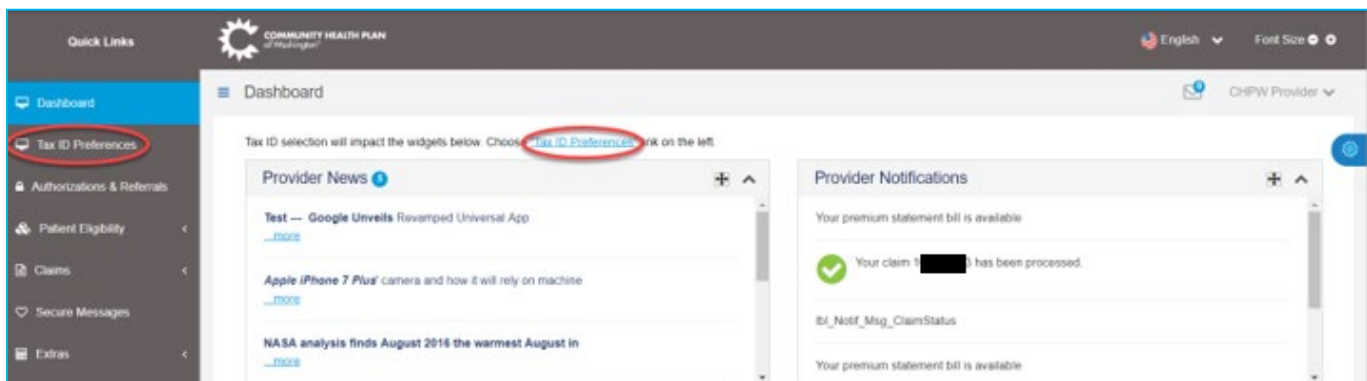
Follow these steps to choose your Preferred Tax IDs.

Before You Begin

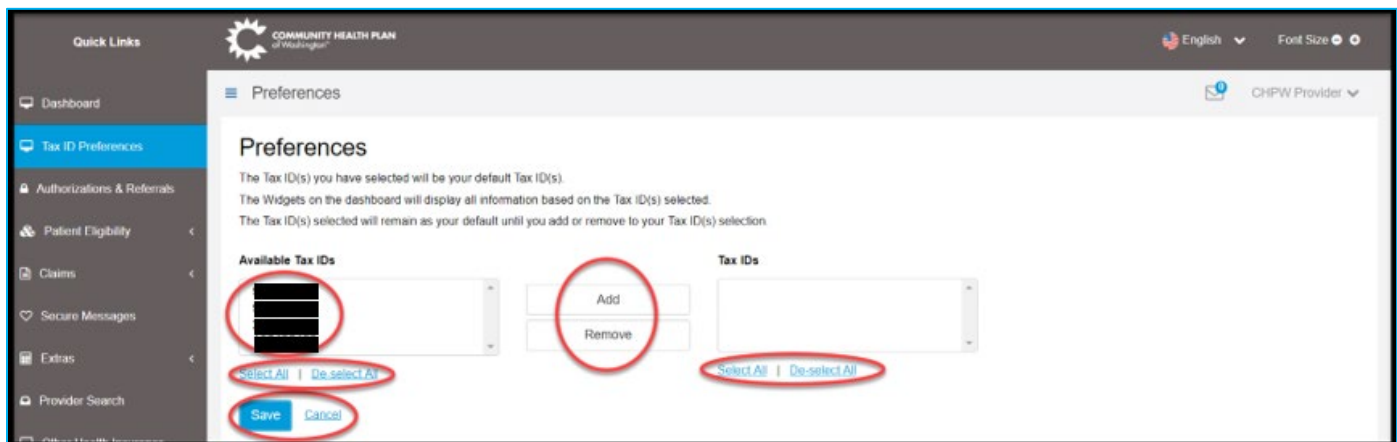
Log in to the CHPW HealthMAPS provider portal and start from the **Provider Dashboard**.

Screens

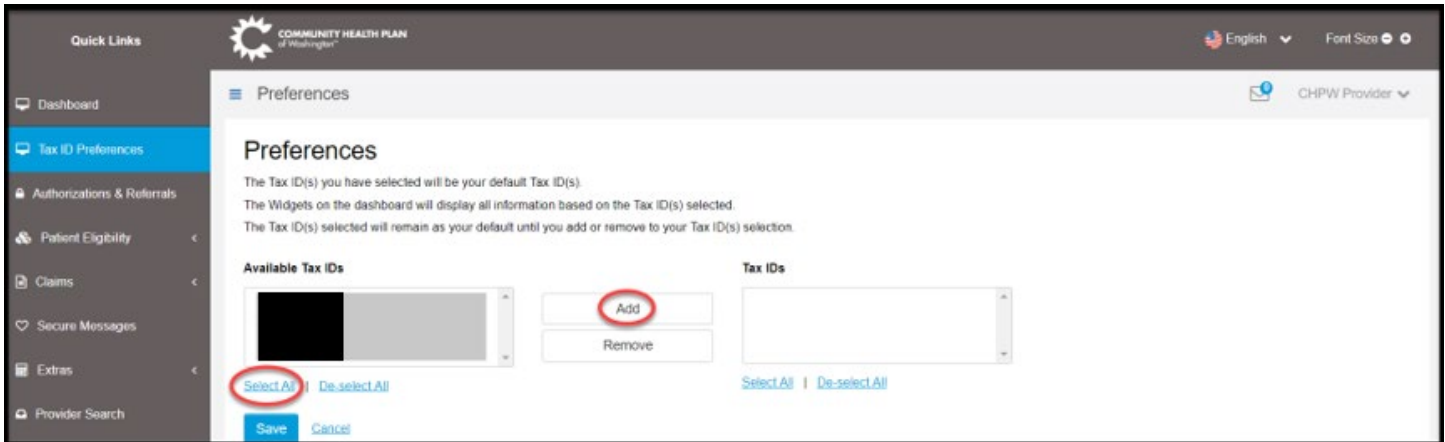
Provider Dashboard



Provider Tax ID Preferences Page



Selecting Your Preferred Tax IDs



Quick Links

- Dashboard
- Tax ID Preferences**
- Authorizations & Referrals
- Patient Eligibility
- Claims
- Secure Messages
- Extras
- Provider Search

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

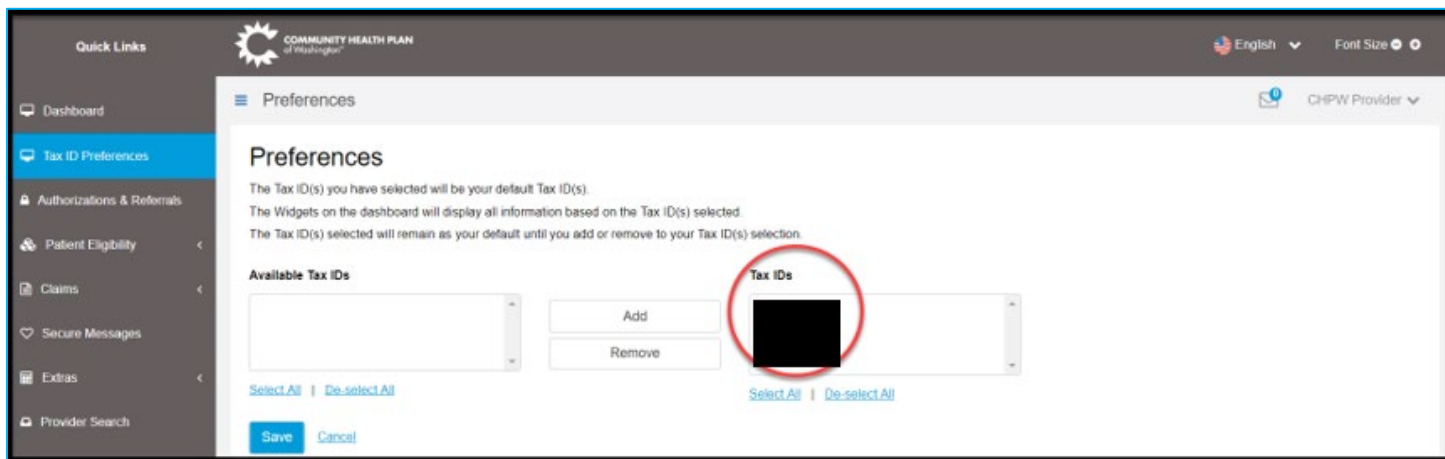
[Select All](#) | [De-select All](#)

Tax IDs

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

[Add](#) [Remove](#)

[Save](#) [Cancel](#)



Quick Links

- Dashboard
- Tax ID Preferences**
- Authorizations & Referrals
- Patient Eligibility
- Claims
- Secure Messages
- Extras
- Provider Search

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](#)

