



**Member Services**  
Now at your fingertips

# MyCHPW MEMBER PORTAL USER GUIDE

May 2025



**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 with new functionality
V1.1	July 2019	Renée Lillie	Changed “HealthMAPS” to “myCHPW”
V 2.0	August 2021	Dianna Dietrich / Amy Lathan / Cheri Eriksen / Renée Lillie	Updated for current system; added Rate a Doctor and Treatment Cost Calculator for Cascade Select plans
V 3.0	October 2023	Amy Lathan / Renée Lillie	Updated for Individual and Family Cascade Select plans ; added instructions for optional two-factor authentication (2FA); Rate a Doctor now available for all plans; TCC now available for Medicare Advantage
V 3.1	November 2023	Renée Lillie	Added information about member address changes
V 4.0	September 2024	Amy Lathan / Renée Lillie	Added instructions for submitting claims
V 4.1	November 2024	Renée Lillie	Rebranded and reformatted
V 5.0	May 2025	Amy Lathan / Renée Lillie	Updated screenshots for submitting claims; added note it may take up to 5 business days to see a member-submitted claim in the View Claims section of the portal; added detail about other health insurance (OHI)

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# 1 Accessing the Portal

You'll need to start by creating an account. This includes creating your user login ID, password, and setting up your security questions and answers. Setting up a member portal account lets you come back to the member portal at any time to review your coverage information.

## How to Create a myCHPW Member Portal Account

The CHPW member portal may look a little different depending on whether you are an Apple Health (Medicaid), Medicare Advantage, or Individual and Family Cascade Select member (for example, different colored portal pages depending on your plan). However, the member portal has most of the same features and is used the same way no matter which CHPW plan you have. Anything that is different for your specific plan is indicated in this User Guide.

You will need to fill out and submit the online Member Registration form to CHPW. Follow these steps to create your member portal account.

### *Before You Begin*

You must have active coverage through CHPW to be able to create a myCHPW member portal account. To create a portal account, you will need the following:

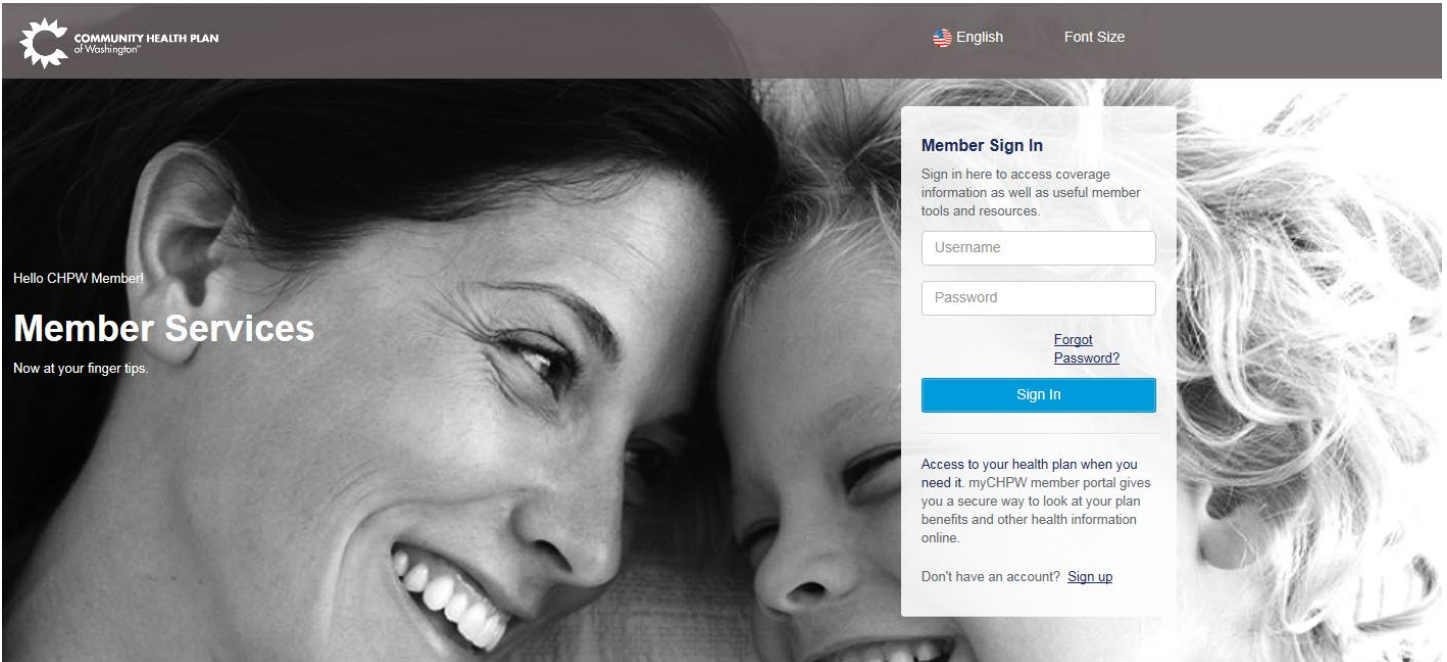
- Your Member ID number. You can find this on your CHPW Member ID card.
- Your first and last name as it appears on your enrollment application.
- Your date of birth.
- Your residential address.



## Screens

### CHPW Member Welcome Page

As previously noted, you may have different colored portal pages depending on your plan.



The screenshot shows the CHPW Member Welcome Page. The background is a black and white photo of a smiling woman and child. The page has a dark header bar with the CHPW logo on the left and 'English' and 'Font Size' links on the right. On the left side, it says 'Hello CHPW Member' and 'Member Services' with the tagline 'Now at your finger tips.' On the right, there is a 'Member Sign In' box with fields for 'Username' and 'Password', a 'Forgot Password?' link, and a blue 'Sign In' button. Below the button, it says 'Access to your health plan when you need it. myCHPW member portal gives you a secure way to look at your plan benefits and other health information online.' At the bottom of the box, it says 'Don't have an account? [Sign up](#)'.

COMMUNITY HEALTH PLAN  
of Washington

English Font Size

Hello CHPW Member

## Member Services

Now at your finger tips.

### Member Sign In

Sign in here to access coverage information as well as useful member tools and resources.

Username

Password

[Forgot Password?](#)

[Sign In](#)

Access to your health plan when you need it. myCHPW member portal gives you a secure way to look at your plan benefits and other health information online.

Don't have an account? [Sign up](#)



## Registration page

### Registration

Welcome to HealthMAPS Member Portal. Please complete the fields below in order to finish your registration.

Required fields are indicated with asterisk (\*) [I already have an account](#)

#### Member Information

\* Who is this account for?  
☐ I am creating this account for myself  
☐ I am creating this account for my spouse/dependent

\* Member ID Number

This number is located on the front of your Member ID Card.  
Don't have your Member ID Card? Contact Customer Service at  
Apple Health Customer Service 800-440-1561  
Medicare Advantage Customer Service 800-942-0247  
Integrated Managed Care Customer Service 866-418-1009

\* Date of Birth

#### Demographic Information

\* First Name  \* Last Name

\* Address (No., Street)  Suite/Apt Number  \* City

\* State  \* Zipcode

\* Home Phone  Mobile Phone

#### Sign Up Information

\* Email Address   
Cannot be a shared or group email address.

☐ User ID same as email  
\* User ID   
This is my login ID

\* Password   
\* Re-enter 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 ( , \$ , # , & , \_ , % )

\* Question 1  \* Answer 1

\* Question 2  \* Answer 2

\* Question 3  \* Answer 3

☐ I agree to abide by the terms and conditions set forth in the Community Health Plan of Washington Rights and Responsibility manual located at <https://chpw.org/for-members/your-privacy-and-rights/>

## Step-by-Step Instructions

### Start from the myCHPW Member Portal Page

**1. Open your web browser.**

Enter the myCHPW web address in your web browser address field:

<https://mychpw.chpw.org/en/member>. Press **Enter**. You will see the Community Health Plan of Washington myCHPW login page. See the CHPW Member Welcome Page screen on page 5 of this guide.

**2. Start from the myCHPW Member Portal page. Click the *Sign up* link.**

This will take you to the Member Registration form.

### Member Registration Page

**3. You must select for whom the account is being created.**

**IMPORTANT! If you make an account for a dependent/spouse:**

CHPW will apply the HIPAA Privacy rule, the Health Insurance Portability and Accountability Act of 1996, which restricts access to specific medical information.

**4. Enter your *Member ID Number* and *Date of Birth*.**

The Member ID number you enter must match the number from your Member ID Card. This is the number located on the front of your Member ID card. If the Member ID number does not exist, a message will display.

The birth date you enter must match the birth date from your enrollment application.

**5. Enter the rest of your information.**

Make sure you fill out the required fields.

The First Name and Last Name you enter on the Registration form must match the name on your Member ID card.

**6. Create your User ID.**

The User ID you create must be at least eight characters. You can use your email address as your User ID if you want. Your User ID can contain any combination of numbers and letters. The only special characters allowed are the @ symbol, a period, and an underscore.

If the User ID or the email address already exists, a message will display.

**7. Create your Password and Security Questions.**

Follow the instructions to create your password.

You will be able to change your password, security questions, and security answers at any time.

**8. Agree to the Privacy Policy.**

There's a link to CHPW's Privacy Policy at the bottom of the page.

To complete the registration process, you must view and agree to the Privacy Policy. Select the link to view the Privacy Policy and check the box next to: "I understand and agree with the CHPW Privacy Policy."

**9. Click the *Register* button.**

If your registration was successful, a "Success" message will display with a link to the myCHPW member portal.

If your registration did not pass the validation process, the portal will display a message.

**IMPORTANT!** Before clicking the Register button, be sure to make a note of your User ID, Password, and Security Questions and Answers. You will need your User ID and Password to access the member portal. You will need your Security Questions and Answers if you want or need to change your password.

**What's Next**

**10. If your registration was successful:**

The portal will display a message that has a link to the myCHPW member portal.

You can now sign in to the myCHPW member portal and view your health coverage information.

A confirmation email will be sent to the email account you entered on the registration form.

**11. If your registration was not successful:**

An email will be sent to the email account you entered on the registration form.

## How to Log in to the Member Portal

Follow these step-by-step instructions to log in to the myCHPW member portal.

### *Before You Begin*

You will need your User ID and Password.

### *Screens*

#### Member Sign In

Sign in here to access coverage information as well as useful member tools and resources.

[Forgot Password?](#)

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Access to your health plan when you need it.  
myCHPW member portal gives you a secure way to look at your plan benefits and other health information online.

Don't have an account? [Sign up](#)

For account set up and log in support, please email [customercare@chpw.org](mailto:customercare@chpw.org).

## *Step-by-Step Instructions*

### **Start from the myCHPW Member Portal**

**1. Enter your *User ID* and *Password*.**

**IMPORTANT!** The member portal keeps track of failed login attempts and will lock your account after three failed attempts. If your account is locked, follow the instructions on the onscreen message to unlock your account.

**2. Click the *Sign In* button.**

If your login is successful, you will be taken to the **Member Dashboard**.

## How to Enable or Disable Two-Factor Authentication

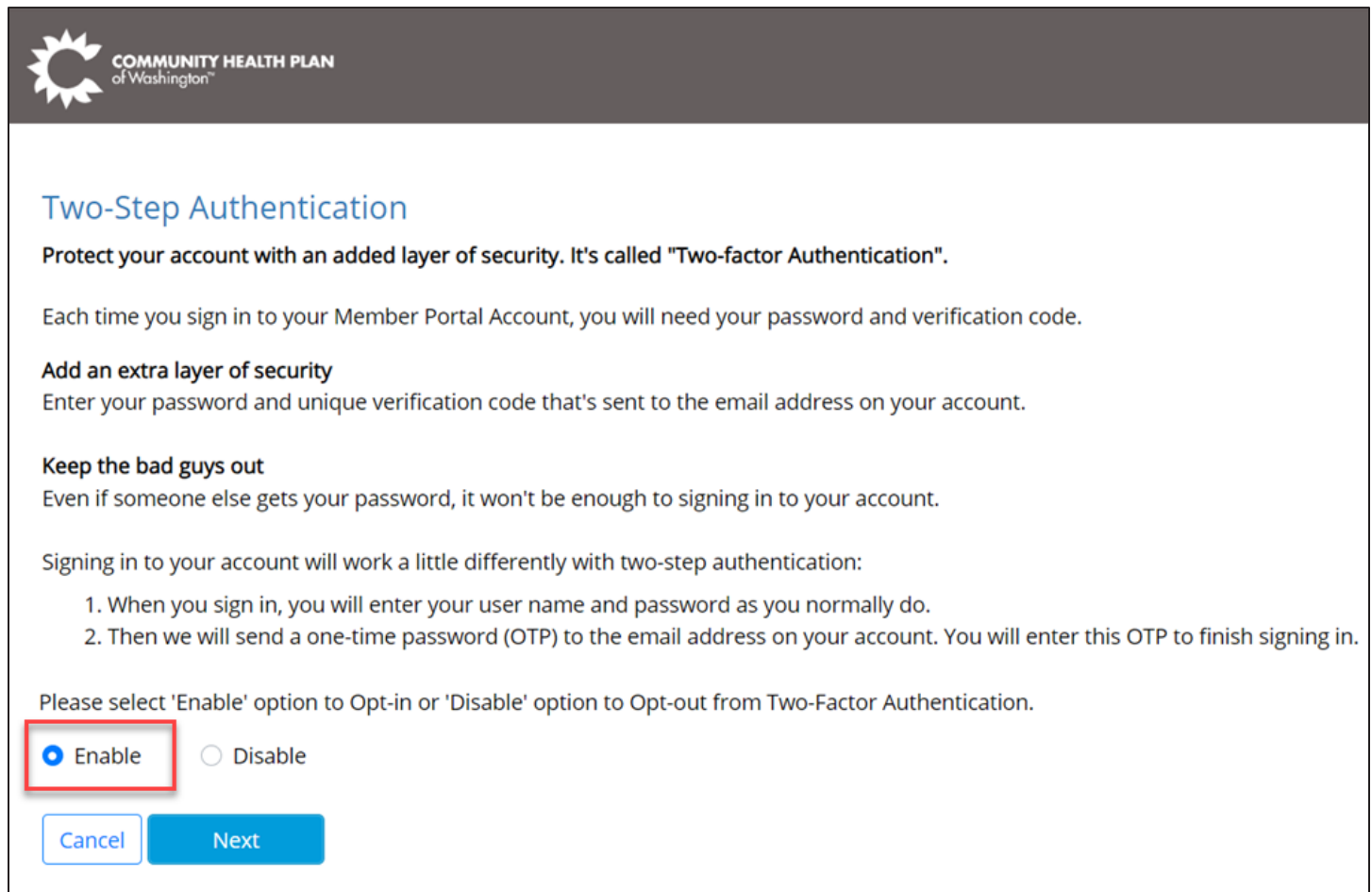
You have the option to protect your account with an added layer of security. It's called "two-factor authentication" or "2FA" (or "two-step authentication"). With 2FA, even if someone gets your myCHPW password, they won't be able to sign in to your account.

You'll be prompted to set up 2FA when logging into the member portal, however, 2FA is optional. You'll still be able to access and use the portal even if you don't set up 2FA.


