



## Your Claims

You can submit and view claims in the myCHPW member portal. To view claims, you must be a current member of CHPW, and you must have an active portal account.

### Member Claim Submission – How to Submit a Claim

Follow the step-by-step instructions below to submit claims.

#### Before You Begin

Log in to the CHPW Member Portal and start from the **Member Dashboard**.

You will be able to:

- Search for your claims through **My Claims Summary**.
- **Submit a Claim**.
- **View Claims**.

#### Screens—Submit a Claim

##### Member Dashboard – Quick Links

The screenshot shows the CHPW Member Dashboard. On the left, a 'Quick Links' sidebar contains several options: Dashboard, Authorizations & Referrals, My Benefits, Claims (highlighted with a purple box), My Claims Summary, Submit a Claim (highlighted with a purple box), Find a Doctor, Member Self Services, Profile Management, and Member Resources. The main dashboard area features a top navigation bar with the CHPW logo, 'MEDICARE ADVANTAGE', language settings (English), and font size controls. Below the navigation bar, there are several content cards: 'Member News' with links for 'Flu and COVID-19 Vaccination' and 'News for CHPW Washington Apple Health Me'; 'Member Notifications' with a 'Coming soon...' message; 'My Coverage' which includes a table with the following data:

COVERAGE EFFECTIVE	PLAN NAME
01/01/2024	CHPW MA Plan 3 (HMO)
POLICY NUMBER	CLINIC ASSIGNMENT
11783912	

Other cards include 'Claims Summary' (showing 'No Data') and 'Other Health Insurance'.



## Member Claim Submission

**COMMUNITY HEALTH PLAN** | APPLE HEALTH (MEDICAID)  
of Washington™  
The power of community

English ▼    Font Size ⦿ ⊕

☰ Member Claim Submission
📧 0 Welcome MICHAEL BARNES ▼

### Member Claim Submission

Community Health Plan of Washington (CHPW) members can get reimbursed for covered services that you've paid for out of pocket. Some providers can't or don't know how to bill us (i.e. acupuncture, chiropractic, massage, etc.). In those cases, we will pay members back for the cost of services covered under your plan.

#### Member Information

**\* Member ID** ?

**\* Patient's relationship to Insured**

▼

**Insured Name**

First Name	Middle Name	Last Name

Date of Birth

📅

Gender

▼

Address 1 (No. Street)

Address 2

City

State

▼

Zipcode

Phone #

## Member Search

Member Search
✕

Enter your search criteria below any combination may be used

Member ID

OR

Medicare ID

OR

ProviderOne ID

First Name

▼

Last Name

▼

Date of Birth

📅

Gender

▼

Home Phone

Clear

Search



## Member Search Results

The screenshot shows a modal window titled "Member Search Results" overlaid on a blurred background of the Member Claim Submission page. The modal contains a table with the following data:

Select	Subscriber ID	Person No.	Member Name	DOB	Address	Phone
<input type="radio"/>	1	01	M	08.	Washington 98	206

Below the table, it says "Showing 1 - 1 of 1 Records" and "5 Per Page". There are "Back To Search" and "Continue" buttons at the bottom of the modal.

## Member Claim Submission

The screenshot shows the "Member Claim Submission" form. At the top, there is a header with the logo and navigation options. The main heading is "Member Claim Submission" with a "Back to Summary" button. Below the heading is a paragraph explaining the reimbursement process. The form is divided into sections:

- Member Information:** Includes fields for \* Member ID (with a search icon) and \* Patient's relationship to Insured (with a dropdown menu set to "Self").
- Insured Name:** Includes fields for First Name (M), Middle Name, and Last Name (S).
- Date of Birth:** Includes a date field (08.) and a calendar icon.
- Gender:** Includes a dropdown menu set to "Male".
- Address:** Includes fields for Address 1 (No. Street) (AVE NW), Address 2 (Suite), and City.
- State and Zipcode:** Includes a dropdown for State (Washington) and a field for Zipcode (98).
- Phone #:** Includes a field for Phone # (206-).