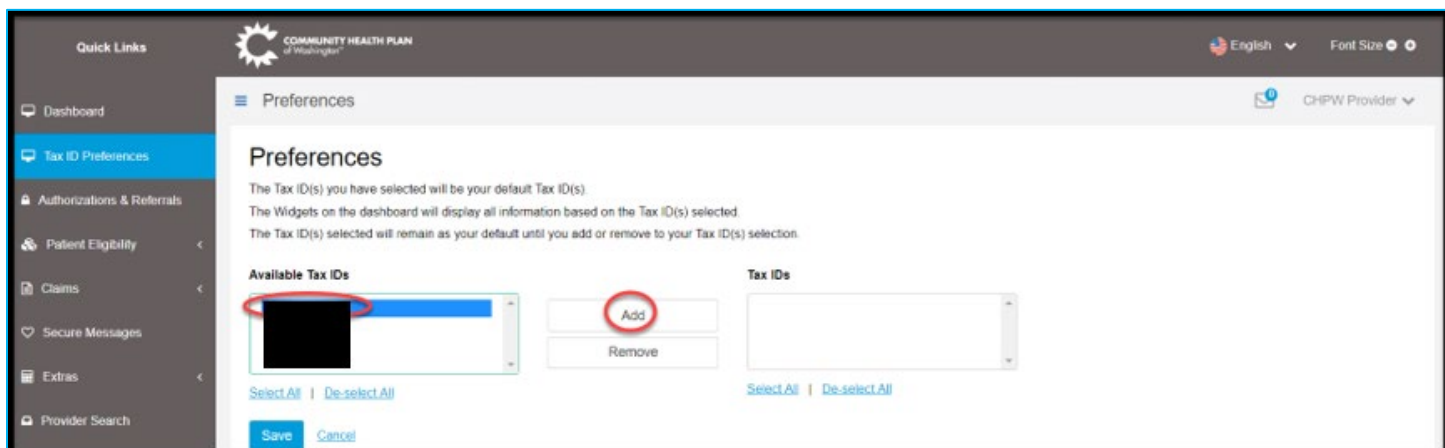
Tax IDs

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

[Add](#) [Remove](#)

[Save](#) [Cancel](#)

Select A Single Tax ID



Quick Links

- Dashboard
- Tax ID Preferences**
- Authorizations & Referrals
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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](#)

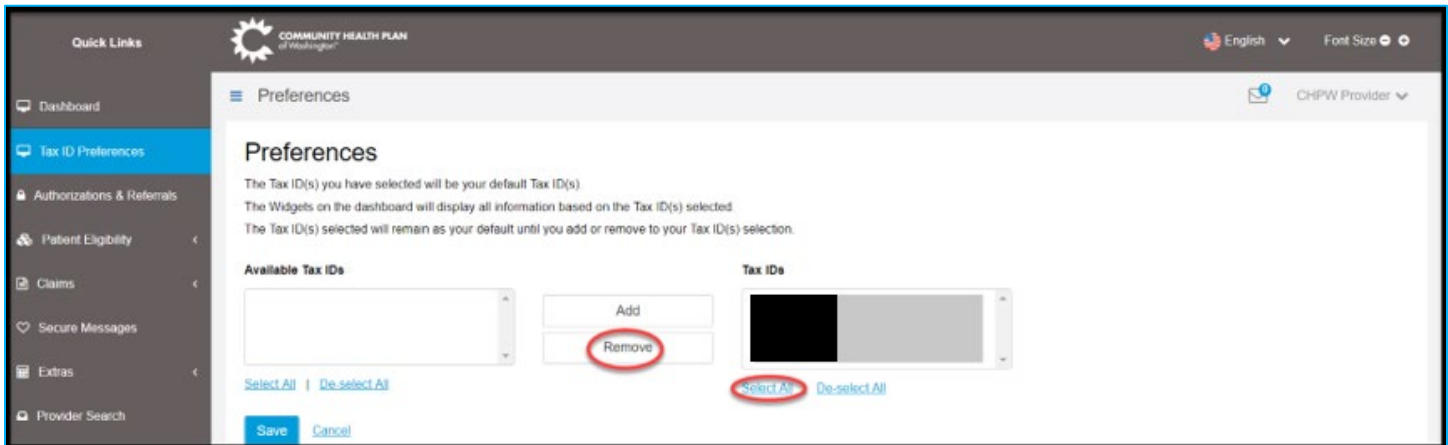
Tax IDs

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

[Add](#) [Remove](#)

[Save](#) [Cancel](#)

Removing Your Preferred Tax IDs



Quick Links

- Dashboard
- Tax ID Preferences**
- Authorizations & Referrals
- Patient Eligibility
- Claims
- Secure Messages
- Extras
- Provider Search

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

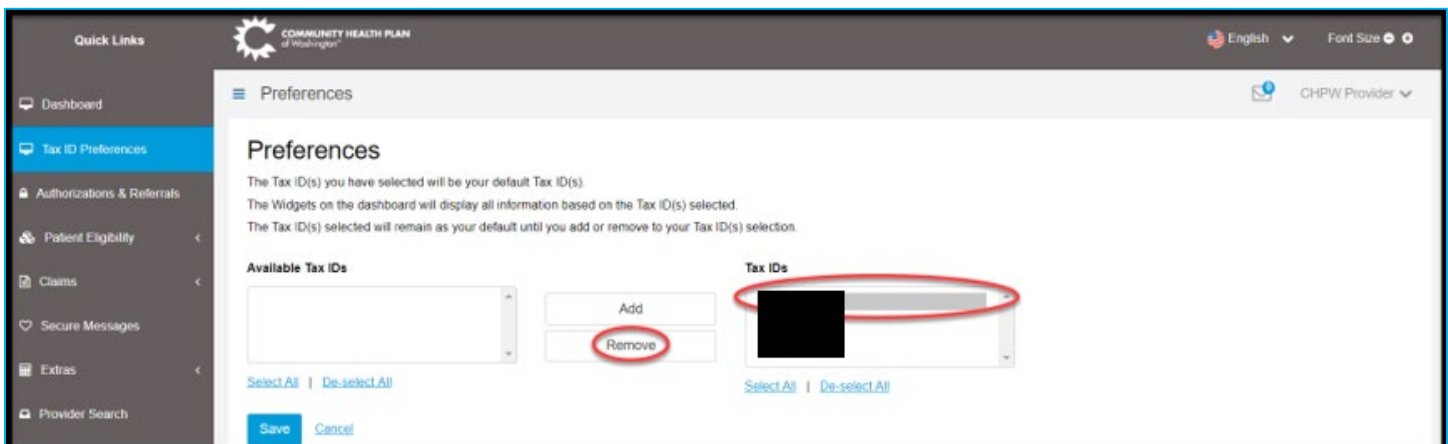
[Select All](#) | [De-select All](#)

Tax IDs

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

Buttons: Add, Remove (circled in red), Save, Cancel

Remove A Single Preferred Tax ID



Quick Links

- Dashboard
- Tax ID Preferences**
- Authorizations & Referrals
- Patient Eligibility
- Claims
- Secure Messages
- Extras
- Provider Search

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](#)

Buttons: Add, Remove (circled in red), Save, Cancel

Step-by-Step Instructions

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 IDs** box.

By default, all the information that displays on your dashboard is for all of 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 IDs** box.

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

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

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.

Tips! 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.

4. Remove Your Preferred Tax IDs.

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

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

5. Deselect Selected Tax ID Preferences.

You may deselect the selected Tax IDs by clicking on **Deselect All** link.

6. Save Your Tax ID Preferences.

Select the **Save** button to save your Tax ID preferences.

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 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, under “HealthMAPS FAQs and Training.”

5 Patient Eligibility

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

How to View Patient Eligibility

Follow these steps to view a patient's eligibility detail record.

Before You Begin

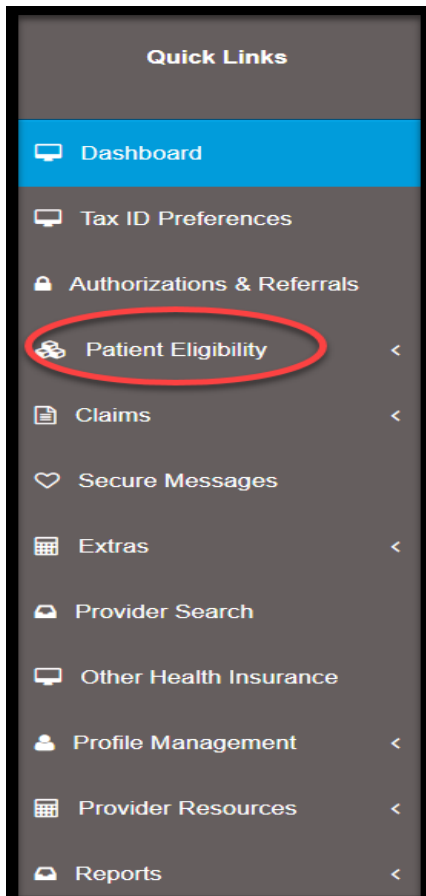
Log in to the CHPW HealthMAPS provider portal and start from the **Provider Dashboard**.

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

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

Screens

Provider Dashboard



Patient Eligibility Search Page

Patient Eligibility Search
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

Contains

Member Last Name

Contains

Date of Birth

Gender

Select

Eligible As Of Date

08/27/2018

Search

Clear

Patient Eligibility Search Results Page

Patient Eligibility Search Results
CHPW Provider

Patient Eligibility Search Results

Export as

CHPW Member ID	Member Name	Address	Phone Number	Birth Date
MAN500	JACK EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/1960
MAN500	JIMMY EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/1986
MAN500	JOANIE EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/2000
MAN500	JOEY EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/1988
MAN500	JOHNNY EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/1989
MAN500	LORENA EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/1990
MAN500	JANEY EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/1990
MAN500	EDITH EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/2000
MAN500	EDWINA EPCOTT	123, Main Street Anytown, Illinois, IL 60416		01/01/2001
MAN500	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	ETT	MALE	991	AUBURN, WA, 980028176

View ClaimsView Authorizations

Plan

Coverage Group

IPA

MA Special Needs Plan (HMO SNP)
CMS SPONSORED
Healthpoint

Patient Review and Coordination (PRC) MRP Notes

Effective DateTerm Date

Notes

Assigned Clinic

Clinic Name	Address	Clinic Phone Number
WAY	13030 Military Rd S Ste 200, Tukwila, WA, 98168-3085	299

Member Plan Information

Group	Plan	Effective Date	End Date	Medicare Advantage Plans
CMS	MA Special Needs Plan (HMO SNP)	04/01/2018		View

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 Insurance
No Records Found				

Deductible/ Out-Of-Pocket

In-Network

Out-of-Network

Deductible	Out-of-Pocket
\$0.00 \$1523.00	\$0.00 \$0.00
\$0.00 \$85.00	\$0.00 \$0.00

Benefits and Limits

Expand AllCollapse 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

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 ID number, Medicare ID number, or ProviderOne ID number.