Next time you log into myCHPW, follow the on-screen instructions to either enable 2FA or to opt out of it. Whichever you choose, you can change your 2FA preference later.

### Screens

#### Enable 2FA



The screenshot shows the "Two-Step Authentication" setup screen. At the top is the Community Health Plan of Washington logo. The title "Two-Step Authentication" is in blue. Below it, a bold heading says "Protect your account with an added layer of security. It's called 'Two-factor Authentication'." The text explains that each sign-in will require a password and a verification code. A section titled "Add an extra layer of security" instructs the user to enter their password and a unique verification code sent to their email. Another section titled "Keep the bad guys out" states that even if someone gets the password, it won't be enough to sign in. It then explains that signing in will work differently with two-step authentication, listing two steps: 1. Enter username and password as normal. 2. Enter a one-time password (OTP) sent to the email. At the bottom, it asks the user to select "Enable" or "Disable". The "Enable" radio button is selected and highlighted with a red box. Below the radio buttons are "Cancel" and "Next" buttons.

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### Two-Step Authentication

**Protect your account with an added layer of security. It's called "Two-factor Authentication".**

Each time you sign in to your Member Portal Account, you will need your password and verification code.

**Add an extra layer of security**  
Enter your password and unique verification code that's sent to the email address on your account.

**Keep the bad guys out**  
Even if someone else gets your password, it won't be enough to signing in to your account.

Signing in to your account will work a little differently with two-step authentication:

1. When you sign in, you will enter your user name and password as you normally do.
2. Then we will send a one-time password (OTP) to the email address on your account. You will enter this OTP to finish signing in.

Please select 'Enable' option to Opt-in or 'Disable' option to Opt-out from Two-Factor Authentication.

☒ Enable ☐ Disable



## TWO-STEP AUTHENTICATION

Now we'll send you a One-time password (OTP), which you'll enter in the next step.

- Receive One-time password using the email address on your account

YourEmail@provider.com

Cancel

Send OTP



## Enter OTP

A One-time password has been sent to your email address on your account, please enter it to login

Enter OTP

Note: Generated OTP is only valid for 20 minutes.

Didn't receive a code? [Resend OTP](#) 00:01

Cancel

Validate



OTP sent successfully to YourEmail@provider.com

OK





## OTP code

Please return to website and enter this OTP code to login.

If you did not make this request, please contact Customer Service Representative at: 800-440-1561 or email to [customercare@chpw.org](mailto:customercare@chpw.org).

OTP CODE:

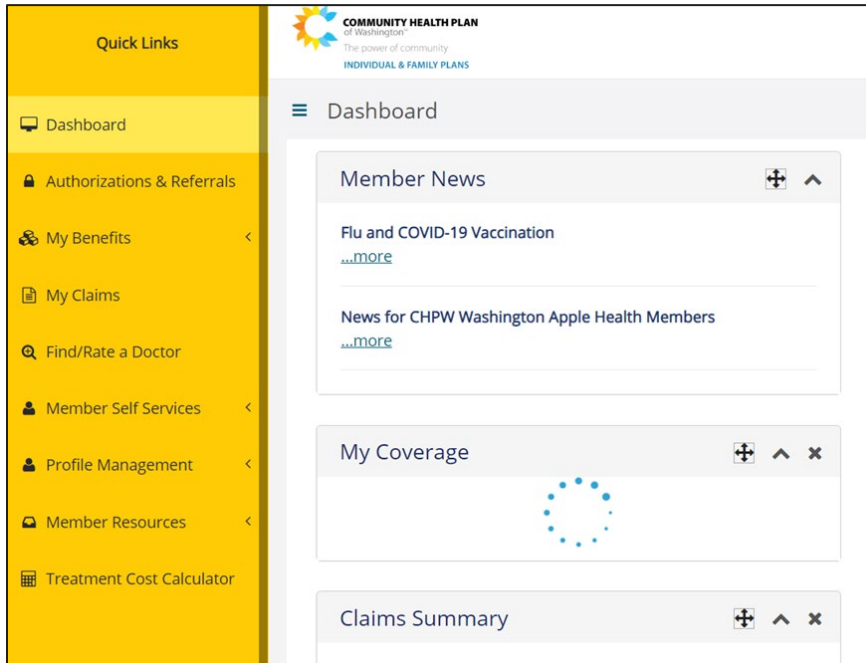
OTP code sent to YourEmail@provider.com

**THIS OTP CODE IS VALID FOR 20 MINUTES**

**CONFIDENTIALITY NOTICE:** This e-mail, including any attachments, may contain confidential, privileged and/or proprietary information which is solely for the use of the intended recipient(s). Any review, use, disclosure or retention by others is strictly prohibited. If you are not an intended recipient, please contact the sender and delete this e-mail, any attachments, and all copies.

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Do not reply to this email as it is a system-generated message.





## Disable 2FA



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### Two-Step Authentication

Protect your account with an added layer of security. It's called "Two-factor Authentication".

Each time you sign in to your Member Portal Account, you will need your password and verification code.

#### Add an extra layer of security

Enter your password and unique verification code that's sent to the email address on your account.

#### Keep the bad guys out

Even if someone else gets your password, it won't be enough to signing in to your account.

Signing in to your account will work a little differently with two-step authentication:

1. When you sign in, you will enter your user name and password as you normally do.
2. Then we will send a one-time password (OTP) to the email address on your account. You will enter this OTP to finish signing in.

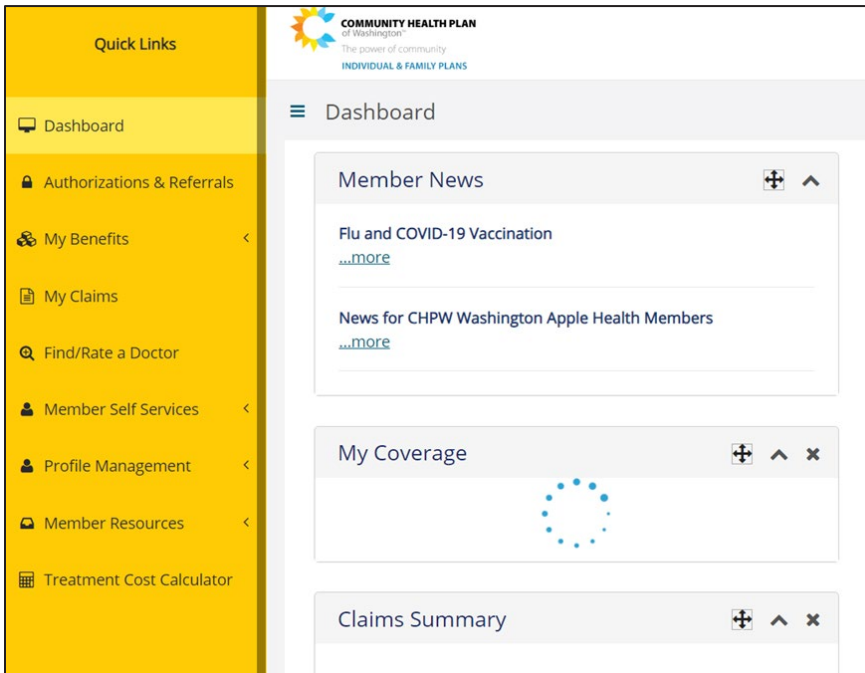
Please select 'Enable' option to Opt-in or 'Disable' option to Opt-out from Two-Factor Authentication.

☒ Enable

☐ Disable

Cancel

Next





## Step-by-Step Instructions

### Start from the member portal sign-in screen

1. Open your web browser and go to the myCHPW portal.

Go to <https://mychpw.chpw.org/en/member>.

2. Click **Enable** if you want to use 2FA; or, click **Disable** if you don't want to use 2FA.

#### Tips!

- If you choose **Disable**, the portal takes you straight to your **Member Dashboard**.
- This is a one-time screen. Once you select a preference, you won't be prompted to enable or disable 2FA next time you log in, however, you can change your preference later. See the "How to Change Your 2FA Preference" section below.

Then click **Next**.

3. If you're using 2FA:

- a. Click **Send OTP**.

A confirmation pop up box displays stating a message was sent to the email address that we have on file for you.

- b. Check your email for the OTP.

**IMPORTANT!** Your OTP code is valid for **20 minutes**.

- c. Go back to the myCHPW member portal and enter the OTP.

Enter the OTP that we sent to your email and then click **Validate**.

- d. The portal takes you to your **Member Dashboard**.

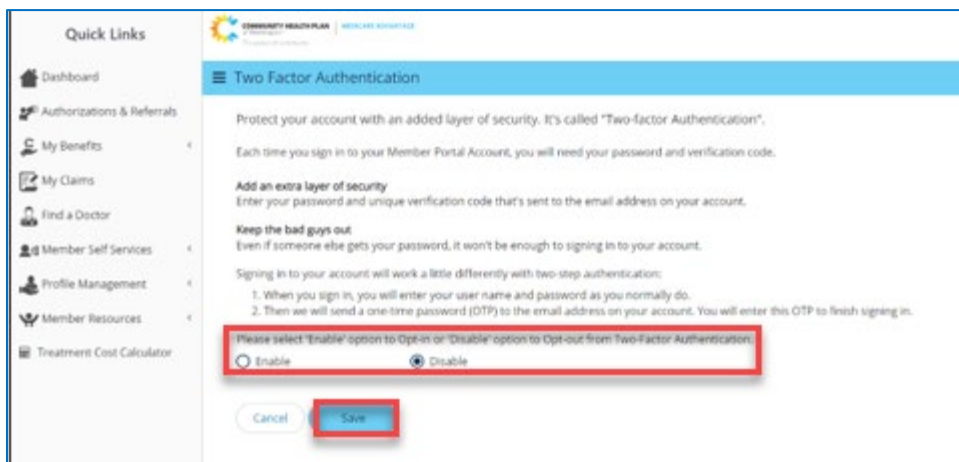
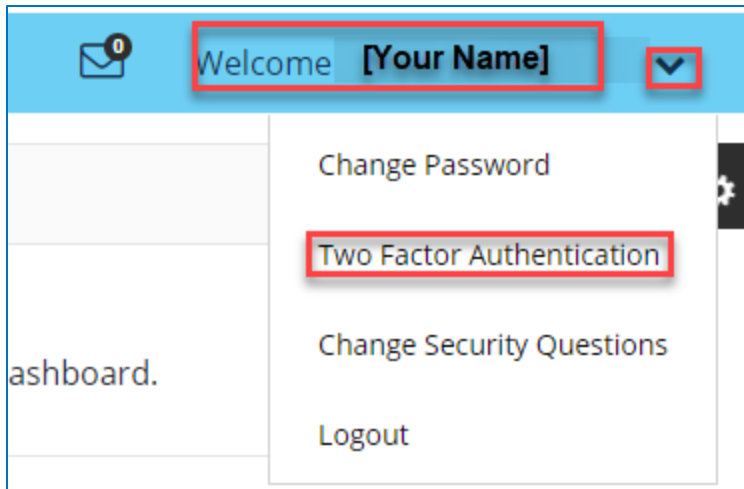
4. If your OTP expired, or if you receive a message that you entered the wrong code, or if your account is locked, contact Customer Service.

Call (800) 440-1561 or email [customercare@chpw.org](mailto:customercare@chpw.org).

## How to Change Your 2FA Preference

You can change your 2FA preference at any time.

### Screens



## Step-by-Step Instructions

### Start from the member portal sign-in screen

**1. Sign in to the portal as usual.**

Enter your **User ID** and **Password** as you normally do.

**2. Click *Welcome [Your name]*.**

Then click **Two Factor Authentication**.

**3. Choose either *Enable* or *Disable* to change your preference.**

Then click **Save**.

You can log out and log back in right away to confirm your 2FA preference is updated, or you can wait until next time you log in again.

**4. If you need assistance, or if your account is locked, contact Customer Service.**

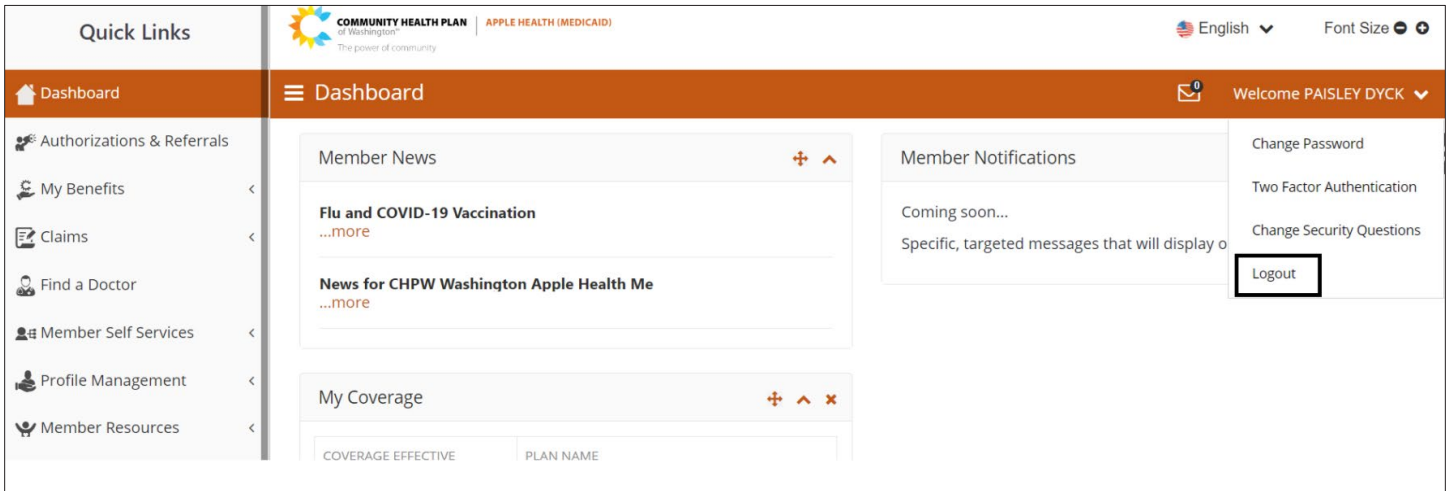
Call (800) 440-1561 or email [customercare@chpw.org](mailto:customercare@chpw.org).

## How to Log Out

We recommend that you log out of the member portal instead of just closing your browser. Follow these step-by-step instructions to securely end your member portal session.

### Screens

#### Member Dashboard



**Quick Links**

- Dashboard
- Authorizations & Referrals
- My Benefits
- Claims
- Find a Doctor
- Member Self Services
- Profile Management
- Member Resources

**Dashboard** | COMMUNITY HEALTH PLAN of Washington | APPLE HEALTH (MEDICAID)

English | Font Size

Welcome PAISLEY DYCK

**Member News**

- Flu and COVID-19 Vaccination [...more](#)
- News for CHPW Washington Apple Health Me [...more](#)

**Member Notifications**

Coming soon...  
Specific, targeted messages that will display o

**My Coverage**

COVERAGE EFFECTIVE | PLAN NAME

Change Password  
Two Factor Authentication  
Change Security Questions  
**Logout**

## *Step-by-Step Instructions*

### **Start on your Member Dashboard**

1. Click the **Welcome Member Name** option.

This option is on the top right of the page.