### ***Patient's Relationship to Insured***

**\* Patient's relationship to Insured**

Self ▼

Select

**Self**

Spouse

Child

Employee

Unknown

Organ Donor

Cadaver Donor

Life Partner

Other Relationship

### ***Provider Information***

Provider Information ^

\* Provider Name (Example: Jane Johnson) ⓘ

\* Clinic / Facility Name (Example: Evergreen Message Services)

\* Address1  Address2  \* City

\* State  \* Zip Code  Phone #



### Provider Search

**Provider Search** ✕

Enter your search criteria below any combination may be used

First Name

Middle Name

Last Name

Suffix

Date of Birth

Home Phone

### Provider Search Results

**Provider Search Results** ✕

Select	Provider NPID	Provider Name	Address	Phone
<input type="radio"/>	1	G	1	4
<input checked="" type="radio"/>	1	R		4
<input type="radio"/>	1	J	4	4
<input type="radio"/>	1	G	6	3
<input type="radio"/>	1	L		5

Showing 1 - 5 of 126185 Records 5 Per Page



### Provider Information

**Provider Information**

\* Provider Name (Example: Jane Johnson) ⓘ

\* Clinic / Facility Name (Example: Evergreen Message Services) ⓘ

\* Address1  Blvd      Address2       \* City

\* State       \* Zip Code       Phone #

**Provider Information**

\* Provider Name (Example: Jane Johnson) ⓘ

\* Clinic / Facility Name (Example: Evergreen Message Services) ⓘ  
  
 PROVIDENCE MEDICAL GROUP HAWKS PRAIRIE INTERNAL MEDICINE  
 PROVIDENCE MEDICAL GROUP LACEY FAMILY MEDICINE  
 PROVIDENCE MEDICAL GROUP LYNNWOOD CLINIC  
 PROVIDENCE MEDICAL GROUP MARYSVILLE CLINIC  
 PROVIDENCE MEDICAL GROUP MILL CREEK COMMONS CLINIC  
 PROVIDENCE MEDICAL GROUP MONROE FAMILY MEDICINE  
 PROVIDENCE MEDICAL GROUP MONROE INTERNAL MEDICINE  
 PROVIDENCE MEDICAL GROUP NORTH EVERETT INTERNAL MEDICINE  
 PROVIDENCE MEDICAL GROUP ROCHESTER FAMILY MEDICINE

**Provider Information**

\* Provider Name (Example: Jane Johnson) ⓘ

\* Clinic / Facility Name (Example: Evergreen Message Services) ⓘ

\* Address1  Blvd      Address2       \* City

\* State       \* Zip Code       Phone #



## Servicing Information

Servicing Information

\* Date Of Service   

\* Diagnosis Code   

\* Procedure Code   
 Enter at least 3 characters

\* Proof of Payment (Example: a receipt. If you're attaching your superbill, you can say so here.)

**"Where do I get provider and service information?"**

After members get massage, chiropractic, or acupuncture treatment, providers should give them an invoice, also called a **superbill**. It will list these details. If CHPW members aren't sure how to get their superbill, or aren't sure it has the information they need, they can call CHPW Customer Service for help at 1-800-440-1561 (TTY:771), Monday through Friday, 8:00 a.m. to 5:00 p.m.

**TIP:** We suggest that members make a copy of their superbill and send it to CHPW with this form

\* Select a file to Upload  
 Choose File No file chosen  Upload

Only one file attachment is allowed

 Add Claim  
Click this button to add additional claim data.