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 dropdown 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.

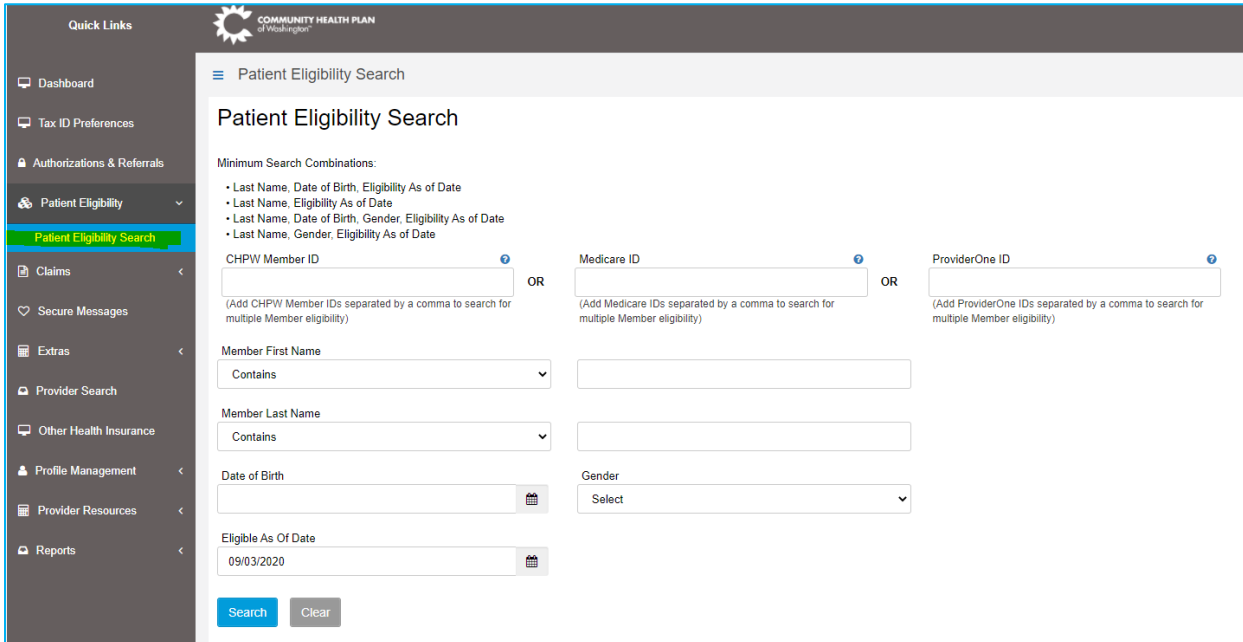
Other Health Insurance (OHI)

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.

Screens

Patient Eligibility 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

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

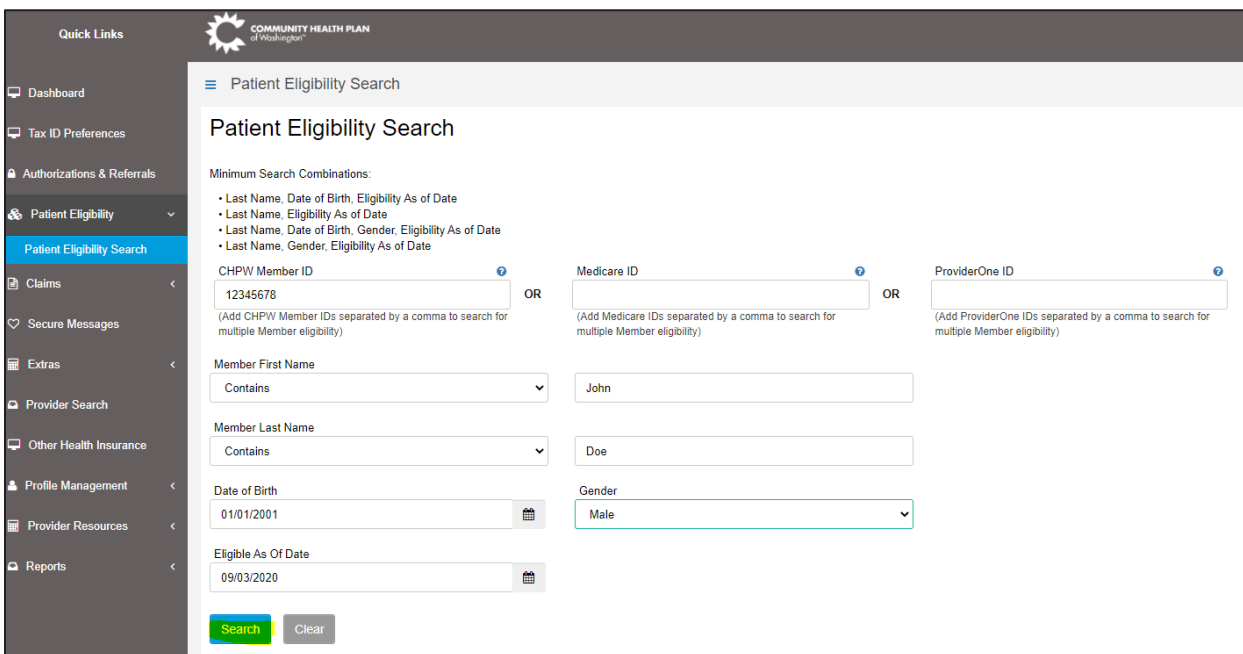
(Add CHPW Member IDs separated by a comma to search for multiple Member eligibility) (Add Medicare IDs separated by a comma to search for multiple Member eligibility) (Add ProviderOne IDs separated by a comma to search for multiple Member eligibility)

Member First Name Contains

Member Last Name Contains

Date of Birth Gender

Eligible As Of Date



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

CHPW Member ID 12345678 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 John

Member Last Name Contains Doe

Date of Birth 01/01/2001 Gender Male

Eligible As Of Date 09/03/2020

Other Health Insurance—View

Quick Links

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

Patient Eligibility Details

Export

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

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

Plan: FMC APPLE HEALTH-ADULT Coverage Group: FMC IPA: Comm Hb Assoc SPK

Patient Review and Coordination (PRC) MRP Notes

Effective Date: Term Date:

Notes:

Assigned Clinic

Clinic Name: CHAS Valley Clinic Address: 10010 E Indiana Ave 90210-1075 Clinic Phone Number: 800-444-0200

Member Plan Information

Group	Plan	Effective Date	End Date	Apple Health Plan	Dental Benefits
FMC	FMC APPLE HEALTH-ADULT	05/01/2020		View	View

Member Eligibility History

Group	Plan	Plan Effective Date	Plan End Date	Panel ID	Panel Name	IPA
FMC	FMC APPLE HEALTH-ADULT	9/1/2020		015	CHAS Valley Clinic	Comm Hb Assoc SPK
FMC	FMC APPLE HEALTH-ADULT	10/01/2019	10/01/2019	702	PROV FARMED RESIDENCY SPOUSE	FASD-PAC
HRSA	APPLE HEALTH-ADULT	2/1/2018	10/01/2018	702	PROV FARMED RESIDENCY SPOUSE	FASD-PAC
HRSA	APPLE HEALTH-ADULT	10/1/2017	10/01/2017	044	CHAS MARKET ST CLINIC	Comm Hb 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	Cover Date	Cover Type	Name Of Insured	Order of Coverage	Term Date	Term Run	Other Term Code	Cover Type
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PREMIER PEBB	11/1/2020	0	[REDACTED]	1				Medical

Other Health Insurance—Report

Quick Links

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

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	Term
[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](#)

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: [REDACTED] Member Date of Birth: [REDACTED]

Member First Name: [REDACTED] Member Middle Name: [REDACTED] Member Last Name: [REDACTED]

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): [REDACTED] Order of Coverage: [REDACTED] Carrier Type: [REDACTED]

If any of the information populated below is incorrect please send a secure email using the envelop 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
[Redacted]

Member First Name
[Redacted]

Member Search Results

Select	Subscriber ID	Person No.	Member Name	DOB	Address	Phone
<input checked="" type="checkbox"/>	[Redacted]	01	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Showing 1 - 1 of 1 Records **5 Per Page**

[Back To Search](#) [Continue](#)

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

Primary

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

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

Primary

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

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

* Mandatory Fields

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

Select a file to Upload

Choose File No file chosen

Upload

Only one file attachment is allowed

Clear Save 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

* Other Health Insurance Name (Carrier) [?](#)

Order of Coverage [?](#)

Carrier Type

* Mandatory Fields

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

Select a file to Upload

Choose File No file chosen

Upload

Only one file attachment is allowed

Clear Save Submit

Step-by-Step Instructions

View OHI

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

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

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**.

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 to view the member's other health insurance information.

Report OHI

1. 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.

2. Enter the CHPW member ID number.

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

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

3. Enter the other health information.

Enter the other health information you want to submit.

4. Optional: Upload a screenshot or a document.

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**.