2. Click the **Logout** option.

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



## 2 Your Member Dashboard

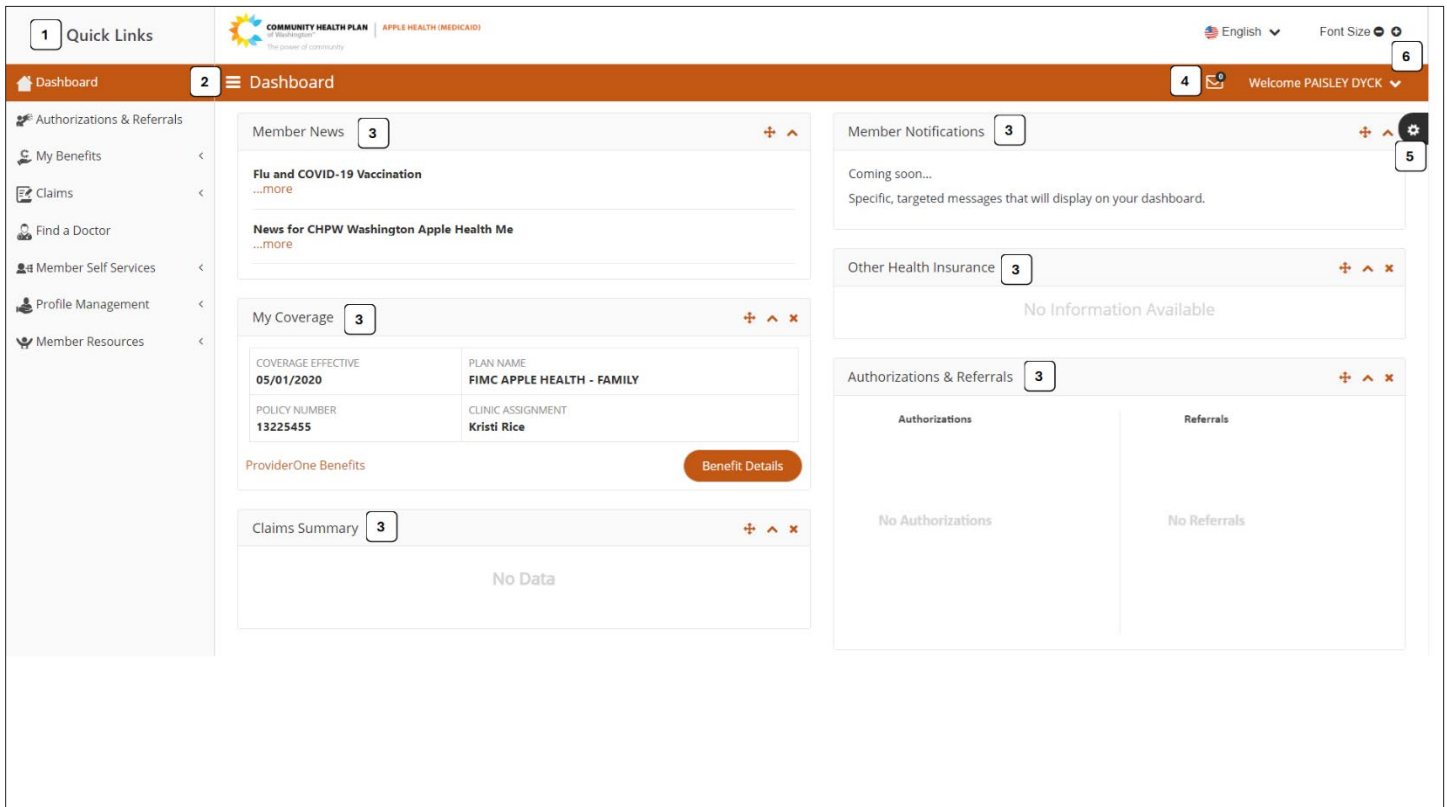
### How to Customize Your Dashboard

#### *Before You Begin*

You must have an active member portal account.

The dashboard provides a high-level overview of your benefit coverage information.

#### *Screens*



The screenshot displays the CHPW Member Dashboard interface. The layout includes a top navigation bar, a left sidebar with navigation links, and a main content area with several widget sections. Numbered callouts (1-6) highlight specific features:

- 1 Quick Links:** Located in the top left corner of the dashboard header.
- 2 Dashboard:** The main title of the dashboard section in the top navigation bar.
- 3 Member News:** A section displaying news items such as "Flu and COVID-19 Vaccination" and "News for CHPW Washington Apple Health Me".
- 4 Member Notifications:** A section for targeted messages, currently showing "Coming soon...".
- 5 Other Health Insurance:** A section showing "No Information Available".
- 6 Authorizations & Referrals:** A section divided into "Authorizations" and "Referrals" sub-sections, both currently showing "No Data".

Additional visible elements include a "My Coverage" section showing plan details (FIMC APPLE HEALTH - FAMILY) and a "Claims Summary" section showing "No Data". The sidebar on the left lists various services like "Authorizations & Referrals", "My Benefits", "Claims", "Find a Doctor", "Member Self Services", "Profile Management", and "Member Resources".

## *Member Dashboard Functions*

### **1. Quick Links**

Use the links on the left-hand side of the page to go directly to the page you want to view.

### **2. Dashboard Display**

Click the three horizontal lines to hide or display the Quick Links panel.

### **3. Widgets**

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

The Member News widget is general information that all CHPW members can view.

Member Notifications are specific notifications that **only you** can view.

### **4. Secure Messages Icon**

Secure messages are like email, but they can be only be read in the member portal. Click the envelope icon to see your Secure Messages. The number displayed over the envelope 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 certain items in the list to customize your dashboard view.

### **6. Welcome drop-down**

The Welcome drop-down is next to your name. It will let you change your password, change your security questions, change your address, and log out.

## 3 Your Authorizations / Referrals

### How to View Your Authorizations / Referrals

Follow these instructions to view the status of your authorizations and referrals.

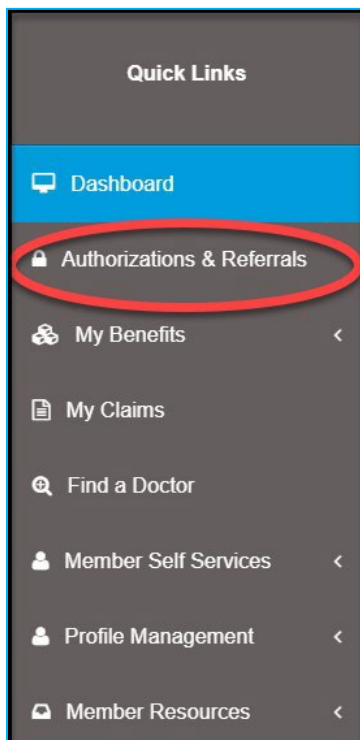
#### *Before You Begin*

Log in to the member portal and start from the **Member Dashboard**.

#### *Screens*

##### **Member Dashboard – Quick Links**

As previously noted, you may have different colored portal pages depending on your plan.





## Authorizations & Referrals Search Page

Quick Links

[Dashboard](#)

[Authorizations & Referrals](#)

[My Benefits](#)

[My Claims](#)

[Find a Doctor](#)

[Member Self Services](#)

[Profile Management](#)

[Member Resources](#)

English

Font Size

Welcome William Smith

Authorizations & Referrals

Auths/Referrals in

Search By: All

Advanced Search

Search Results

Export as

Auth / Referral Number	Referring Provider	Referred to Provider	Auth / Referral Type	Auth / Referral Status	Start Date	End Date
██████████5	YAKIMA VALLEY MEMORIAL HOSPITAL	YAKIMA VALLEY FARM WORKERS	Outpatient	Open	09/10/2018	12/10/2018
██████████38	TERESA VASICEK		Outpatient Referral	Open	08/24/2018	11/22/2018
██████████77	James Kneller		Outpatient Referral	Open	07/24/2018	10/24/2018
██████████02	LAKEVIEW SPINE		Outpatient Referral	Open	07/20/2018	10/20/2018
██████████06	TONY LEE		Outpatient Referral	Open	07/20/2018	10/18/2018
██████████53	John Owens		Outpatient Referral	Open	07/19/2018	10/17/2018
██████████0203	Joanna Law		Outpatient	Open	07/17/2018	10/17/2018
██████████094	Virginia Mason Hospital	Peter Harveson	Outpatient	Open	07/02/2018	10/02/2018
██████████0	Cascade Summit Physical Therapy		Outpatient Referral	Open	06/26/2018	09/26/2018
██████████067	Cascade Summit Physical Therapy		Outpatient Referral	Open	06/01/2018	09/01/2018

Showing 1 - 10 of 95 Authorizations

10 Per Page

1 2 3 4 5 > >>

## Member Authorizations / Referrals Advanced Search Page

Advanced Search

Auth / Ref Status

Select

Start Date

End Date

Clear

Search

## Member Authorization Details Page – Inpatient Authorization

Authorization Detail

William Smith

High Alert

Export as

AUTHORIZATION	AUTH TYPE	INPATIENT/OUTPATIENT CATEGORY	SERVICE SET RECEIPT	Overall Claim Status
100001724	INPATIENT AUTH		3/1/2007 12:30:27 PM	Closed

Member Information

Member Name:

 William Smith

Date of Birth:

 07/03/1959

Gender:

 Male

Health Plan:

 R Karner Group Health Plan

Provider Information

Referring Provider:

JOSH LOGAN  
7000 HILL ROAD  
JACKSONVILLE  
Florida  
92121  
9162345656

Referred To Provider:

JOHN MCCARTHY  
3000 HILL ST  
Jacksonville  
California  
94211

Place Of Service:

Authorization Details

Diagnosis Code	Description	*Diagnosis Narrative
486	PNEUMONIA, ORGANISM UNSPECI- FIED	PNEUMONIA, ORGANISM UNS

Procedure/Services

Procedure/Services	Description	From Date	To Date	Quantity	Notes	Procedure Narrative	Status
--------------------	-------------	-----------	---------	----------	-------	---------------------	--------

Send Inquiry to CSR



## Member Authorization Details Page – Outpatient Referral

Authorization Detail

Welcome William Smith

Authorization Detail

Export as

AUTHORIZATION	AUTH TYPE	INPATIENT/OUTPATIENT CATEGORY	SERVICE SET RECEIPT	Overall Processing Status
7	Outpatient Referral		6/5/2018 10:54:13 PM	Open

Member Information

Member Name: 7  
Date of Birth: 952  
Gender: Male  
Health Plan: SORED

Provider Information

Referring Provider:  
Cascade Summit Physical Therapy  
1608 S 24th Ave Ste 102  
Yakima  
Washington  
989025719  
5092486113

Place Of Service:

Authorization Details

Diagnosis Code	Description	*Diagnosis Narrative
R42	DIZZINESS AND GIDDINESS	DIZZINESS AND GIDDINESS

Procedure/Services

Procedure/Services	Description	From Date	To Date	Quantity	Notes	Procedure Narrative	Status
97161	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES T	06/01/2018	09/01/2018	6.0	PHYSICAL THERAPY EVALUATION:		Open
97162	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTO	06/01/2018	09/01/2018	6.0	PHYSICAL THERAPY EVALUATION:		Open
97163	PHYSICAL THERAPY EVALUATION: HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 3 OR MORE PERSONAL FAC	06/01/2018	09/01/2018	6.0	PHYSICAL THERAPY EVALUATION:		Open
97164	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: AN EXAMINATION INCLUDING A REVIEW OF HISTO	06/01/2018	09/01/2018	6.0	RE-EVALUATION OF PHYSICAL TH		Open
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION	06/01/2018	09/01/2018	6.0	THERAPEUTIC EXERCISES		Open
97116	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	06/01/2018	09/01/2018	6.0	GAIT TRAINING THERAPY		Open
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFO	06/01/2018	09/01/2018	6.0	THERAPEUTIC ACTIVITIES		Open

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

Send Inquiry to CSR



### Send Inquiry to CSR

#### Send Inquiry to CSR

Authorization #  
200010029

Prov #  
BCPROV1

Member #  
MBR07

Message

Enter up to 4000 Characters

Select a file to Upload

Choose File

No file chosen

Upload

Only one file attachment is allowed

Send

Cancel

## Step-by-Step Instructions

### Start on your Member Dashboard

1. Click the **Authorizations & Referrals** quick link.

This will take you to the **Authorizations & Referrals Search**.

### Authorizations & Referrals Page

2. Enter what you are searching for.

**Tip!** Click the **Advanced Search** button to open the Advanced Search box. This will give you more ways to narrow down your search.

3. Click the **Search** button.

The search results are displayed on the bottom of the **Authorizations & Referrals** page.

4. **Optional: Download your results.**

You can download the information as a PDF. Click the icon on the top right of the page to download.

5. The **High Alert** button will show you the HIPAA Privacy Policy Rule.

**IMPORTANT!** The **High Alert** button will only display if you're looking at an account you made for someone else.

6. **Learn more about the different fields.**

If there is a question mark near a field or column, hover over it with your cursor to read more about it.

7. Click the **Authorization or Referral Number** link to view the **Authorization or Referral details**.

The **Authorization Detail** page is displayed or the **Referral Detail** page is displayed.

### Authorization or Referral Detail Page

8. You can see authorization details or referral details.

### What's next

9. **Download the list as a PDF file.**

Click the icon at the top right of the **Authorizations & Referrals Search** page to download a copy of the patient eligibility information in PDF format.

### Send Inquiry to a Customer Service Representative (CSR)

10. **Send Inquiry to CSR.**

From the **Member Self Services** menu, select **Secure Messages** to send a message directly to a Customer Service Representative through the myCHPW secure system.



### **11. Optional: Upload a file.**

You can attach a file to your inquiry 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

## 4 Your Benefits

### How to View Your Medical Benefits

Follow these instructions to view your health plan benefits and to view a copy of your health plan's benefits and coverage.

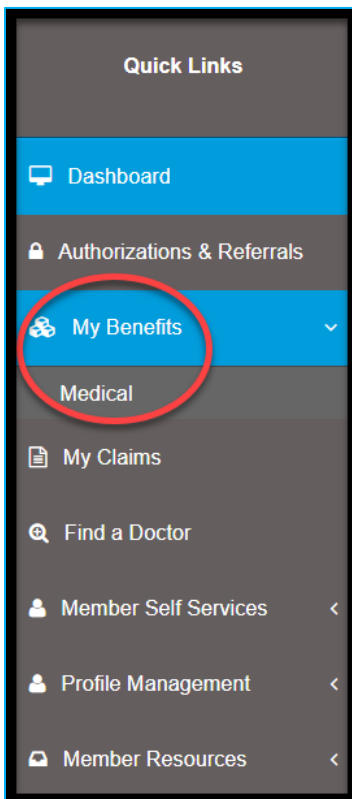
#### *Before You Begin*

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

#### *Screens*

##### **Member Dashboard – Quick Links**

As previously noted, you may have different colored portal pages depending on your plan.