 Clear  Submit



## Diagnosis Search

### Diagnosis Search

2016 ICD-10-CM-Codes

Diagnosis Search

Click a diagnosis code range or search for a code using keywords

Enter ICD-10 description keywords

2016 ICD-10-CM-Codes

### Diagnosis Search

2016 ICD-10-CM-Codes

Diagnosis Search

Click a diagnosis code range or search for a code using keywords

Enter ICD-10 description keywords

FEVER

2016 ICD-10-CM-Codes

- \* A96 - ARENAVIRAL HEMORRHAGIC FEVER
- \* M04 - AUTOINFLAMMATORY SYNDROMES
- \* **A90 - DENGUE FEVER CLASSICAL DENGUE**
- \* A91 - DENGUE HEMORRHAGIC FEVER
- \* B50 - FEVER OF OTHER AND UNKNOWN ORIGIN
- \* A93 - OTH ARTHROPOD-BORN VIRAL FEVERS NEC
- \* A88 - OTH VIRAL INF CENTRAL NERV SYS NEC
- \* A48 - OTHER BACTERIAL DISEASES NEC
- \* R58 - OTHER GENERAL SYMPTOMS AND SIGNS
- \* A92 - OTHER MOSQUITO-BORNE VIRAL FEVERS
- \* A79 - OTHER RICKETTSIOSES
- \* A98 - OTHER VIRAL HEMORRHAGIC FEVERS NEC
- \* A78 - Q FEVER
- \* A25 - RAT-BITE FEVERS
- \* A68 - RELAPSING FEVERS
- \* I01 - RHEUMATIC FEVER W/HEART INVOLVE
- \* I00 - RHEUMATIC FEVER W/O HEART INVOLVE
- \* A38 - SCARLET FEVER
- \* A77 - SPOTTED FEVR TICK-BORN RICKETTSIOS
- \* A01 - TYPHOID AND PARATYPHOID FEVERS
- \* A75 - TYPHUS FEVER
- \* A94 - UNS ARTHROPOD-BORNE VIRAL FEVER
- \* A99 - UNSPECIFIED VIRAL HEMORRHAGIC FEVER
- \* A95 - YELLOW FEVER

A90 - DENGUE FEVER CLASSICAL DENGUE



**Servicing Information**

\* Date Of Service: 09/01/2024

\* Diagnosis Code: M04.2

\* Procedure Code: fever

- 86619 - ANTIBODY; BORRELIA (RELAPSING FEVER)
- 86000 - AGGLUTININS, FEBRILE (EG, BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVER, ROCKY MOUNTAIN SPOTTED FEVER, SCRUB TYPHUS), EACH ANTIGEN
- 90717 - YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE**
- 86638 - ANTIBODY, COXIELLA BURNETII (Q FEVER)
- 0043U - TICK-BORNE RELAPSING FEVER BORRELIA GROUP, ANTIBODY DETECTION TO 4 RECOMBINANT PROTEIN GROUPS, BY IMMUNOBLOT, IGM
- 0044U - TICK-BORNE RELAPSING FEVER BORRELIA GROUP, ANTIBODY DETECTION TO 4 RECOMBINANT PROTEIN GROUPS, BY IMMUNOBLOT, IGG

After members get massage, chiropractic, or acupuncture treatment, providers should give them an invoice, also called a **superbill**. It will list these details. If CHPW members aren't sure how to get their superbill, or aren't sure it has the information they need, they can call CHPW Customer Service for help at **1-800-440-1561 (TTY:771)**, Monday through Friday, **8:00 a.m. to 5:00 p.m.**

**TIP:** We suggest that members make a copy of their superbill and send it to CHPW with this form

**Servicing Information**

\* Date Of Service: [Empty]

\* Diagnosis Code: J45.3

\* Procedure Code: Enter at least 3 characters

\* Proof of Payment (Example: a receipt. If you're attaching your superbill, you can say so here.): Receipt

"Where do I get provider and service information?"

After members get massage, chiropractic, or acupuncture treatment, providers should give them an invoice, also called a **superbill**. It will list these details. If CHPW members aren't sure how to get their superbill, or aren't sure it has the information they need, they can call CHPW Customer Service for help at **1-800-440-1561 (TTY:771)**, Monday through Friday, **8:00 a.m. to 5:00 p.m.**

**TIP:** We suggest that members make a copy of their superbill and send it to CHPW with this form

**Upload File**

\* Select a file to Upload

Choose File No file chosen Upload

Only one file attachment is allowed

Claims\_001.pdf Remove



### Add Claim

**Add Claim**

Click this button to add additional claim data.

Date of Service	Diagnosis Code	Procedure Code	Proof of Payment	File Name	Action
09/01/2024	D59.9	0044U	superbill	Claims_001.pdf <a href="#">View</a>	

Clear **Submit**

### Add Additional Claim

**Servicing Information**

\* **Date Of Service** \* **Diagnosis Code**

\* **Procedure Code**

Enter at least 3 characters

\* **Proof of Payment** (Example: a receipt. If you're attaching your superbill, you can say so here.)