5. **Submit.**

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

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 steps 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:

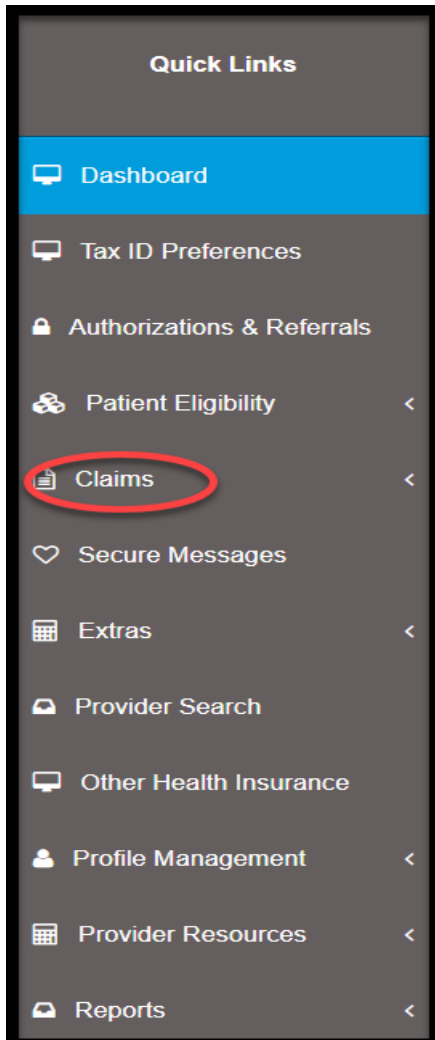
- Claims In (the last 30 days or other date span)
- Claims Status
- Processing Status
- Member Last Name
- CHPW Member, Medicare, or ProviderOne ID number
- Authorization Number
- Date of Birth

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



Claims Search page

Claims Search
0
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

Last 30 Days

Select

Select

CHPW Member ID ?

Medicare ID ?

ProviderOne ID ?

OR

OR

(Add 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)

Authorization #

Date of Birth

Advanced Search

Search Result

Export as

Claims Advanced Search Criteria

Advanced Search
X

CHPW Member ID

Contains

Member First Name

Contains

Member Last Name

Contains

Date of Birth

Gender

Select

Provider Number

Fed.Tax.ID

Provider NPID

Provider First Name

Contains

Provider Last Name

Contains

Claim Type

Select

Claim Number



Date Of Service - From

To

Clear

Search for Claims

Claims Search Results

Export as  

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

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

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

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.

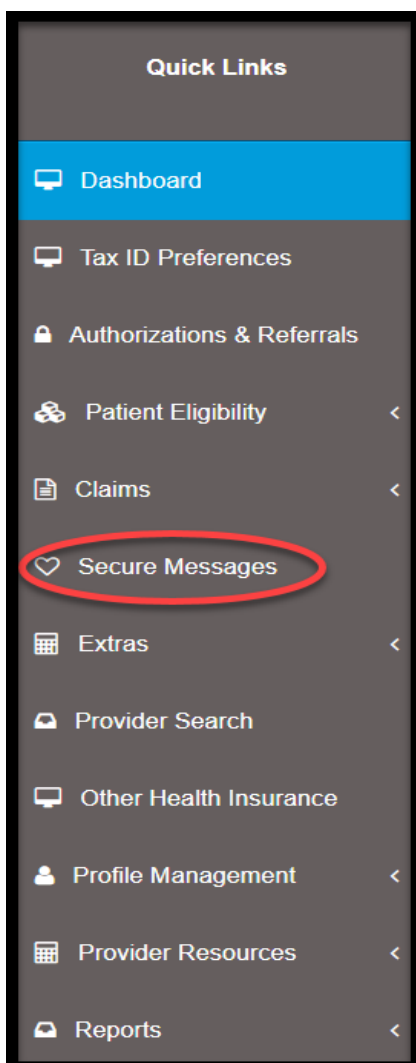
How to View Your Secure Messages

Before You Begin

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

Screens

Provider Dashboard




Secure Messages Page

Secure Messages

CHPW Provider

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



Search By:

Ref ID

Subject

Status

Activity in

Ref ID

All

All

Last 30 Days

This message has been viewed by [redacted]

Ref ID		Submission Date	Last Activity Date	Subject	Submitted ID/Name	Submitter
10585	Open	08/27/2018	08/27/2018	Appeal	CHPW@hip.com/CHPW Provider	930930930
10584	Open	08/27/2018	08/27/2018	Appeal	CHPW@hip.com/CHPW Provider	930930930
10581	New	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
Status: Open
Message Type: CSR Message
Subject: Appeal

Subscriber ID: [redacted]
Message By: 103907/CHPW Provider
Submit Date: 08/27/2018
[Download Attachment.txt](#)

Original Message

hi

Reply

Enter up to 4000 characters

Select a file to Upload

Choose File

No file chosen

Upload

Only one file attachment is allowed

Send

Cancel

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

Start on the Provider Dashboard

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 dropdown 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

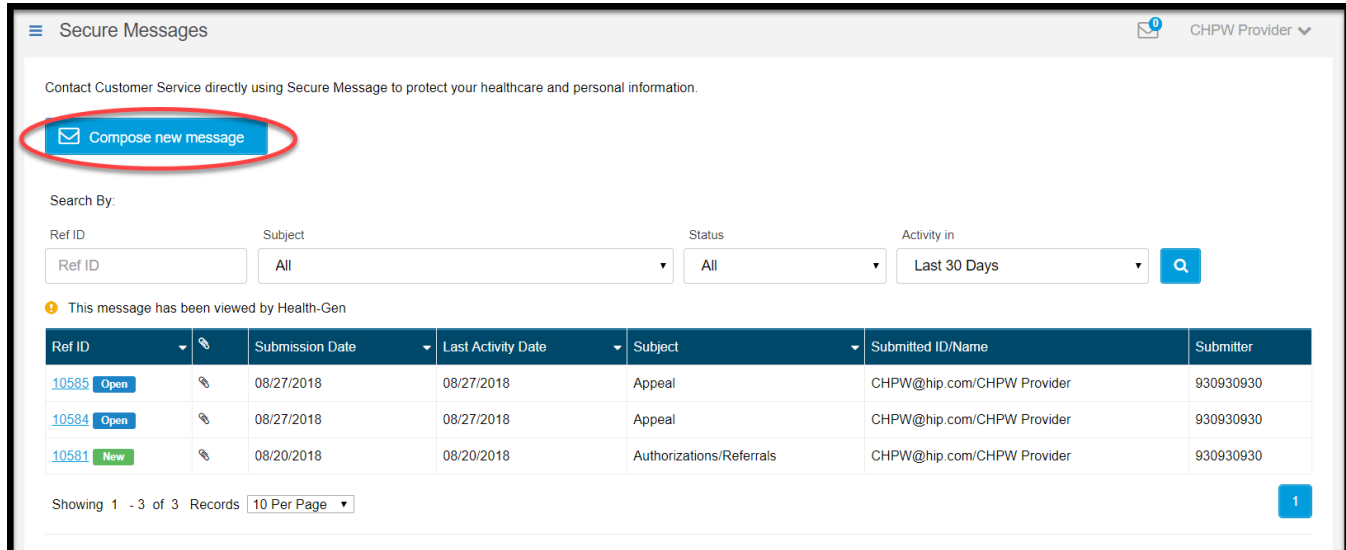
How to Create and Send a New Secure Message

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

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

Compose new message

Search By:

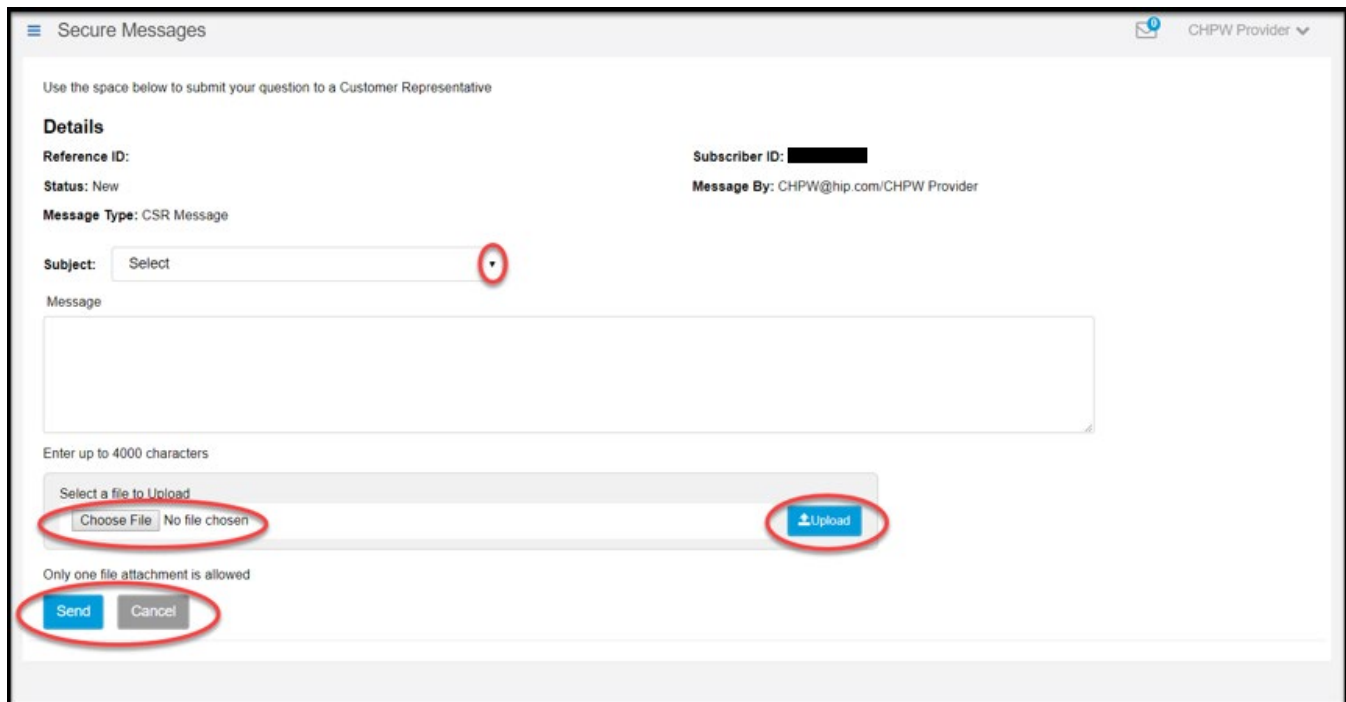
Ref ID: Subject: Status: Activity in:

This message has been viewed by Health-Gen

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

Showing 1 - 3 of 3 Records | 10 Per Page

Compose Message Page



Secure Messages

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

Start on the Provider Dashboard

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.