## Medical Coverage Page

Quick Links

Dashboard

Authorizations & Referrals

My Benefits

Medical

My Claims

Find a Doctor

Member Self Services

Profile Management

Member Resources

Coverage

Welcome William Smith

Coverage

CHPW Member ID	Patient Name	Gender	Date of Birth	Address
90	RY	FEMALE	12/19/1944	IFIC, WA, 98047-1114

Plan

Coverage Group

IPA

Medicare Advantage Pharmacy Plan (HMO)

CMS

Healthpoint

Assigned Clinic

Clinic Name	Address	Clinic Phone Number
urn	urn, WA, 98002-5082	66

Member Plan Information

Group	Plan	Provider Name	Plan Effective Date	Plan End Date	Medicare Advantage Plans	Dental Benefits
CMS	Health-Gan HDHP	JOHN MCCARTHY	01/01/2003		<a href="#">View</a>	<a href="#">View</a>

Member Eligibility History

Group	Plan	Plan Effective Date	Plan End Date	Panel ID	Panel Name	IPA
CMS SPONSORED	Medicare Advantage Pharmacy Plan (HMO)	1/1/2018		031	Healthpoint Auburn	Healthpoint
CMS SPONSORED	Medicare Advantage Pharmacy Plan (HMO)	12/1/2017	12/31/2017	031	Healthpoint Auburn	Healthpoint
CMS SPONSORED	MA Special Needs Plan (HMO SNP)	1/1/2017	10/31/2017	031	Healthpoint Auburn	Healthpoint
CMS SPONSORED	MA Special Needs Plan (HMO SNP)	7/1/2016	12/31/2016	031	Healthpoint Auburn	Healthpoint
CMS SPONSORED	Medicare Advantage Pharmacy Plan (HMO)	1/1/2016	06/30/2016	031	Healthpoint Auburn	Healthpoint
CMS SPONSORED	Medicare Advantage Pharmacy Plan (HMO)	7/1/2015	12/31/2015	031	Healthpoint Auburn	Healthpoint
CMS SPONSORED	Medicare Advantage Pharmacy Plan (HMO)	1/1/2015	05/31/2015	031	Healthpoint Auburn	Healthpoint
CMS SPONSORED	Medicare Advantage Pharmacy Plan (HMO)	1/1/2014	12/31/2014	031	Healthpoint Auburn	Healthpoint
CMS SPONSORED	Medicare Advantage Pharmacy Plan (HMO)	1/1/2013	12/31/2013	031	Healthpoint Auburn	Healthpoint
CMS SPONSORED	Medicare Advantage Pharmacy Plan (HMO)	1/1/2010	12/31/2012	031	Healthpoint Auburn	Healthpoint



**Medical Coverage Page Continued**

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	Cov Eff Date	Carr Type
				AAA AUTO CLUB SOUTH	1/1/2010	D

Deductible/ Out-Of-Pocket

In-Network

Deductible

\$0.00

\$0.00

Out-of-Pocket

\$6725.00

\$40.00

Out-of-Network

Deductible

\$0.00

\$0.00

Out-of-Pocket

\$0.00

\$0.00

Benefits and Limits

Expand All | Collapse All

Office Visits

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

Chiropractic

Limited Amount	12 ( Days)	Services Processed	0	Services Remaining	12
Narrative	CHIROPRACTIC VISITS COVERED PER CALENDAR YEAR WITHOUT PRIOR AUTHORIZATION. PA REQUIRED FOR ANYTHING GREATER THAN 12 VISITS.				

## Step-by-Step Instructions

### Start on your Member Dashboard

1. Click the ***My Benefits >> Medical*** quick link.

The **Medical Coverage** page is displayed.

### Medical Coverage page

2. **View Medical Coverage page.**

### What's next

3. Click the **View** button to open a copy of your benefits.

4. **Learn more about the different fields.**

Hover your cursor over the question mark (?) to bring up more information.

5. **See information from your other insurance plans.**

Select the horizontal scroll bar to see information from your other insurance plans.

If you do not have other health insurance, this section will display "No Information Available."

## 5 Your Claims

You can submit and view claims in the myCHPW member portal if you are a current member of CHPW, and you 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*

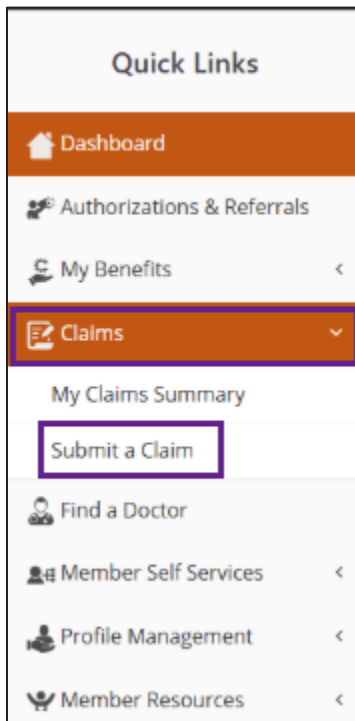
Log in to the CHPW Member Portal and start from the **Member Dashboard**.

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**



## Member Claim Submission


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APPLE HEALTH (MEDICAID)

English

Font Size

Member Claim Submission

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

Q

\* Patient's relationship to Insured

Select

#### Insured Name

First Name

Middle Name

Last Name

Date of Birth

Gender

Select

Address 1 (No. Street)

Address 2

City

State

Select

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

Contains

Last Name

Contains

Date of Birth

Gender

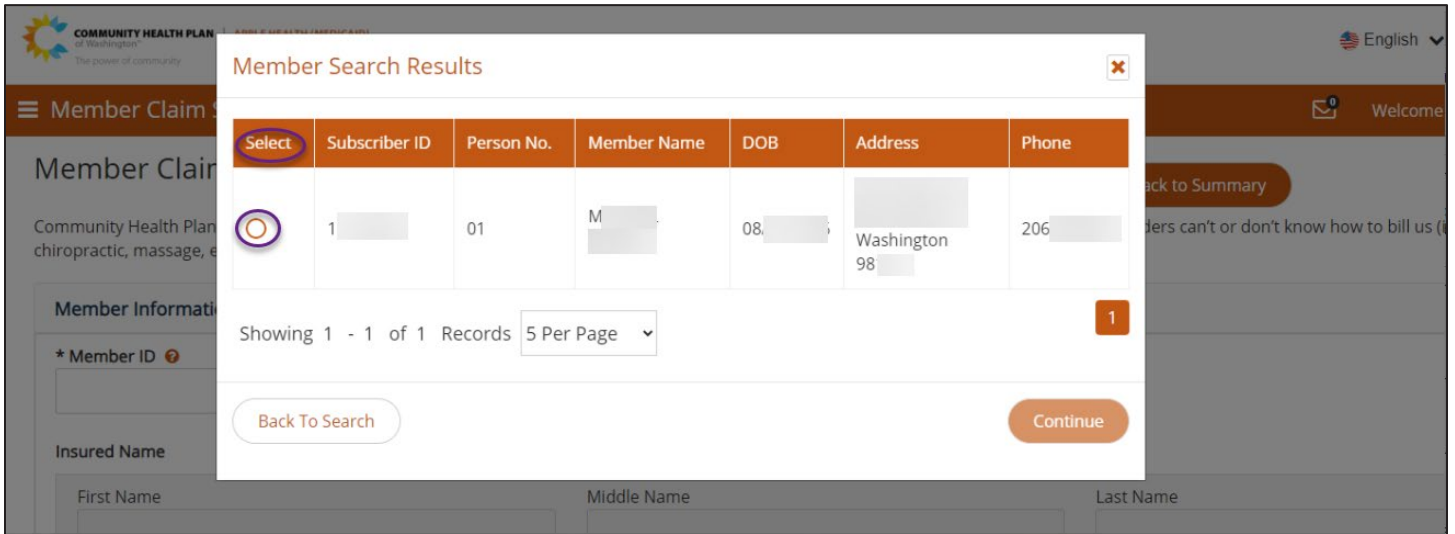
Select

Home Phone

Clear

Search

## Member Search Results



**Member Search Results**

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

Showing 1 - 1 of 1 Records 5 Per Page

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

## 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  

Contains ▼

Middle Name  

Contains ▼

Last Name  

Contains ▼

Suffix  

Contains ▼

Date of Birth

Home Phone

Clear

Search

## Provider Search Results

**Provider Search Results** ✕

Select	Provider NPID	Provider Name	Address	Phone
<input checked="" type="radio"/>	1	James W Borrow		2063296767
<input type="radio"/>	1	James T Crider	1718 E Kessler Blvd, Longview, WA 986321842	3604142360
<input type="radio"/>	1	James P Williams		3607480211
<input type="radio"/>	1	James S Christensen		3602791445
<input type="radio"/>	1	James H Weyrich		3605382724

Showing 1 - 5 of 1674 Records 

5 Per Page ▼

1

2

3

4

5

>

>>

Back To Search

Continue

## Provider Information/Search

**Provider Information**

\* Provider Name (Example: Jane Johnson) ?  
 

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

\* Address1

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

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

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CHPW Member Portal

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## 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

Select

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
- \* R68 - 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

Select



## Procedure Code Results

### 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**  
86635 - 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

## Upload Proof of Payment

### 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.

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CHPW Member Portal

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## 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>	

## 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**

No file chosen

Only one file attachment is allowed

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>	

Servicing Information

\* Date Of Service

09/03/2024

\* Diagnosis Code

M04.9

\* Procedure Code

86638 - ANTIBODY; COXIELLA BURNETII (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

Date of Service	Diagnosis Code	Procedure Code	Proof of Payment	File Name	Action
09/01/2024	D59.9	0044U	superbill	Claims_001.pdf View	
09/03/2024	M04.9	fever	diagnosis bill	Claims_002.pdf View	

Clear

Submit



## Delete Claim

Servicing Information

\* Date Of Service

09/03/2024

\* Diagnosis Code

M04.9

\* Procedure Code

86638 - ANTIBODY: COXIELLA BURNETII (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 <a href="#">View</a>	

Clear

Submit

## Confirmation Message

Quick Links

Dashboard

Authorizations & Referrals

My Benefits

Claims

My Claims Summary

Submit a Claim

Find a Doctor

Member Self Services

Profile Management

Member Resources

\* 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

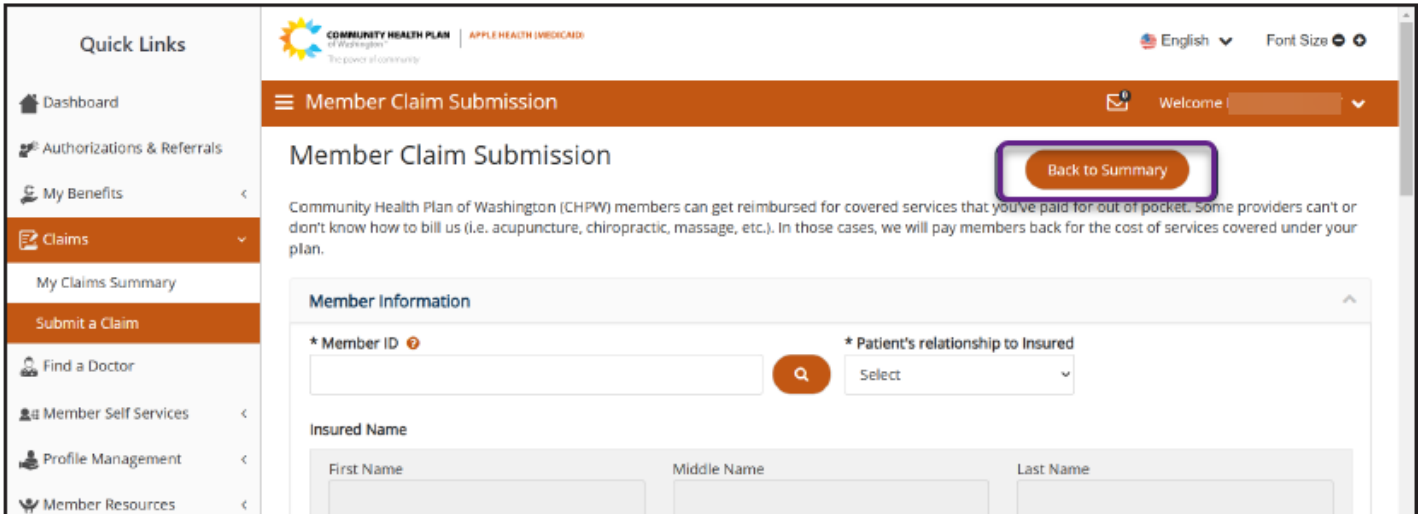
Add Claim

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

## Screens—Return to View Claims



**Quick Links**

- Dashboard
- Authorizations & Referrals
- My Benefits
- Claims**
- My Claims Summary
- Submit a Claim
- Find a Doctor
- Member Self Services
- Profile Management
- Member Resources

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The power of community

English Font Size

**Member Claim Submission** Welcome

**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.

[Back to Summary](#)

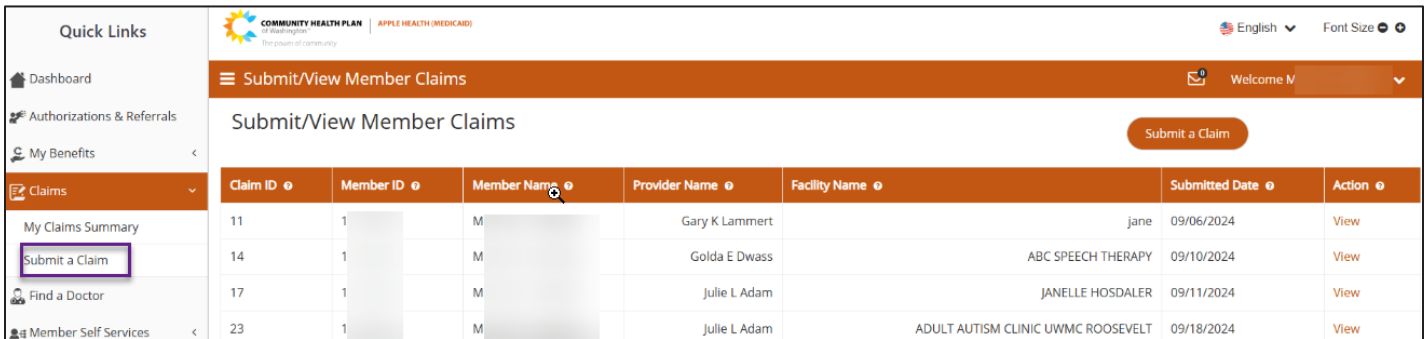
**Member Information**

\* Member ID

\* Patient's relationship to Insured

**Insured Name**

First Name  Middle Name  Last Name



**Quick Links**

- Dashboard
- Authorizations & Referrals
- My Benefits
- Claims**
- My Claims Summary
- Submit a Claim
- Find a Doctor
- Member Self Services

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**Submit/View Member Claims** Welcome M

**Submit/View Member Claims** [Submit a Claim](#)

Claim ID	Member ID	Member Name	Provider Name	Facility Name	Submitted Date	Action
11	1	M	Gary K Lammert	jane	09/06/2024	<a href="#">View</a>
14	1	M	Golda E Dwass	ABC SPEECH THERAPY	09/10/2024	<a href="#">View</a>
17	1	M	Julie L Adam	JANELLE HOSDALER	09/11/2024	<a href="#">View</a>
23	1	M	Julie L Adam	ADULT AUTISM CLINIC UWMC ROOSEVELT	09/18/2024	<a href="#">View</a>

## Step-by-Step Instructions

### 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. You can choose to search for a Provider Name.**

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. Enter the *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. You must complete the *Proof of Payment* field.**

For example, you can type “receipt” or “superbill.”