**"Where do I get provider and service information?"**

After members get massage, chiropractic, or acupuncture treatment, providers should give them an invoice, also called a **superbill**. It will list these details. If CHPW members aren't sure how to get their superbill, or aren't sure it has the information they need, they can call CHPW Customer Service for help at **1-800-440-1561** (TTY:771), Monday through Friday, 8:00 a.m. to 5:00 p.m.

**TIP:** We suggest that members make a copy of their superbill and send it to CHPW with this form

\* **Select a file to Upload**

**Upload**

Only one file attachment is allowed

**Add Claim**

Click this button to add additional claim data.

Date of Service	Diagnosis Code	Procedure Code	Proof of Payment	File Name	Action
09/01/2024	D59.9	0044U	superbill	Claims_001.pdf <a href="#">View</a>	

Clear **Submit**



**Servicing Information**

\* **Date Of Service**

\* **Diagnosis Code**

\* **Procedure Code**

\* **Proof of Payment (Example: a receipt. If you're attaching your superbill, you can say so here.)**

**"Where do I get provider and service information?"**  
 After members get massage, chiropractic, or acupuncture treatment, providers should give them an invoice, also called a **superbill**. It will list these details. If CHPW members aren't sure how to get their superbill, or aren't sure it has the information they need, they can call CHPW Customer Service for help at 1-800-440-1561 (TTY:771), Monday through Friday, 8:00 a.m. to 5:00 p.m.

**TIP:** We suggest that members make a copy of their superbill and send it to CHPW with this form

\* **Select a file to Upload**  
 No file chosen

Only one file attachment is allowed  
 Claims\_002.pdf

Click this button to add additional claim data.

Date of Service	Diagnosis Code	Procedure Code	Proof of Payment	File Name	Action
09/01/2024	D59.9	0044U	superbill	Claims_001.pdf <a href="#">View</a>	<input type="button" value="🗑️"/>

Date of Service	Diagnosis Code	Procedure Code	Proof of Payment	File Name	Action
09/01/2024	D59.9	0044U	superbill	Claims_001.pdf <a href="#">View</a>	<input type="button" value="🗑️"/>
09/03/2024	M04.9	fever	diagnosis bill	Claims_002.pdf <a href="#">View</a>	<input type="button" value="🗑️"/>



## Delete Claim

**Servicing Information**

\* Date Of Service: 09/03/2024      \* Diagnosis Code: M04.9

\* Procedure Code: 86638 - ANTIBODY: COXIELLA BURNETHI (Q FEVER)

\* Proof of Payment (Example: a receipt. If you're attaching your superbill, you can say so here.):  
diagnosis bill

**"Where do I get provider and service information?"**  
After members get massage, chiropractic, or acupuncture treatment, providers should give them an invoice, also called a **superbill**. It will list these details. If CHPW members aren't sure how to get their superbill, or aren't sure it has the information they need, they can call CHPW Customer Service for help at 1-800-440-1561 (TTY:771), Monday through Friday, 8:00 a.m. to 5:00 p.m. **TIP:** We suggest that members make a copy of their superbill and send it to CHPW with this form

\* Select a file to Upload  
Choose File | No file chosen      Upload

Only one file attachment is allowed  
Claims\_002.pdf Remove

Add Claim  
Click this button to add additional claim data.

Date of Service	Diagnosis Code	Procedure Code	Proof of Payment	File Name	Action
09/01/2024	D59.9	0044U	superbill	Claims_001.pdf View	

Clear      Submit

## Confirmation Message

\* Proof of Payment (Example: a receipt. If you're attaching your superbill, you can say so here.):

**Claim Submitted Successfully!**  
Claim ID:11  
OK

**"Where do I get provider and service information?"**  
After members get massage, chiropractic, or acupuncture treatment, providers should give them an invoice, also called a **superbill**. It will list these details. If CHPW members aren't sure how to get their superbill, or aren't sure it has the information they need, they can call CHPW Customer Service for help at 1-800-440-1561 (TTY:771), Monday through Friday, 8:00 a.m. to 5:00 p.m. **TIP:** We suggest that members make a copy of their superbill and send it to CHPW with this form