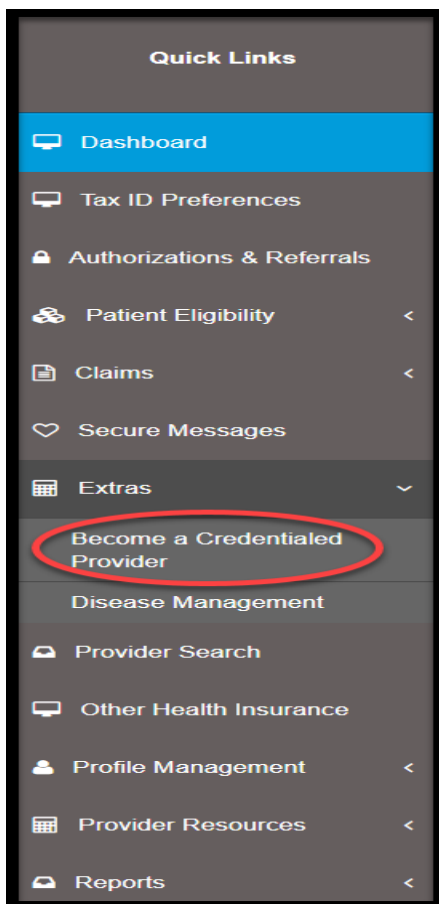
How to Become a Credentialed Provider

Before You Begin

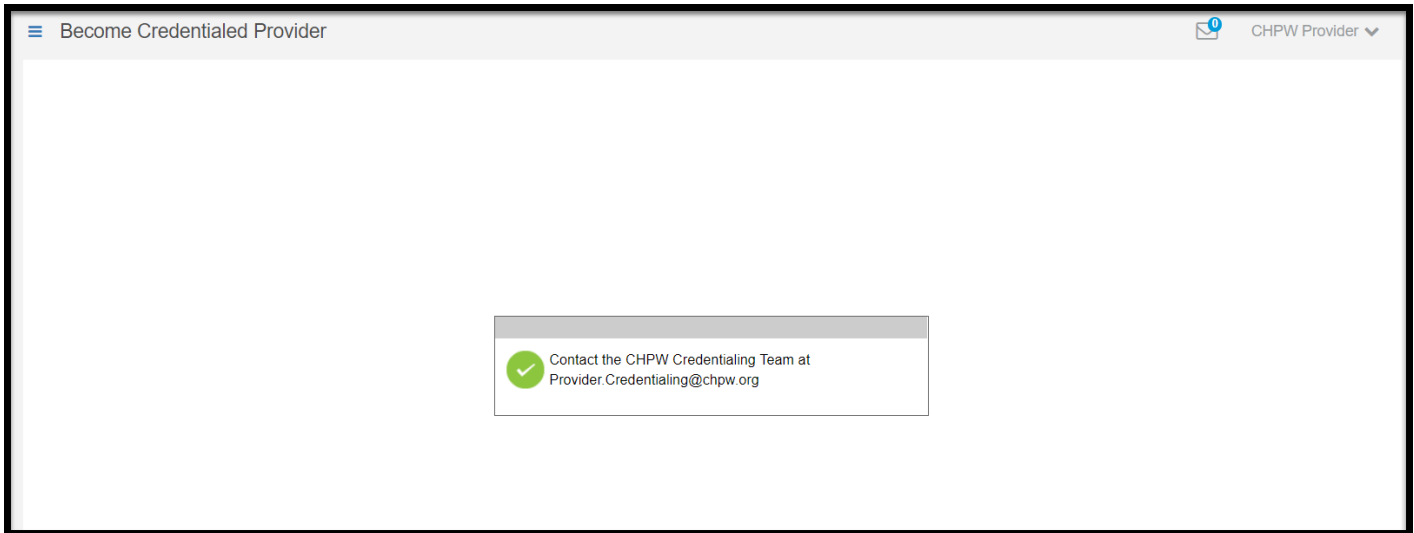
Login to the CHPW HealthMAPS provider portal and start from the **Provider Dashboard**.

Screens

Provider Dashboard



Become A Credentialed Provider – Message



Step-by-Step Instructions

Start on the Provider Dashboard

1. Click the *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.

Disease Management Program

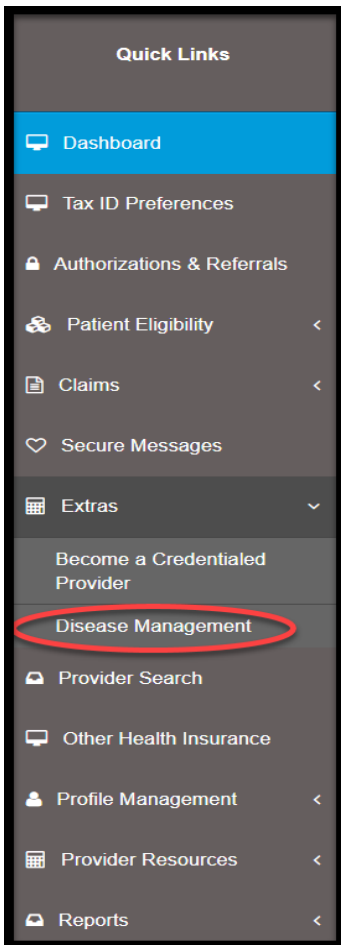
How to Enroll a Member into a Disease Management Program

Before You Begin

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

Screens

Provider Dashboard



Disease Management – CHPW Website Care Management

Home > Member Center > Health Management > Care Management

Care Management

Care management can help you on your journey to better health. Our specialists 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 Care 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
- Helping you understand and manage your chronic conditions:

Step-by-Step Instructions

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

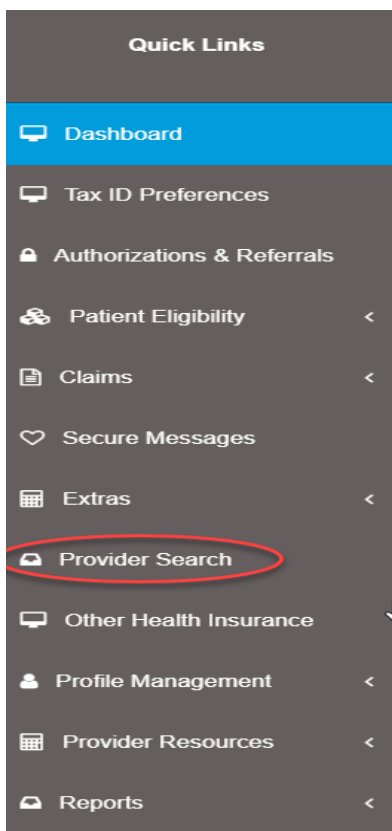
Follow these steps to search for a doctor/medical professional, hospital, facility, behavioral health or DME supplier.

Before You Begin

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

Screens

Provider Dashboard





Quick Search

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

Search for a CHPW Provider

Zip/City/County ?

Enter Zip/City/County

Provider Type ?

Doctors/Medical Professionals

Specialty ?

Enter Specialty

CHPW Plan ?

Washington Apple Health

☐ Primary Care Provider ?

☐ Accepting New Patients ?

Advanced Filter Options ▾

Search

Clear

[Provider Search Instructions](#)

[Children's Behavioral Health Providers ?](#)

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

Provider First Name

Enter Provider First Name

Provider Last Name

Enter Provider Last Name

Clinic Name

Enter Clinic Name

Group Name

Enter Group Name

Gender

No Preference

Areas Of Expertise

Enter Area of Expertise

Hospital Affiliation

Enter Hospital Affiliation

Provider Languages Spoken

Any Language

Search Within

25 Miles

Search by Address

☐ Board Certification

☐ ADA Accessibility

☐ Telehealth

☐ Urgent Care Facility

☐ Extended Hours

☐ Interpretation Services

Search

Clear

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

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

Additional Details

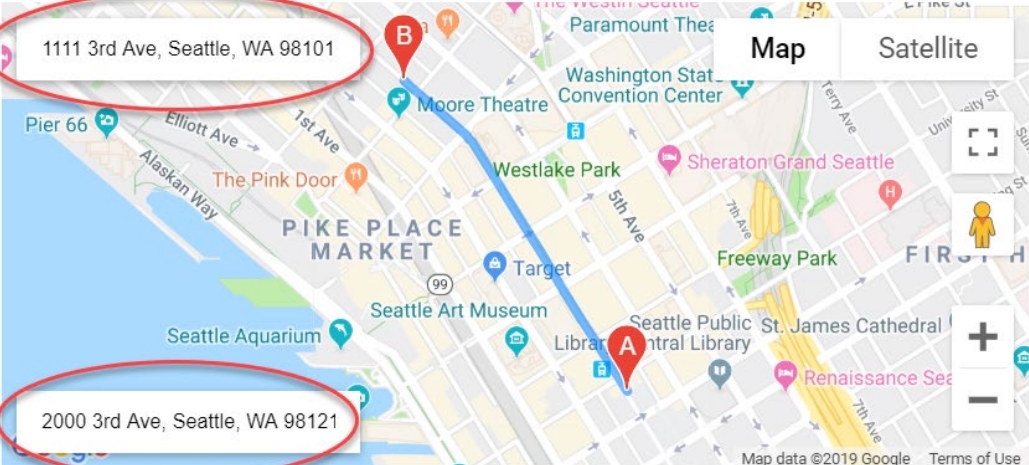
Medical Group Affiliations Group Name ME	Hospital Affiliations Prosser Memorial Hospital, Seattle Childrens Hospital
Board Certification Am Bd Int Med, SPEC BOADR3	

[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 View

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)

Search by Address

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

Search by Address 

Address 1:

Address 2:

City:

State:

Select ▼

Zip Code:

Done

Step-by-Step Instructions

Start on the 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's Behavioral Health Providers**

Select the **Children's Behavioral Health Providers** link to search for children's behavioral health providers.