**6. Upload your Proof of Payment file.**

Upload your Proof of Payment. The following file formats should be supported: .pdf, .tiff, .tif, .png, .jpeg, .jpg, .bmp files

- .pdf
- .tiff
- .tif
- .png
- .jpeg
- .jpg
- .bmp

**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 **Back to Summary** button to return to the Submit/View Member Claims screen.
- Click the **View** option in the **Action** column to display a snapshot of the submitted claim.

- Click the ***Submit a Claim*** button to return to the Member Claim Submission screen.
- It may take up to 5 business days until you can see your claim in the View Claims section of the portal.
- Go to the next section of this manual below for instructions on how to view ***claims submitted by your provider***.

## How to View Provider-Submitted Claims and EOBs










You can view claims **submitted by your provider**, and the EOBs (explanation of benefits) associated with the claims, in the myCHPW member portal. Follow these step-by-step instructions to see your medical claims and their associated EOBs. You can view **claims that you submitted** by following the instructions on the previous pages.

### Before You Begin

Log in to the myCHPW member portal and start from your Member Dashboard. You can view a summary of your claims on your dashboard, and you can use the Advanced Search to search for claims by a date of service range.

### Screens

#### Member Dashboard – Quick Links

Quick Links	
 Dashboard	
 Authorizations & Referrals	
 My Benefits	<
 Claims	▼
My Claims Summary	
Submit a Claim	
 Find a Doctor	
 Member Self Services	<
 Profile Management	<
 Member Resources	<
 Treatment Cost Calculator	



## Claims Summary – Search/Search Results

My Claims Summary

Welcome NANC Shubam

### My Claims Summary

Processed & In Process Claims.

Claims in

Search By: All

Advanced Search

Export as

Claim Number	Provider	Date of Service	Amount Billed	Your Plan Paid	Plan Discount	Deductible	Your Responsibility	Claim Type	Status
217	LII	04/20/2022	\$605.82	\$134.49	\$471.33	\$0.00	\$0.00	Professional	Processed
218	LII	12/20/2021	\$605.82	\$127.79	\$478.03	\$0.00	\$0.00	Professional	Processed
216	PF	11/29/2021	\$48.00	\$16.43	\$31.57	\$0.00	\$3.29	Professional	Processed
219	LII	11/20/2021	\$605.82	\$127.79	\$478.03	\$0.00	\$0.00	Professional	Processed
218	UI	10/28/2021	\$248.00	\$143.86	\$104.14	\$0.00	\$40.00	Professional	Processed
211	LII	10/20/2021	\$605.82	\$127.79	\$478.03	\$0.00	\$0.00	Professional	Processed
215	NE	10/11/2021	\$76.00	\$72.89	\$3.11	\$0.00	\$0.00	Professional	Processed
212	QI	10/01/2021	\$725.00	\$463.87	\$261.13	\$0.00	\$46.98	Professional	Processed
213	M	09/21/2021	\$0	\$0.00	\$0.00	\$0.00	\$0.00	Professional	Processed
216	LII	09/20/2021	\$605.82	\$127.79	\$478.03	\$0.00	\$0.00	Professional	Processed

Showing 1 - 10 of 430 Claims

10 Per Page

1

2

3

4

5

>

>>

## Claims Summary – Advanced Search Criteria

Advanced Search

Service Date From

Service Date To

Clear

Search



## Claim Details page

Export as

CHPW Member ID	Patient Name	Gender	Date of Birth	Address
1 .01	N		1	9

Plan

CHPW MA Plan 3 (HMO)(008)

Coverage Group

CMSSPONSORED

IPA

Healthpoint

Amount Billed :\$605.82

Patient Responsibility

\$0.00

Plan Discount

\$471.33

Plan Paid

\$134.49

Patient Responsibility

\$0.00

Withhold Amount

\$0.00

Provider Information

Provider NPI

Provider Type

DMEPOS

Provider Name

VISITED	Claim #	Authorization #	Date of Service	Overall Processing Status
	2 .7		04/20/2022	Processed

Claim Details

From Date of Service & To Date of Service	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	Provider Write Off	Co-Pay Amount	Co-Ins Amount/Code	Deduct Amount/Code	Not Covered Amount/Code	Plan Discount	Patient Responsibility	Other Carrier Amount	Withhold Amount	Interest Amount	Total Amo Paid
04/20/2022 04/20/2022	RR		1	1.0	12		Payable	Paid			\$86.31	\$22.16   PFEE5	\$64.15	\$0.00	\$0.00	\$0.00	\$0.00	\$64.15	\$0.00	\$0.00	\$0.00	\$0.00	\$22
04/20/2022 04/20/2022	RR		0	1.0	12		Payable	Paid			\$519.51	\$112.33   PFEE5	\$407.18	\$0.00	\$0.00	\$0.00	\$0.00	\$407.18	\$0.00	\$0.00	\$0.00	\$0.00	\$112

Showing 1 - 2. of 2. Claim Details 5 Per Page

View EOB

Send Inquiry to CSR

View Benefits and Balances



## Step-by-Step Instructions

### Start on your Member Dashboard

1. Click the **My Claims Summary** quick link.

The **My Claims Summary** page is displayed.

### My Claims Summary Page

2. Enter the desired search criteria.

**Tip!** Click the **Advanced Search** button for additional search options.

3. Click the **Search** button.

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

4. **Optional: 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 information in PDF format.

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

The **Claim Detail** page is displayed.

### Claim Detail Page

6. View the Claim Detail information.

### What's next...

7. If you are a member of any CHPW plan, you can:

- **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 in PDF format.
- **Select the horizontal scroll bar** to view information about your claim.
- **Hover your cursor over the Procedure Code** to see detail about the procedure or service that was performed.
- **Click the *Inquiry to Customer Service* button** at the bottom of the page to send a secure message about the claim to the Customer Service team.
- **Click the *View Benefits and Balances* button** at the bottom of the page to open the **Medical Coverage** page.

8. If you are a member of a CHPW Medicare Advantage or Cascade Select plan, you can:

Click the **View EOB** button at the bottom of the page to display the Explanation of Benefits associated with the claim. (Members on a CHPW Medicaid plan usually do not receive an EOB.)

## 6 Find/Rate A Doctor

### How to Find a Doctor

Follow these step-by-step instructions to search for a doctor/medical professional, hospital, facility, behavioral health or DME (durable medical equipment) supplier using **Find A Doctor**.

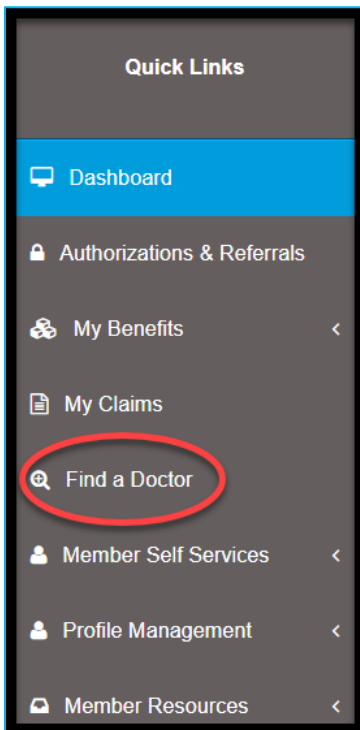
#### *Before You Begin*

Log in to the member portal and start from the **Member Dashboard**.

#### *Screens*

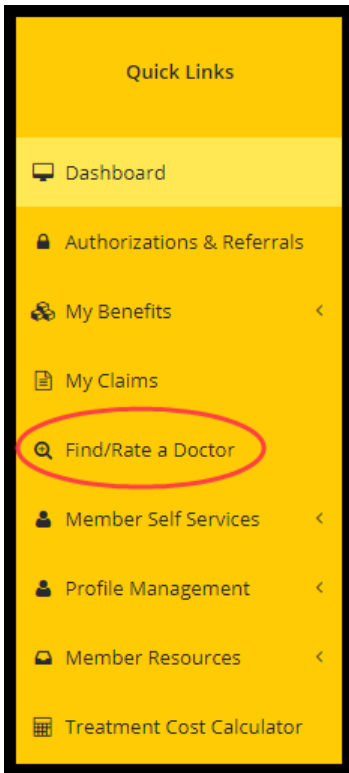
##### **Member Dashboard – Quick Links**

As previously noted, you may have different colored portal pages depending on your plan.



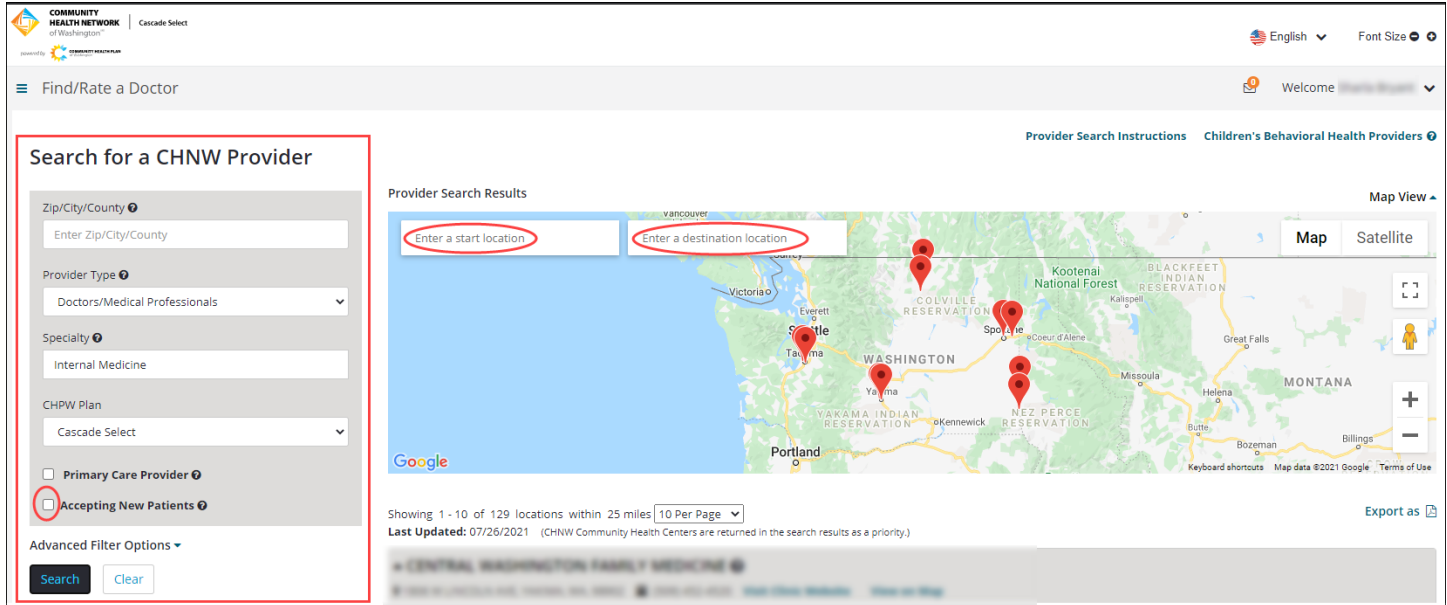
### ***Member Dashboard – Quick Links***

As previously noted, you may have different colored portal pages depending on your plan.



## Quick Search

When the **Find A Doctor** search page displays it will return results based on these default values: Doctors/Medical Professionals, your provider network, and within a 5-mile radius of your home address. You will see a pin on the map for each location found. To view a specific location, select the View on Map link in the search results. Search results will display below the map.



**COMMUNITY HEALTH NETWORK of Washington** | Cascade Select

Find/Rate a Doctor

English | Font Size

Welcome

**Search for a CHNW Provider**

Zip/City/County  
Enter Zip/City/County

Provider Type  
Doctors/Medical Professionals

Specialty  
Internal Medicine

CHPW Plan  
Cascade Select

☐ Primary Care Provider

☐ Accepting New Patients

Advanced Filter Options

Search Clear

**Provider Search Results**

Enter a start location Enter a destination location

Map View

Map Satellite

Showing 1 - 10 of 129 locations within 25 miles 10 Per Page

Last Updated: 07/26/2021 (CHNW Community Health Centers are returned in the search results as a priority.)

CENTRAL WASHINGTON FAMILY MEDICINE



## Search Results

Showing 1 - 10 of 129 locations 10 Per Page ▼  
**Last Updated:** 07/26/2021 (CHNW Community Health Centers are returned in the search results as a priority.) Export as

**▲ CENTRAL WASHINGTON FAMILY MEDICINE**   
1806 W LINCOLN AVE, YAKIMA, WA, 98902 (509) 452-4520 [Visit Clinic Website](#) [View on Map](#)

Nora Kirschner, MD  
★★★★☆   
[View Member Comments](#)

[Rate Provider](#)

<b>Gender</b> Female	<b>Accepting New Patients</b> Yes	<b>Specialty</b> Internal Medicine	<b>Areas Of Expertise</b> Not Available
<b>Extended Hours</b> No	<b>Urgent Care Facility</b> No	<b>Board Certification</b> Not Available	<b>Primary Care Provider</b> No
<b>Limitations</b> No Limitations	<b>Languages Spoken by Clinical Staff</b> Hebrew, Spanish	<b>Provider Languages Spoken</b> Hungarian	<b>Telehealth</b> No
<b>Interpretation Services</b> Please call clinic to verify	<b>ADA Accessibility</b> Yes	<b>Accessibility Details</b> <b>Parking</b> Exterior Building Interior Building  Restroom	

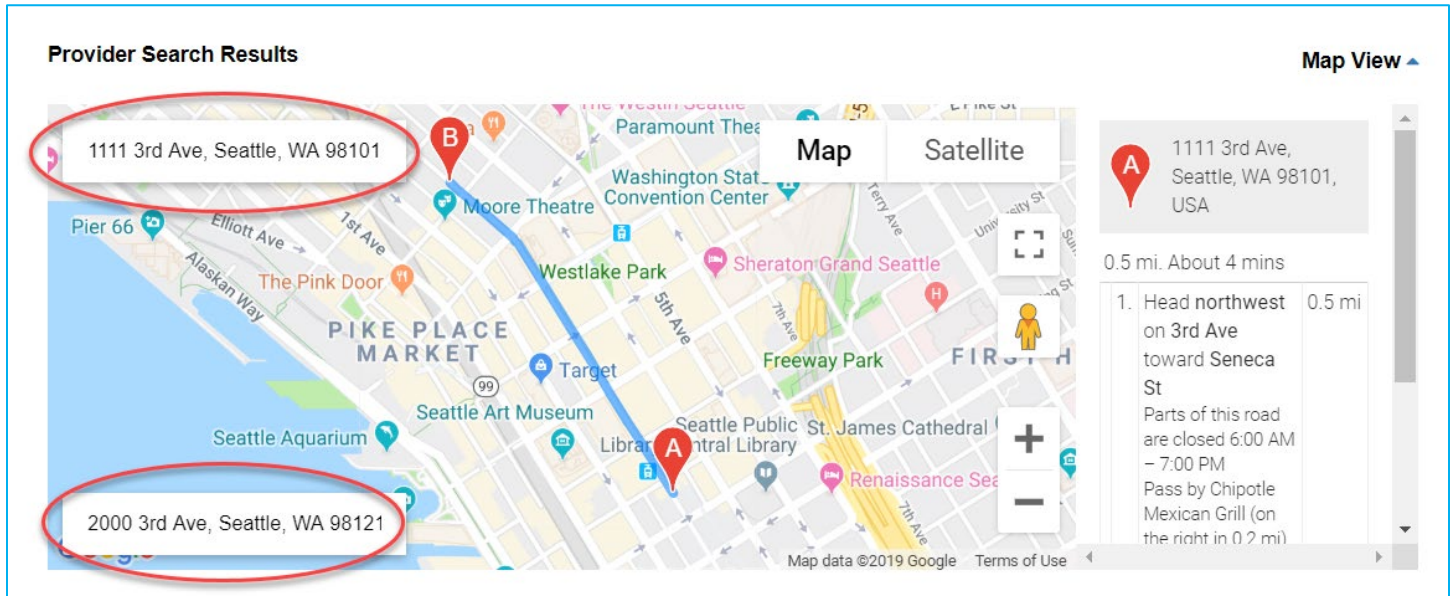
[Additional Details](#)

<b>Medical Group Affiliations</b> Community Health Of Central Washington	<b>Hospital Affiliations</b> Olympic Medical Center, YAKIMA VALLEY MEMORIAL HOSPITAL, SHC Medical Center Yakima	
---	--	--

[Click to report error](#)

## Map View

A map displays next to the quick search fields at the top of the search results. It shows you directions and the route. The map view defaults to an expanded view.