\* Select a file to Upload  
Choose File | No file chosen      Upload

Only one file attachment is allowed

Add Claim

Date of Service	Diagnosis Code	Procedure Code	Proof of Payment	File Name
09/01/2024	M04.2	90717	Prescription	claims_001.txt
08/30/2024	D59.9	0664T	superbill	Specflow 1.txt

Clear      Submit





## Step-by-Step Instructions

### Steps

#### Start on your Member Dashboard

**1. Click the *Claims* >> *Submit a Claim* quick link.**

The **Member Claim Submission** page is displayed.

**2. Search for your **Member Information** to auto-populate this section.**

- a. You can enter your CHPW **Member ID** and click the magnifying glass to search. Or, you can click the magnifying glass first to search with your CHPW **Member ID**, your **Medicare ID**, or your **ProviderOne ID**. You can also search by your member name, date of birth, and more.
- b. Then click the **Search** button to retrieve your member information.
- c. Once your **Member ID** is validated, the record(s) will display, showing your **Subscriber ID**, **Member Name**, **DOB** (date of birth), and more.
- d. When you select the radio button (click the small circle in the **Select** column) and click the **Continue** button, you will be taken back to the **Member Claim Submission** screen and your member details will populate.
- e. If you have any dependents, you will be able to select the member from the **Member Search Results**. You can select your dependent from the dropdown menu and then submit a claim for them.

**3. Provider search**

You can choose to search for a **Provider Name** with the magnifying glass displayed under the **Provider Information** section. If the provider is not in our system, then you will not receive any results.

- a. Enter the provider details or click on the **Search** button to select a provider.
- b. After you click the **Search** button, the **Provider Search Results** screen will be displayed.
- c. Select a provider from the list and click the **Continue** button.
- d. Enter a keyword in the **Clinic/ Facility Name** field, then select a clinic or facility name from the dropdown menu.
- e. Enter the address information of the clinic/facility. Required fields are marked with a \*.



#### 4. Servicing Information

You must enter the **Servicing Information: Date Of Service, Diagnosis Code**, etc. Hover your cursor over a question mark icon to see more information about what to enter. All fields in this section are required.

- a. You can enter a date in the **Date of Service** field or you can select a date by clicking on the calendar icon.
- b. You can enter a **Diagnosis Code** in the text field or you can search using the magnifying glass icon. Once you have selected the diagnosis code, the **Diagnosis Code** field is updated.
- c. Next, search for the procedure code in the **Procedure Code** field. Enter keywords, or part of a keyword, then select from the dropdown list.

5. Next, you must complete the **Proof of Payment** field. For example, you can type “receipt” or “superbill.”

#### 6. Upload File

Upload your **Proof of Payment**. File formats .pdf, .tiff, .tif, .png, .jpeg, .jpg, .bmp files should be supported.

#### 7. Add Claim

Click the **Add Claim** button and your claim details will be displayed.

- a. Once you click the **Add Claim** button, you can either:
  - i. Click **Submit** to send your claim(s) for processing;
  - ii. Or, you can add another claim with the same member and provider information pre-populated;
  - iii. Or, you can key over the pre-populated provider information to enter a claim for another provider.
- b. If you are entering additional claims, the **Servicing Information** section will be cleared out by the system. You will be taken to the **Servicing Information** section to enter the additional claim details.
- c. If you choose to delete your claim and start over:  
The **Action** column has a delete option (garbage can icon).



- d. Once you have entered **all** of your claims, click **Submit**.
- e. A “success” message should display after you click the **Submit** button on the **Member Claims Submission** screen.

## 8. View Claims

You can view claims that you have submitted on the **Submit a Claim** tab.

Click the **View** option in the **Action** column to display a snapshot of the submitted claim.

Click the **Back to Summary** button to return to the **Submit/View Member Claims** screen.

Click the **Submit a Claim** button to return to the **Member Claim Submission** screen.

If you need help submitting claims in the portal, please email [CustomerCare@chpw.org](mailto:CustomerCare@chpw.org).