5. **Advanced Filter Options**

Select the down arrow ▼ to view additional Advanced Filter Options. The fields that display here are based on the Provider Type you 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**

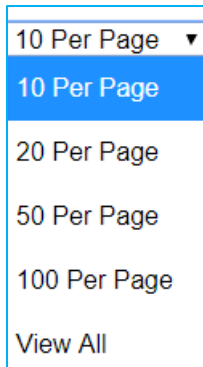
The search results are displayed below the map. The first result will default to expanded view ▲. Each time a new section is selected the previous section will automatically collapse.

Tip! 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 [total number of] 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.

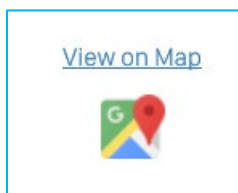
Tip! If you would like to add your clinic website to the directory, you may send your request to Provider.Changes@chpw.org.



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

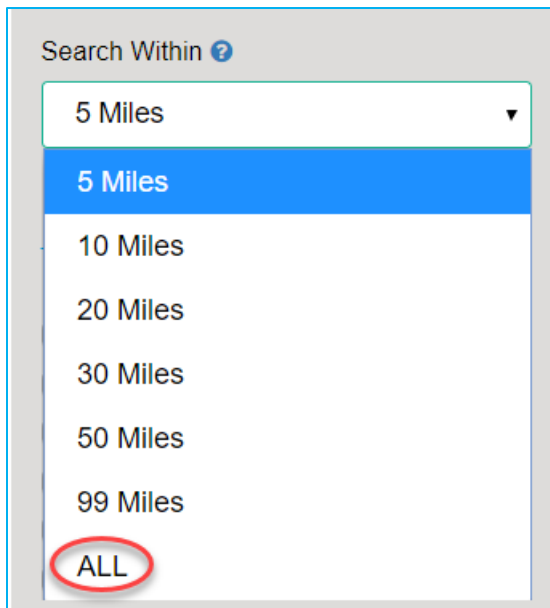
When selected, this will print the directions from the location specified to the desired location.

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.

Export as 

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.



Search Within ?

- 5 Miles
- 5 Miles
- 10 Miles
- 20 Miles
- 30 Miles
- 50 Miles
- 99 Miles
- ALL**

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)

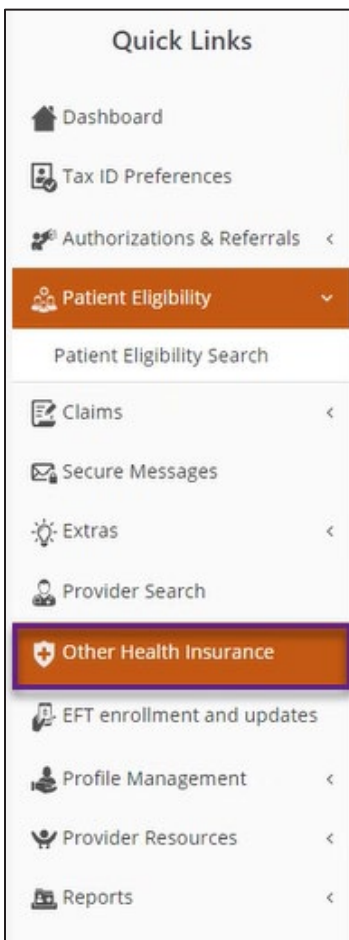
Follow these steps to report a patient's other health insurance (OHI). See the "Patient Eligibility" section of this manual for information on how to **view** a member's OHI.

Before You Begin

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

Screens

Provider Dashboard – Quick Links



Step-by-Step Instructions

Start on the Provider Dashboard

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

The **Other Health Insurance** page displays.

Tip! See the “Patient Eligibility” section of this manual for information on how to **view** a member’s OHI.

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***.

11 EFT Enrollment and Updates

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

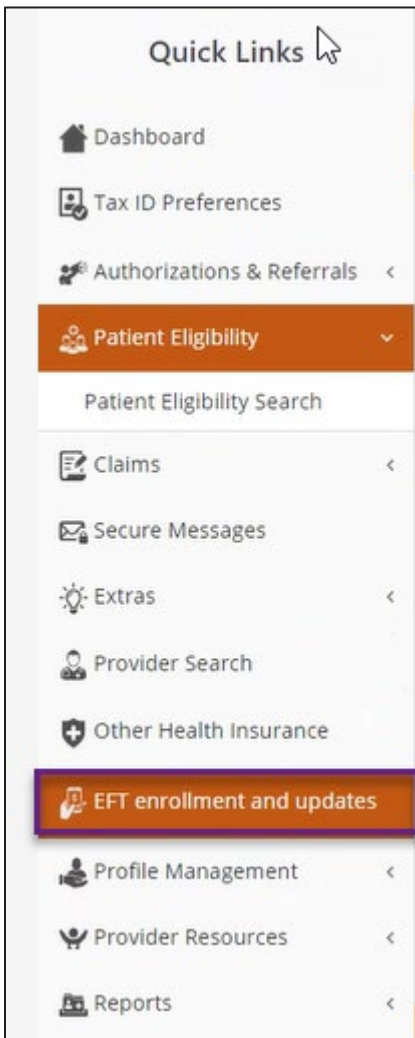
Follow these steps to enroll in Electronic Funds Transfer (EFT) or change EFT.

Before You Begin

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

Screens

Provider Dashboard



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

Choose File

No file chosen

Upload

Submission Information

* Reason for Submission ?

☒ New Enrollment
 ☐ Change Enrollment

* Enrollment Requested EFT start/change effective date ?

📅

* EFT Email Notification ?

Step-by-Step Instructions

Start on the 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*.

Click this link to process a new EFT request or to update existing information.

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.

7. Questions?

If you have any questions about EFT, please email 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

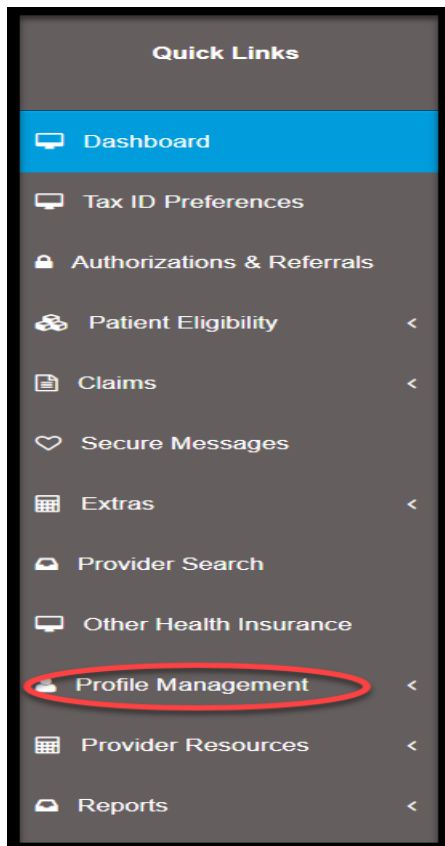
From the **Profile Management** tab select the **Change Password** link from the Quick Links menu on the left. Follow these steps to replace your existing password with a new password.

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



Change Password

Quick Links

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

Change Password Page

Change Password

CHPW Provider

Required fields are indicated with asterisk (*)

*Current Password:

*New Password

*Confirm New Password

Change Password

Password must contain:

- Minimum of 8 characters & maximum of 30 characters
- at least 1 letter in uppercase (A-Z)
- at least 1 letter in lowercase (a-z)
- at least 1 number (0-9)
- at least 1 special character (, \$, # , & , _ , %)

Password cannot be the same as the previous 4 passwords.

Step-by-Step Instructions

Start on the Provider Dashboard

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 the ***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 steps to change the answers to your current security questions or to select a different set of security questions and answers.