### Advanced Filter Options

Here you can refine your search. Enter information into any of the fields, choose a specific drop-down selection and/or select any of the checkboxes. Some of the fields show 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 ?

2000 n parklane ave, Ellensburg, WA, 98926

☐ Board Certification ?

☐ ADA Accessibility ?

☐ Telehealth ?


☐ Urgent Care Facility ?

☐ Extended Hours ?

☐ Interpretation Services ?

### ***Search by Address***

The **Search by Address** allows you to search using an address other than your default home address.

**Search by Address** 

Address 1:

Address 2:

City:

State:  

Select ▼

Zip Code:

Done



## Step-by-Step Instructions

### Start on your Member Dashboard

#### 1. Click the **Find A Doctor** quick link.

The **Find A Doctor** page displays. The returned results will be based on the default values of Doctors/Medical Professionals within a 5-mile range from your home address.

### 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 you can see more search criteria.

#### 3. **Provider Search Instructions.**

Select the **Provider Search Instructions** link, located at the top right of the search results page, to learn how to use the search function.

#### 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 icon ▼, to see more **Advanced Filter Options**. The fields that display here are based on the Provider Type selected. Select the up arrow ▲ to collapse the section.

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

**Search Within** works together with the **Search by Address** ONLY when a complete address is entered.

#### 7. **Search Results.**

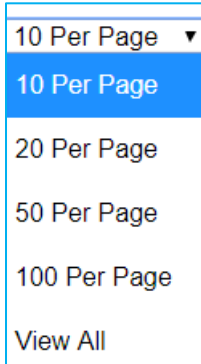
The search results are displayed below the map. The first result will default to expanded view ▲. Each time a new section is selected the previous section will collapse.

**Tip!** Click **Additional Details** in the detail section to see more.

**Note:** CHPW Community Health Centers will appear first in the search results.

## 8. Showing 1-10 of [total number of] locations.

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



10 Per Page ▾  
10 Per Page  
20 Per Page  
50 Per Page  
100 Per Page  
View All

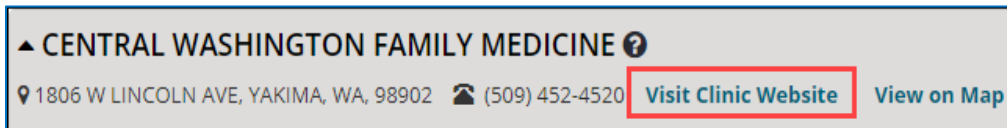
## 9. Last Date Updated.

The last date the Provider Directory was updated will show at the top left of the search results detail page.

**Last Updated:** 07/26/2021

## 10. Visit Clinic Website.

If available, the website link will display. Select it to go to the clinic's website.




▲ CENTRAL WASHINGTON FAMILY MEDICINE ⓘ  
📍 1806 W LINCOLN AVE, YAKIMA, WA, 98902 📞 (509) 452-4520 [Visit Clinic Website](#) [View on Map](#)

## 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.




▲ CENTRAL WASHINGTON FAMILY MEDICINE ⓘ  
📍 1806 W LINCOLN AVE, YAKIMA, WA, 98902 📞 (509) 452-4520 [Visit Clinic Website](#) [View on Map](#)

## 12. Print Map Directions.

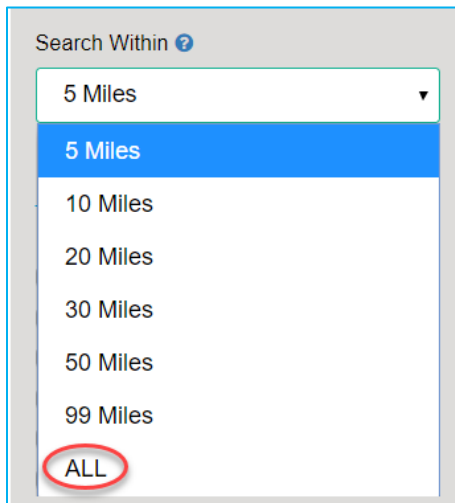
Select this to print directions from the specified location to the desired location.

### 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 in PDF format.

**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 drop-down 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 error link.

This link has instructions on how to report an error.

[Click to report error](#)

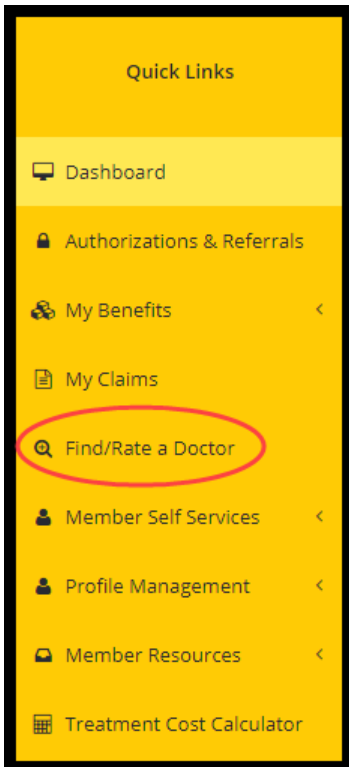
## How to Rate a Doctor

Follow these step-by-step instructions to rate a doctor.

### Screens

#### **Member Dashboard – Quick Links**

As previously noted, you may have different colored portal pages depending on your plan.



## Step-by-Step Instructions

### Start on your Member Dashboard

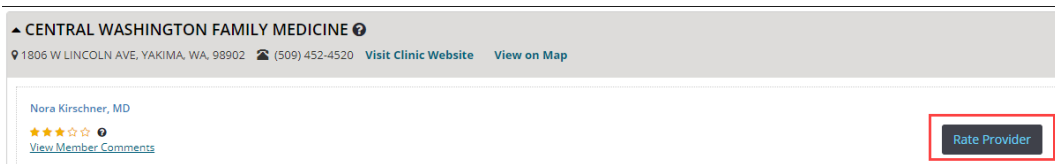
#### 1. Click the **Find/Rate A Doctor** quick link.

The **Find/Rate A Doctor** page displays. Enter search criteria to find the doctor you would like to add a rating for.

### Rate a Doctor

#### 2. Rate a doctor.

a. Click the **Rate Provider** button displayed under the provider's name and to the far right.

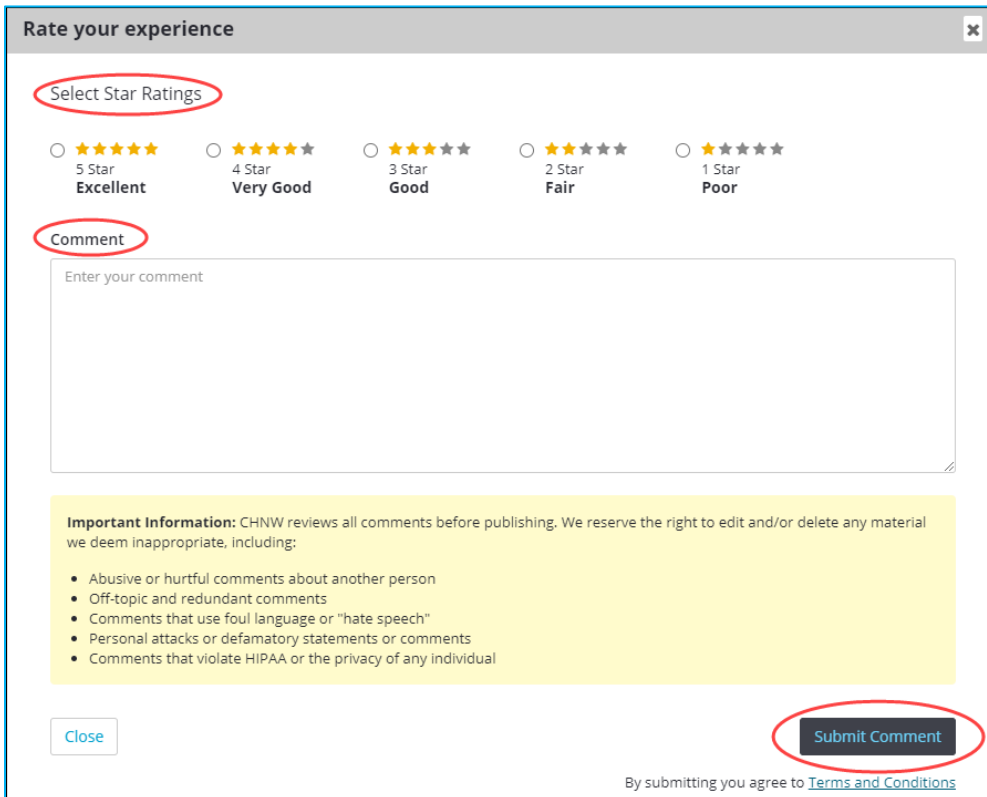


▲ CENTRAL WASHINGTON FAMILY MEDICINE ⓘ  
1806 W LINCOLN AVE, YAKIMA, WA, 98902 (509) 452-4520 Visit Clinic Website View on Map

Nora Kirschner, MD  
★★★★☆ ⓘ  
[View Member Comments](#)

Rate Provider

b. The **Rate your experience** window will display. You can select a star rating, out of 5 stars, and enter a comment in the **Comment** box.



Rate your experience

Select Star Ratings

☐ ★★★★★ 5 Star Excellent  
☐ ★★★★☆ 4 Star Very Good  
☐ ★★★☆☆ 3 Star Good  
☐ ★★☆☆☆ 2 Star Fair  
☐ ★☆☆☆☆ 1 Star Poor

Comment

Enter your comment

**Important Information:** CHNW reviews all comments before publishing. We reserve the right to edit and/or delete any material we deem inappropriate, including:

- Abusive or hurtful comments about another person
- Off-topic and redundant comments
- Comments that use foul language or "hate speech"
- Personal attacks or defamatory statements or comments
- Comments that violate HIPAA or the privacy of any individual


Close Submit Comment

By submitting you agree to [Terms and Conditions](#)


c. When finished, select the **Submit Comment** button.

### 3. View ratings and comments of other members.


- a. Expand the provider listing and the system will display the stars in gold, 1 out of 5, under the provider's name.


**CENTRAL WASHINGTON FAMILY MEDICINE** ⓘ


1806 W LINCOLN AVE, YAKIMA, WA, 98902 (509) 452-4520 [Visit Clinic Website](#) [View on Map](#)

Nora Kirschner, MD  
 ⓘ  
[View Member Comments](#) Rate Provider

- b. You can view other member comments by clicking on the **View Member Comments** hyperlink below the star rating.


**CENTRAL WASHINGTON FAMILY MEDICINE** ⓘ

1806 W LINCOLN AVE, YAKIMA, WA, 98902 (509) 452-4520 [Visit Clinic Website](#) [View on Map](#)

Nora Kirschner, MD  
 ⓘ  
[View Member Comments](#) Rate Provider

- c. When no rating exists, the system will display "No Rating" and disable the View Member Comments link.

Janice Boughton, MD  
 ⓘ  
[View Member Comments](#) Rate Provider

## 7 Member Self-Service

### Request ID Card

#### How to View, Download, or Print Your ID Card

Follow these step-by-step instructions to order a copy of your Health Plan ID card.

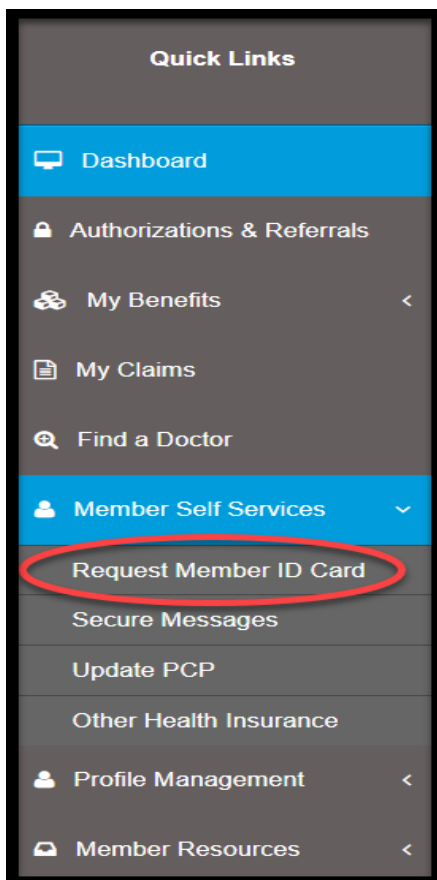
##### *Before You Begin*

**Note:** You will see only your own ID card.

##### *Screens*

##### **Member Dashboard – Quick Links**

As previously noted, you may have different colored portal pages depending on your plan.



## *Step-by-Step Instructions*

### **Start on your Member Dashboard**

1. Click the **Member Self Services >> Request Member ID Card** quick links option.

The **CHPW Member Center webpage** is displayed. Note that this is different than the myCHPW Member Portal.

### **Member Center Login Page**

2. **Login to the Member Center.**

You will need to use your CHPW Member Center User ID and Password for Member Center Login. After you log in, follow the onscreen instructions to print your ID card.



## Secure Messages

You can send and receive **Secure Messages** through your myCHPW member portal account. Secure messages are like email, but they can be accessed only within the myCHPW member portal. This keeps your health information secure. You can use the secure messaging feature to contact the CHPW Customer Service team.

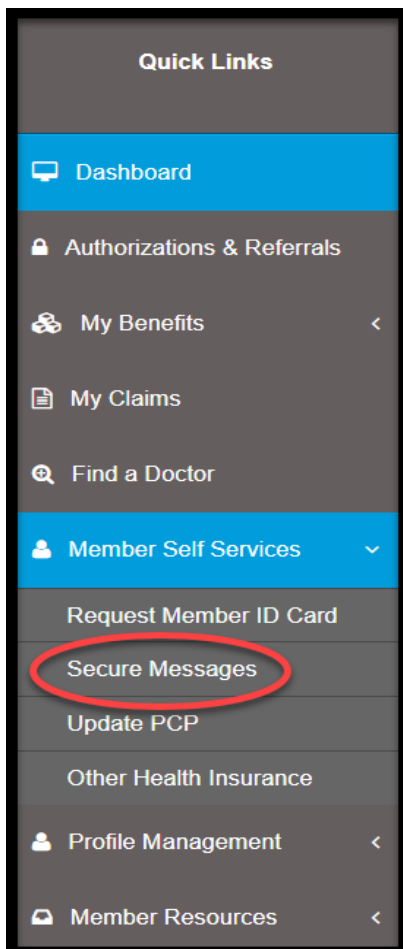
## How to View Your Secure Messages

### *Before You Begin*

Log in to the myCHPW member portal and start from your **Member Dashboard**.

### *Screens*

#### **Member Dashboard – Quick Links**





## Secure Message Page

Secure Messages

Welcome William Smith

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 Health-Gen

Ref ID		Submission Date	Last Activity Date	Subject	Submitted ID/Name	Submitter
<a href="#">12445</a>		11/13/2018	11/13/2018	CLAIMS/ CLAIMS REQUEST ADJUSTMENT	emp1@vol.com/William Smith	10002790
<a href="#">12438</a>		11/10/2018	11/10/2018	AUTHORIZATIONS/REFERRALS	emp1@vol.com/William Smith	10002790
<a href="#">12437</a>		11/10/2018	11/10/2018	CLAIMS/ CLAIMS REQUEST ADJUSTMENT	emp1@vol.com/William Smith	10002790
<a href="#">12417</a>		11/07/2018	11/07/2018	RELEASE OF INFORMATION HIPAA DESIGNATION	emp1@vol.com/William Smith	10002790
<a href="#">12416</a>		11/07/2018	11/07/2018	CLAIMS/ CLAIMS REQUEST ADJUSTMENT	emp1@vol.com/William Smith	10002790
<a href="#">12414</a>		11/06/2018	11/06/2018	CLAIMS/ CLAIMS REQUEST ADJUSTMENT	emp1@vol.com/William Smith	10002790
<a href="#">12413</a>		11/05/2018	11/05/2018	CLAIMS/ CLAIMS REQUEST ADJUSTMENT	emp1@vol.com/William Smith	10002790
<a href="#">12412</a>		11/02/2018	11/02/2018	OTHER HEALTH INSURANCE -COB	emp1@vol.com/William Smith	10002790
<a href="#">12411</a>		11/02/2018	11/02/2018	CLAIMS/ CLAIMS REQUEST ADJUSTMENT	emp1@vol.com/William Smith	10002790
<a href="#">12410</a>		11/02/2018	11/02/2018	APPEAL	emp1@vol.com/William Smith	10002790

Showing 1 - 10 of 12 Records

10 Per Page

1

2

>

>>



## Message Detail Page

Secure Messages

William Smith

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

**Details**

**Reference ID:** 15607

**Status:** New

**Message Type:** CSR Message

**Subject:** ID Cards

**Subscriber ID:** MBR07

**Message By:** 34461/William Smith

**Submit Date:** 08/21/2018

[59180\\_Not Fixed.docx](#)

Original Message

DGDG DHDH DJJD SHSH EEY EY IWI DDHDDHDDH

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

No history available

## Step-by-Step Instructions

### Start on your Member Dashboard

1. Click the **Member Self Services >> 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 displayed per page using the controls just below the table.

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

Filter your list of secure messages by entering what you want to see in the search fields at the top of the page, then clicking the blue search button.

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...**

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

Optional: **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 myCHPW member portal and start from your Dashboard.

### 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:

Ref ID:  All  All  Last 30 Days

This message has been viewed by Health-Gen

Ref ID	Submission Date	Last Activity Date	Subject	Submitted ID/Name	Submitter
15609 New	08/21/2018	08/21/2018	Claims	emp1@vol.com/William Smith	MBR07
15608 New	08/21/2018	08/21/2018	Authorizations	emp1@vol.com/William Smith	MBR07
15607 New	08/21/2018	08/21/2018	ID Cards	emp1@vol.com/William Smith	MBR07
15606 New	08/21/2018	08/21/2018	Other Health Insurance -COB	emp1@vol.com/William Smith	MBR07
15603 New	08/17/2018	08/17/2018	Appeal	emp1@vol.com/William Smith	MBR07

Showing 1 - 5 of 73 Records 5 Per Page

1 2 3 4 5 > >>

#### Compose Message Page

Secure Messages

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

**Details**

Reference ID:  Subscriber ID: MBR07

Status: New Message By: emp1@vol.com/William Smith

Message Type: CSR Message

Subject:  Select

Message

Enter up to 4000 characters

Select a file to Upload

Choose File No file chosen

Upload

Only one file attachment is allowed

Send Cancel

## Step-by-Step Instructions

### Start on your Member Dashboard

1. Click the **Member Self Services >> 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 Messages Page

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

You can attach a file to your response before you send it by clicking the **Choose File** option. Locate the file you want to attach, 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 a 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.

## Update Your PCP

Follow these step-by-step instructions to **Update Your PCP**.

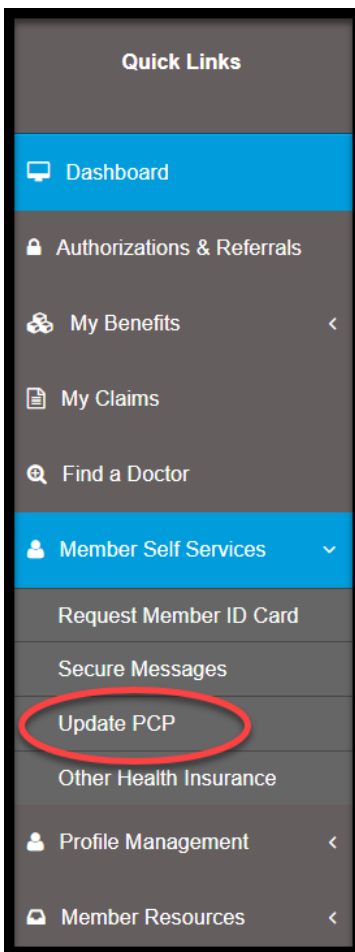
## How to Update Your PCP

### *Before You Begin*

Log in to the myCHPW member portal and start from your **Member Dashboard**.

### *Screens*

#### **Member Dashboard – Quick Links**



## *Step-by-Step Instructions*

### **Start on your Member Dashboard**

1. Click the ***Member Self Services >> Update PCP*** quick links option.

The **CHPW Member Center webpage** is displayed. Note that this is different than the myCHPW Member Portal.

### **Member Center Login Page**

2. **Login to the Member Center.**

You will need to use your CHPW Member Center User ID and Password for Member Center Login. After you log in, follow the onscreen instructions to update your PCP.



## Other Health Insurance

### What is “other health insurance” (OHI)?

Some members have more than one insurance plan. That’s ok. Tell us about any other health insurance (OHI) you may have. Don’t worry, it doesn’t change your CHPW benefits in any way.

You could have coverage with more than one health insurance company or agency, or more than one health insurance plan with the same company. For example, you might have coverage through Original Medicare and a CHPW Medicare Advantage plan. Or you could have a CHPW Medicare Advantage plan and the CHPW Behavioral Health Services Only (BHSO) plan. Or maybe you have coverage through both CHPW and a different health insurance company.

By keeping us up to date on any changes in your insurance, you’re helping us process and pay for your health care services more quickly and accurately with that other health plan. It’s called Coordination of Benefits (COB).

When you’re covered by more than one health plan, one plan is the “primary payer” and the other plan is the “secondary payer.” The primary payer pays first, up to their coverage amounts/limits. The claim is then sent to the secondary payer for additional payment consideration if there are costs that the primary payer didn’t cover.

If you’re trying to get a medical service paid for by CHPW, and it’s denied because of your other insurance, your doctor may be billing your insurance carriers in the wrong order. When you have other coverage, CHPW may not be the primary payer. When CHPW is the secondary payer, we usually require an explanation of benefits (EOB) or a letter from the primary payer.

If your other insurance coverage ends, let us know. If your medical services are being denied because of other health insurance, and that other plan has been canceled, we probably don’t have the most up to date information.

### What if I don’t know if I have other health insurance, or I have OHI and I don’t know which insurance is primary?

That’s ok. CHPW works with a vendor to identify when CHPW members have other health insurance, including Medicare coverage, and when the other insurance ends. We then update our systems to help make sure we have the most current information so that claims for CHPW members are processed appropriately.

### What should I do if I have OHI and CHPW denied my claim because I didn’t have an explanation of benefits (EOB) from my other plan?

First, we recommend that you check your OHI information in the myCHPW portal. You can also call us:

- CHPW Apple Health Customer Service, (800) 440-1561
- CHPW Medicare Advantage Customer Service, (800) 942-0247
- CHPW Individual & Family Cascade Select Customer Service, (866) 907-1906

Follow these step-by-step instructions to view or update **Other Health Insurance** in the myCHPW portal.

## How to Report Other Health Insurance

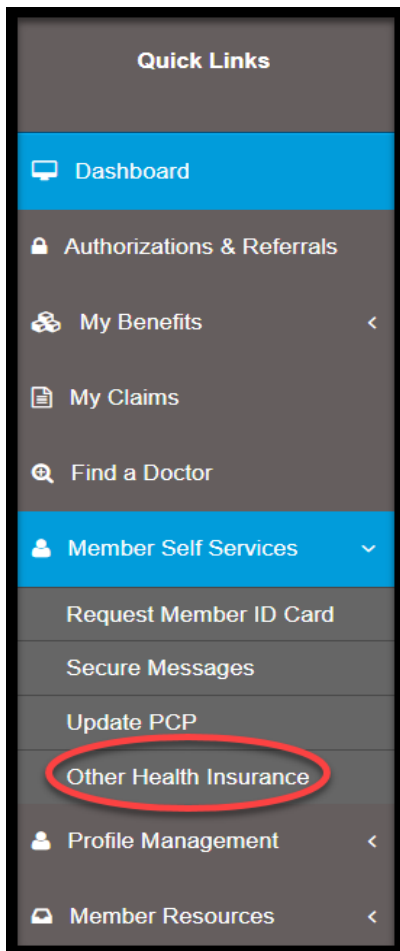
### *Before You Begin*

Log in to the myCHPW member portal and start from your **Member Dashboard**.

### *Screens*

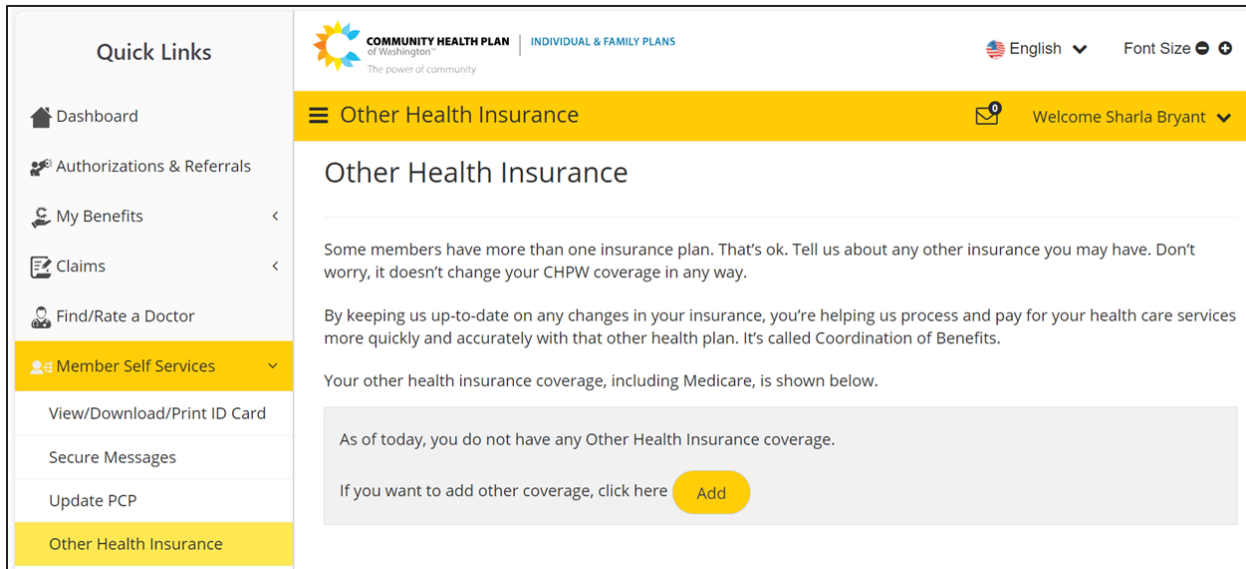
#### **Member Dashboard – Quick Links**

As previously noted, you may have different colored portal pages depending on your plan.



## Other Health Insurance Screen Without Existing OHI—Individual & Family Cascade Select

If you don't have other insurance, the **Other Health Insurance** screen will look like this:



**Quick Links**

- Dashboard
- Authorizations & Referrals
- My Benefits
- Claims
- Find/Rate a Doctor
- Member Self Services**
- View/Download/Print ID Card
- Secure Messages
- Update PCP
- Other Health Insurance

**COMMUNITY HEALTH PLAN of Washington™** | INDIVIDUAL & FAMILY PLANS

English Font Size

**Other Health Insurance** Welcome Sharla Bryant

### Other Health Insurance

Some members have more than one insurance plan. That's ok. Tell us about any other insurance you may have. Don't worry, it doesn't change your CHPW coverage in any way.

By keeping us up-to-date on any changes in your insurance, you're helping us process and pay for your health care services more quickly and accurately with that other health plan. It's called Coordination of Benefits.

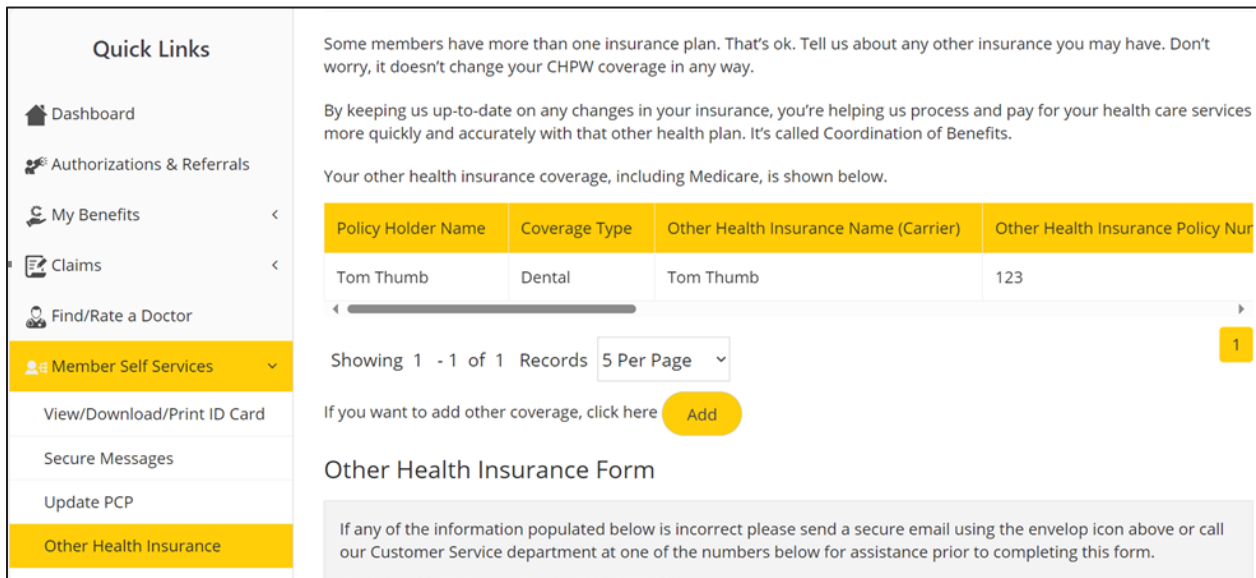
Your other health insurance coverage, including Medicare, is shown below.