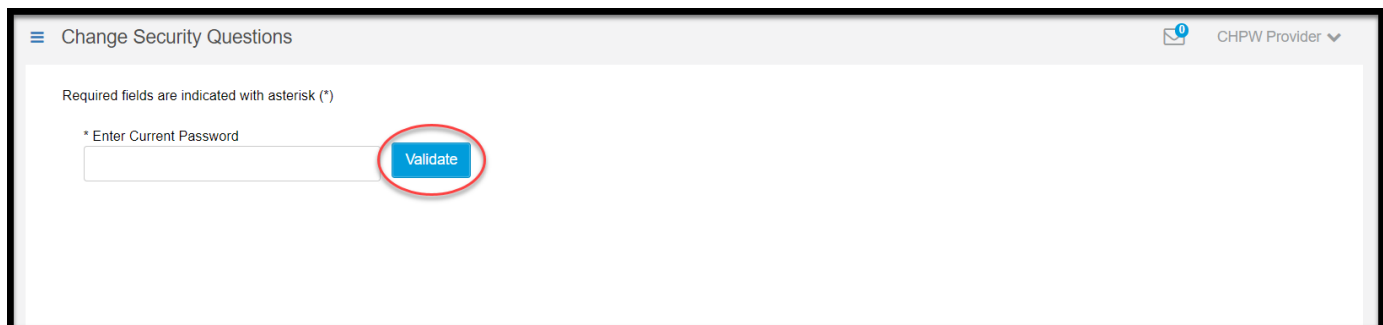
Before You Begin

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

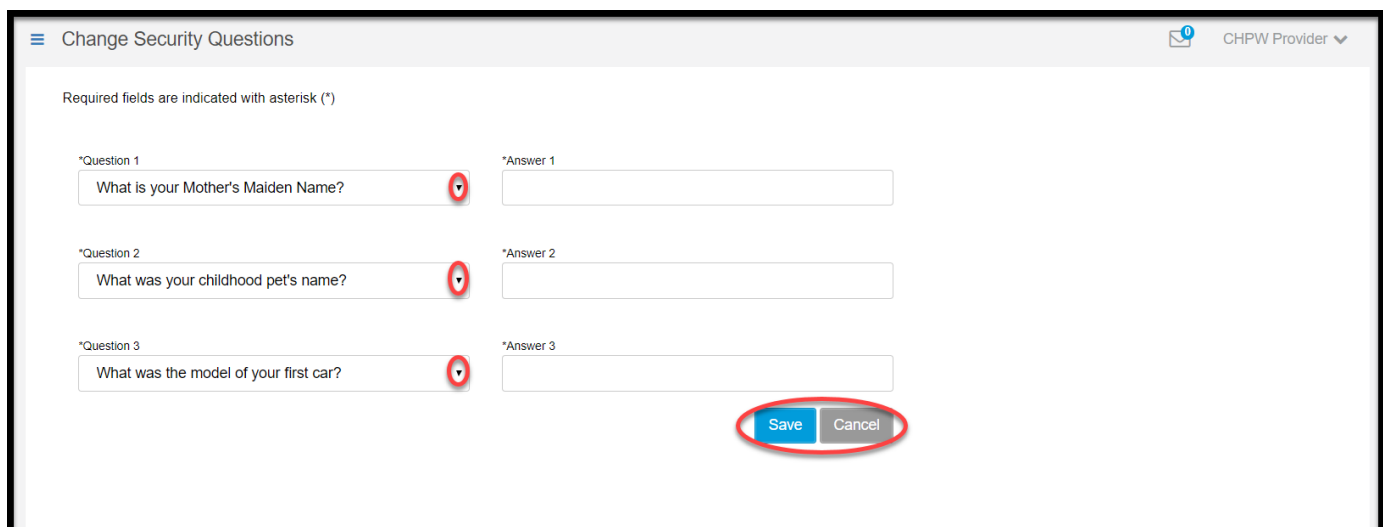


Change Security Questions

Required fields are indicated with asterisk (*)

* Enter Current Password

Validate



Change Security Questions

Required fields are indicated with asterisk (*)

*Question 1
What is your Mother's Maiden Name?

*Answer 1

*Question 2
What was your childhood pet's name?

*Answer 2

*Question 3
What was the model of your first car?

*Answer 3

Save Cancel

Step-by-Step Instructions

Start on the Provider Dashboard

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.

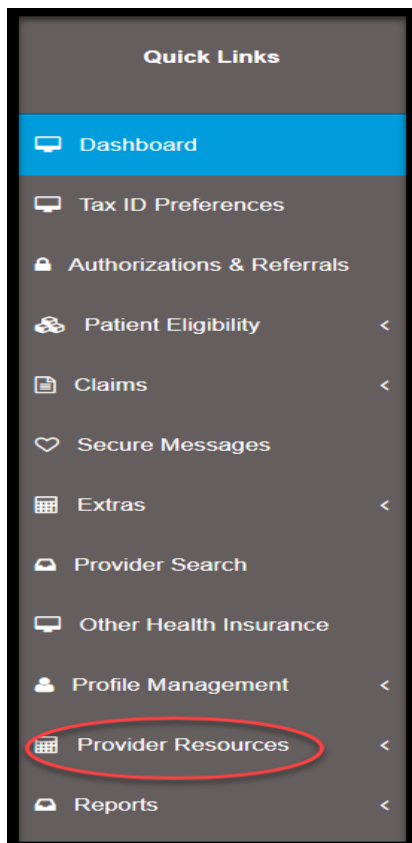
How to Access Provider Resources

Before You Begin

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

Screens

Provider Dashboard



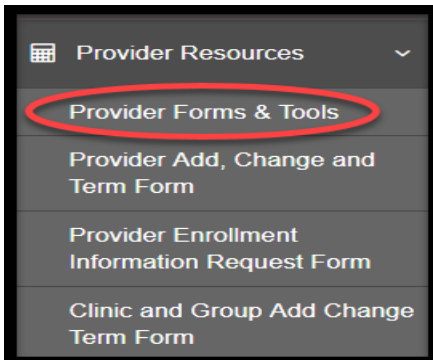
How to Access Provider Forms & Tools

Before You Begin


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

Screens

Provider Dashboard - Provider Resources




CHPW Website – 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

Start on the Provider Dashboard

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

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

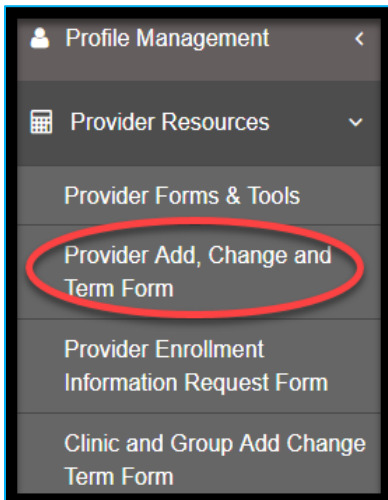
How to Access the Provider Add, Change and Term Form

Before You Begin


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

Screens

Provider Dashboard – Provider Resources



CHPW Website – Provider Add, Change and Term Form



COMMUNITY HEALTH PLAN
of Washington™

PROVIDER CHANGES FORM

Please complete the appropriate section of this form and email the completed form to:
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

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="checkbox"/> Primary care provider	<input type="checkbox"/> Specialist provider
<input type="checkbox"/> Hospital-based provider	<input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>

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

Add provider <input style="width: 60px;" type="checkbox"/>	Change provider <input style="width: 60px;" type="checkbox"/>
Terminate provider <input style="width: 60px;" type="checkbox"/>	Reason for Termination <input style="width: 150px;" type="text"/>

Step-by-Step Instructions

Start on the Provider Dashboard

1. Click **Provider Resources >> Provider Add, Change and Term Form**.

This will download a fillable PDF.

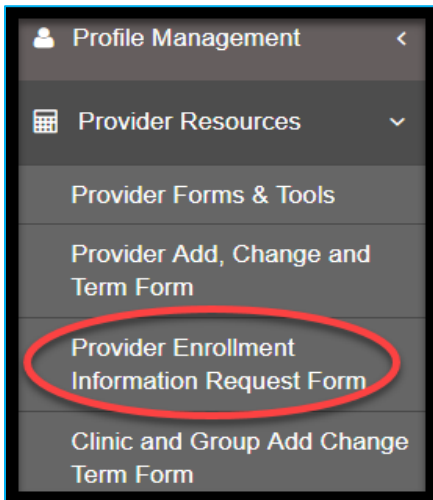
How to Access the Provider Enrollment Information Request Form

Before You Begin

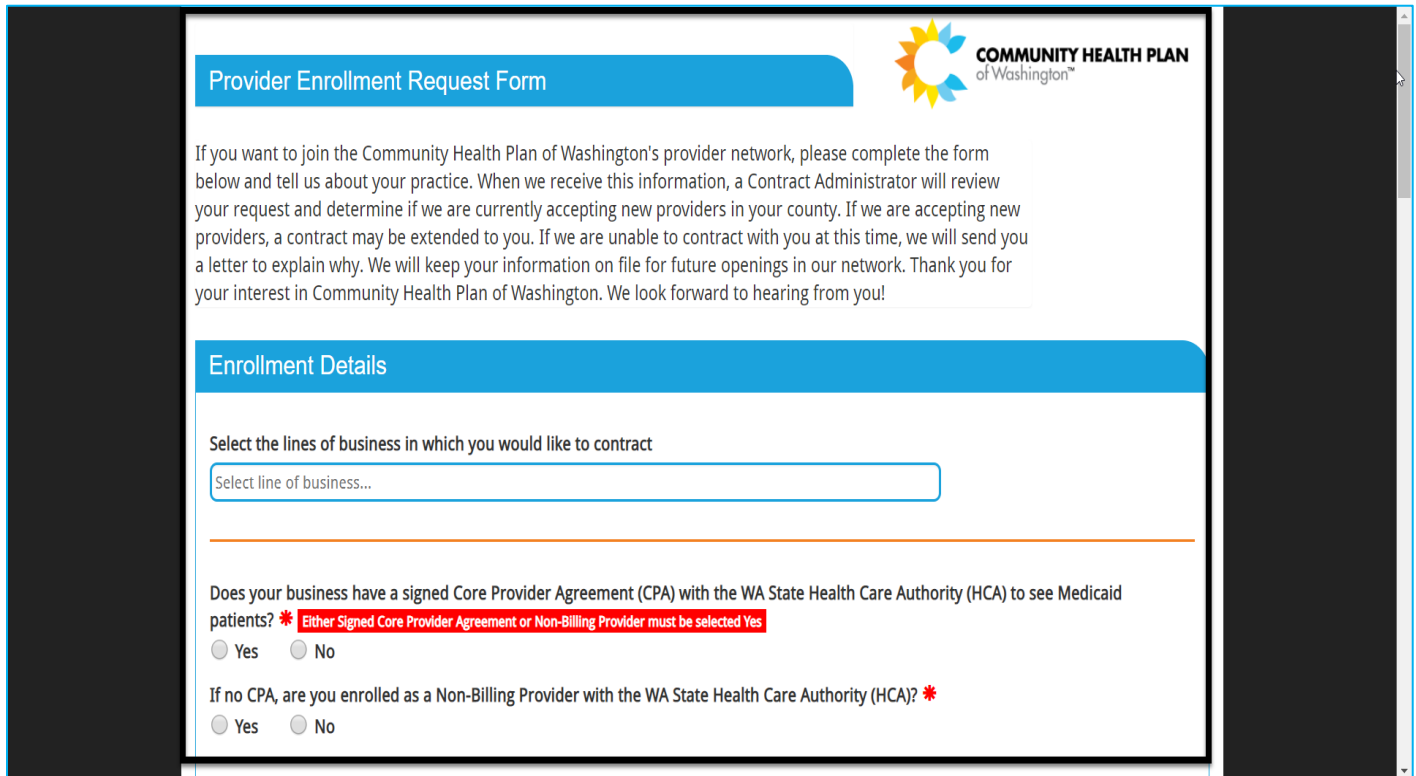
Login to the CHPW HealthMAPS provider portal and start from the **Provider Dashboard**.

Screens

Provider Dashboard – Provider Resources



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

Select line of business...

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

Start on the Provider Dashboard

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

You will be redirected to our Provider Enrollment Information form.

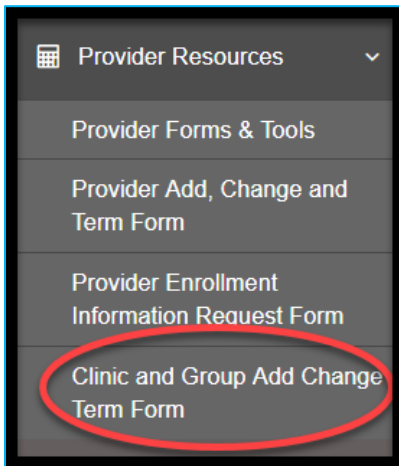
How to Access the Clinic and Group Add Change Term Form

Before You Begin

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

Screens

Provider Dashboard – Provider Resources





Clinic and Group Add Change Term 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

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

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

Start on the Provider Dashboard

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

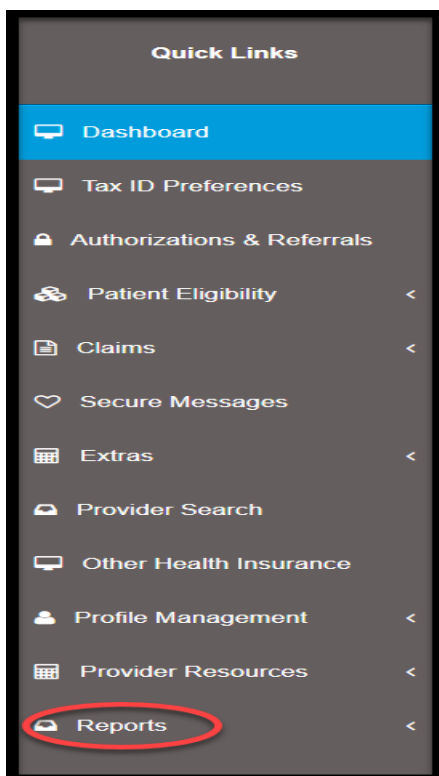
Follow these steps to view the reports.

Before You Begin

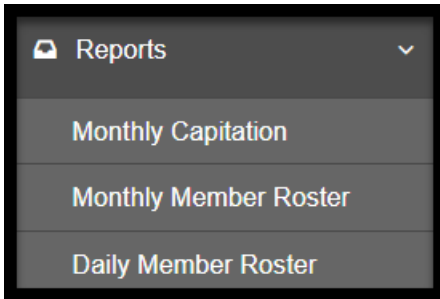
Login to the CHPW HealthMAPS provider portal and start from the **Provider Dashboard**.

Screens

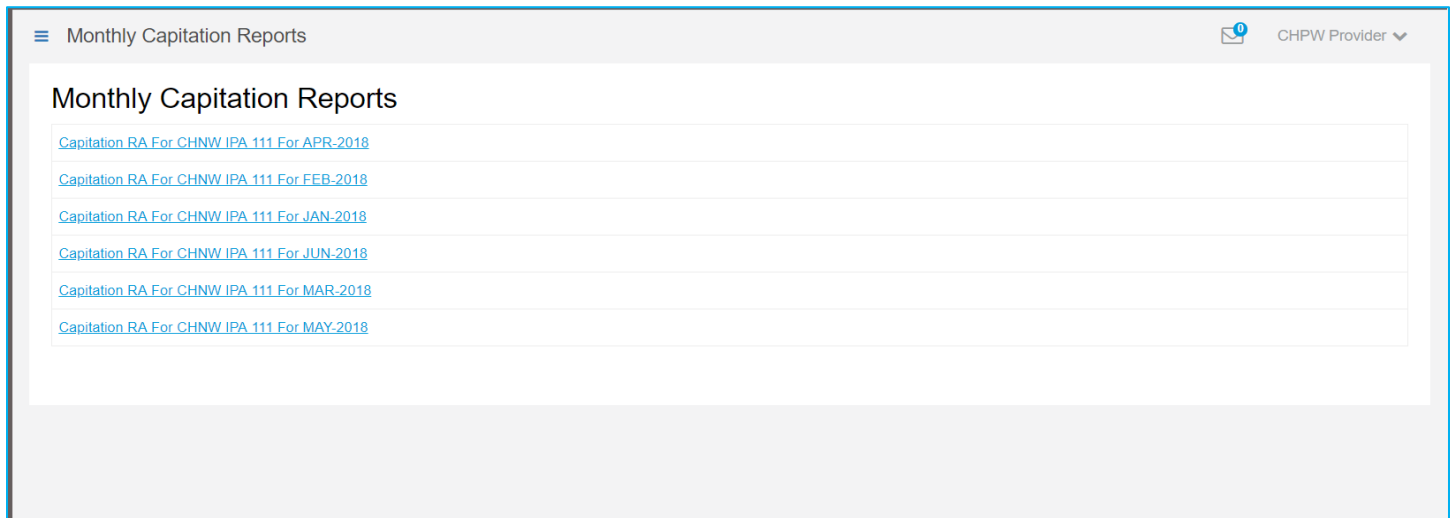
Provider Dashboard



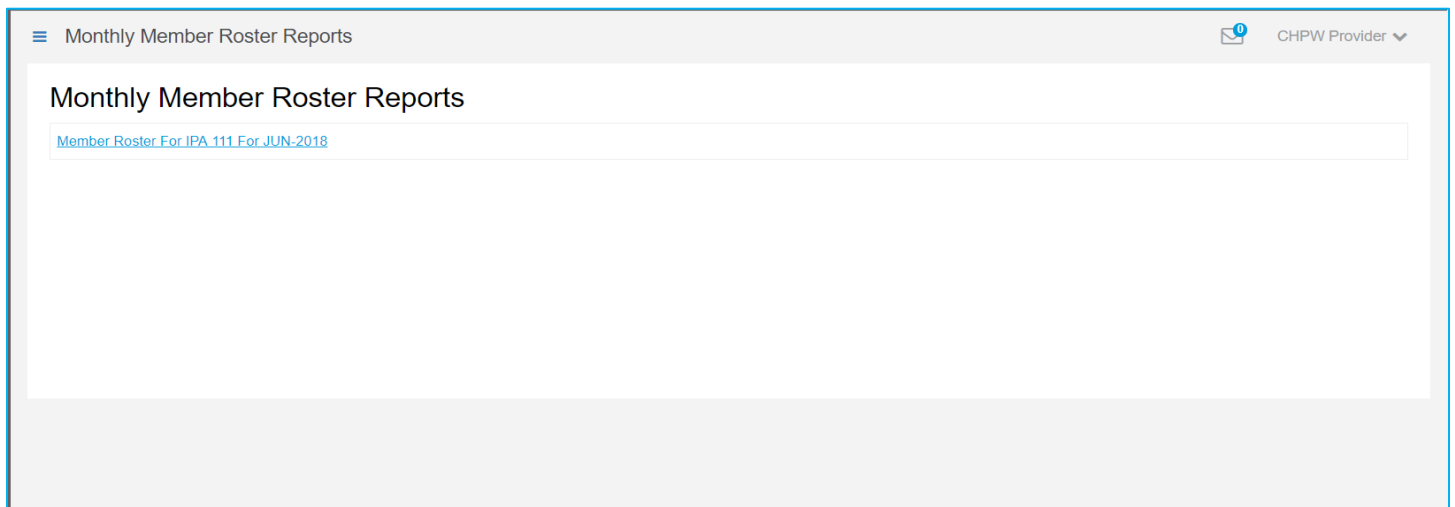
Available Reports



Capitation Report



Monthly Member Roster Report



Daily Member Roster Report

Daily Member Roster Reports
CHPW Provider

Daily Member Roster Reports

[Member Roster For IPA 111 For 07/02/2018](#)

Step-by-Step Instructions

Start on the Provider Dashboard

1. Click **Reports**.

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**.