As of today, you do not have any Other Health Insurance coverage.

If you want to add other coverage, click here [Add](#)

## Other Health Insurance Screen with Existing OHI—Individual & Family Cascade Select

If you have other insurance on file with us, the **Other Health Insurance** screen will look like this (but with your name instead of the "Tom Thumb" example):



**Quick Links**

- Dashboard
- Authorizations & Referrals
- My Benefits
- Claims
- Find/Rate a Doctor
- Member Self Services**
- View/Download/Print ID Card
- Secure Messages
- Update PCP
- Other Health Insurance

Some members have more than one insurance plan. That's ok. Tell us about any other insurance you may have. Don't worry, it doesn't change your CHPW coverage in any way.

By keeping us up-to-date on any changes in your insurance, you're helping us process and pay for your health care services more quickly and accurately with that other health plan. It's 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
Tom Thumb	Dental	Tom Thumb	123

Showing 1 - 1 of 1 Records 5 Per Page

If you want to add other coverage, click here [Add](#)

### Other Health Insurance Form

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.

## View OHI Details

You'll also have the option to **View** the details of your other insurance:

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

Coverage Effective Date Medicare Part B ▼	Coverage Term Date	Term Reason	Processing Status	Action
			Submitted	View

Showing 1 - 1 of 1 Records 5 Per Page ▼

If you want to add other coverage, click here [Add](#)

## Other Health Insurance Form—Individual & Family Cascade Select

[My Benefits](#)
[Claims](#)
[Find/Rate a Doctor](#)
[Member Self Services](#)
[View/Download/Print ID Card](#)
[Secure Messages](#)
[Update PCP](#)
[Other Health Insurance](#)
[Member Premium](#)
[Profile Management](#)
[Member Resources](#)
[Treatment Cost Calculator](#)

Medical / Dental / Vision
Medicare

**\* Coverage Type**

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

☐ Medical
☐ Dental
☐ Vision

**Carrier Information**

**\* Other Health Insurance Name (Carrier)**

**Order of Coverage**

**Carrier Type**

**Policy Holder / Insured Information**

**\* Policy Holder Name**

**\* Policy Holder Date of Birth**

## Confirmation—Individual & Family Cascade Select

### Quick Links

- Dashboard
- Authorizations & Referrals
- My Benefits
- Claims
- Find/Rate a Doctor
- Member Self Services
  - View/Download/Print ID Card
  - Secure Messages
  - Update PCP
  - Other Health Insurance

### \* Other Family Coverage

Select

Select a file to upload

Choose File | New

Only one file at a time

Proprietary Rights

This material contains confidential information and/or use of this information is restricted to the licensees.

Information and/or use of this information is restricted to the licensees.

The information you have submitted will be reviewed for processing. Once a decision has been made, your request is approved or denied, an email communication will be sent to the email address on file. Your Other Health Coverage will only display in your member portal if your request is approved.

If you have any questions you may send a secure email using the envelop icon above or call our Customer Service department at one of the numbers below.

Apple Health Customer Service 800-440-1561

Medicare Advantage Customer Service 800-942-0247

Cascade Select Customer Service 866-907-1906

Upload

Submit

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## Other Health Insurance Form – Medicare

Quick Links

- Dashboard
- Authorizations & Referrals
- My Benefits
- Claims
- Find a Doctor
- Member Self Services**
- View/Download/Print ID Card
- Secure Messages
- Update PCP
- Other Health Insurance**
- Profile Management
- Member Resources

COMMUNITY HEALTH PLAN of Washington | APPLE HEALTH (MEDICAID)

English Font Size

Welcome M

### Other Health Insurance

Some members have more than one insurance plan. That's ok. Tell us about any other insurance you may have. Don't worry, it doesn't change your CHPW coverage in any way.

By keeping us up-to-date on any changes in your insurance, you're helping us process and pay for your health care services more quickly and accurately with that other health plan. It's 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 End Date
M	Medical	M	123456789A		04/01/2024	

Showing 1 - 1 of 1 Records 5 Per Page

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

**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 Primary Carrier Type Select

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



Medical / Dental / Vision

Medicare

Do you have Medicare coverage?

☒ Yes ☐ No

\* Reason for coverage

☐ Over 65 ☐ Disabled ☐ ESRN ☒ Retired

\* Medicare ID#

\*Hospital Part A: Effective Date

Hospital Part B: Effective Date

Are you receiving Disability Payments?

☐ Yes ☒ No

Are you receiving Social Security Disability Benefits?

☐ Yes ☒ No

If yes, enter as of date

If yes, enter as of date

Select a file to Upload

Choose File | No file chosen

Upload

Only one file attachment is allowed

Clear

Save

Submit

## Step-by-Step Instructions

### Start on your Member Dashboard

1. Click the **Member Self Services >> Other Health Insurance** Quick Links option.

The **Other Health Insurance** screen is displayed.

### Other Health Insurance Screen

2. **Other Health Insurance** screen.

On the **Other Health Insurance** screen, click **Add** if you want to add other coverage.

### Other Health Insurance Form

3. **Other Health Insurance Form** screen.

On the **Other Health Insurance Form** screen, click **either** the **Medical / Dental / Vision** tab **or** the **Medicare** tab.

4. **Fill out** the information on the screen. Required fields are marked with a \*.
5. **Optional:** If you'd like, you can upload one file attachment, such as an Explanation of Benefits (EOB) from your other insurance. Make sure to click **Upload**.
6. Click **Save** when you're done filling out the Other Health Insurance Form.
7. **You'll see a confirmation message. Your information has been updated in our system.**



## 8 Profile Management

You can manage your profile using the myCHPW **Member Dashboard**.

### How to Change Your Address

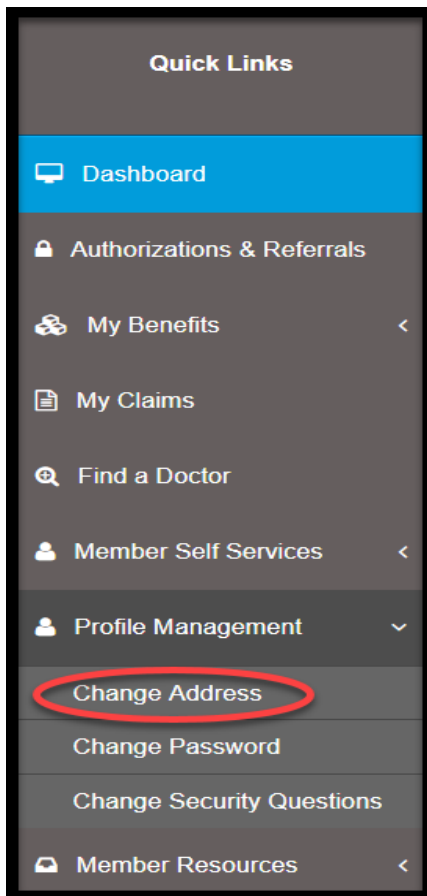
#### *Before You Begin*

Log in to the myCHPW member portal and start from the **Member Dashboard**.

#### *Screens*

##### **Member Dashboard – Quick Links**

As previously noted, you may have different colored portal pages depending on your plan.





## Member Change Address page

Change Address

William Smith

### Member Change Address

Export as  

Enter details below to update your residential and mailing address.

Member Name ⓘ	Member Id ⓘ	Current Residential Address ⓘ	Current Mailing Address ⓘ
Mary Smith (39D67FB4EF6545A49A5211DC4803A7FE)	39D67FB4EF6545A49A5211DC4803A7FE01	123, Main Street Anytown, #122, No.-12-45/33, opp to meadows, Illinois IL, 60416	123, Main Street Anytown, #122, No.-12-45/33, opp to meadows, Illinois IL, 60416

#### New Residential Address

\*Address 1:

Address 2:

City

State Zip

Select

Zip

#### New Mailing Address

☐ Same as New Residential Address

\*Address 1:

Address 2:

City

State Zip

Select

Zip

Submit

Clear Form

## Step-by-Step Instructions

### Start on your Member Dashboard

1. Click the **Profiles Management >> Change Address** quick link.

The **Member Change Address** page is displayed.

### Member Change Address

2. Enter the new address.

**Tip!** If the Residential and Mailing address are the same, click ***Same as residential address*** checkbox in the New Mailing Address section.

3. Submit new address.

If the address submitted cannot be verified a message will display with the Customer Service phone number.

4. You must also contact the following.

#### **IMPORTANT!**

- **Apple Health (Medicaid) members:** Call Washington Healthplanfinder at 1-855-923-4633 to update your address with the state.
- **Individual and Family Cascade Select members:** Call Washington Healthplanfinder at 1-855-923-4633 to update your address with the state.
- **Medicare Advantage members:**
  - Call CHPW Customer Service at 1-800-942-0247. We'll check to make sure you're eligible to continue your current plan if you move to a new county.
  - and—
  - Call Social Security at 800-772-1213 to change your address with Medicare.

## How to Change Your Password

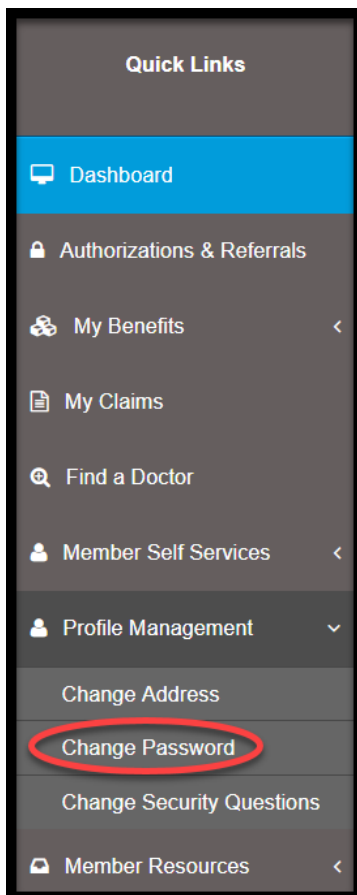
### *Before You Begin*

Log in to the myCHPW member portal and start from the **Member Dashboard**.



### *Screens*

#### **Member Dashboard – Quick Links**

As previously noted, you may have different colored portal pages depending on your plan.



## Change Your Password page

 Change Password  William Smith▼

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 your Member Dashboard

1. Click the *Profiles Management >> Change Password* quick link.

The **Change Password** page is displayed.

### Change Password Fields

2. Enter your current password and new password.

Enter your current password, new password, and confirm new password in the fields provided.

3. Click *Change Password*.

Click the **Change Password** button. A change password confirmation message will display.

4. Login Page

Once your password has been changed you will be redirected to the myCHPW member portal login page.

5. A confirmation email will be sent to your email address.

## How to Change Your Security Questions

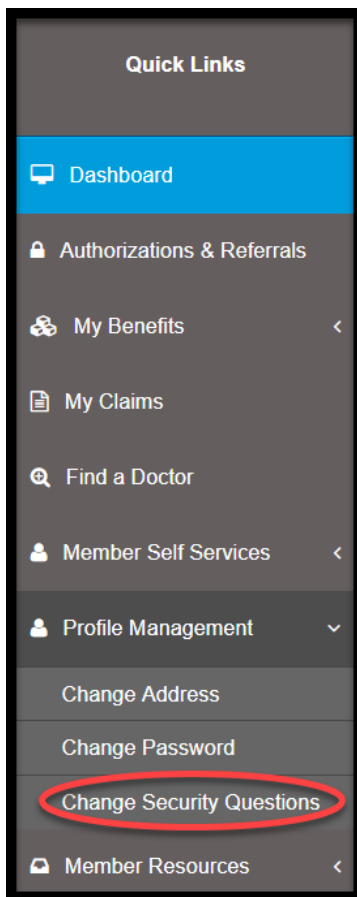
### *Before You Begin*

Log in to the myCHPW member portal and start from the **Member Dashboard**.



### *Screens*

#### **Member Dashboard – Quick Links**


As previously noted, you may have different colored portal pages depending on your plan.





## Change Security Questions page

 Change Security Questions  William Smith▼



Required fields are indicated with asterisk (\*)

\* Enter Current Password  

 Change Security Questions  William Smith▼

Required fields are indicated with asterisk (\*)

*Question 1 <input type="text" value="What is your Mother's Maiden Name?"/>	*Answer 1 <input type="text"/>
*Question 2 <input type="text" value="What was the name of the city you were born in?"/>	*Answer 2 <input type="text"/>
*Question 3 <input type="text" value="What was your childhood pet's name?"/>	*Answer 3 <input type="text"/>



## Step-by-Step Instructions

### Start on your Member Dashboard

1. Click the *Profiles Management >> Change Security Questions* quick link.

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

### Change Security Questions Page – Validate

2. Type your password and click **Validate**.

Enter your current password and click the **Validate** button. You will be taken to your current list of Security Questions.

### Change Security Questions Page – List of Questions

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

You must provide an answer for each security question, even those questions that you didn't change.

Your security question 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.

5. Click **Change Security Questions**.

A confirmation message will display.

6. Click the **Save** button.

The portal will display a success message.

7. Click the **Close** button.

## 9 Member Resources

### How to view More Information about Your Plan and Coverage

### How to view Member Resources

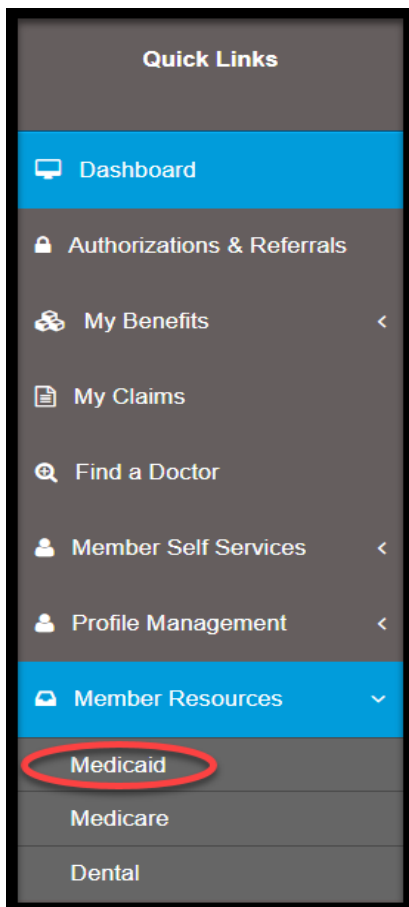
#### *Before You Begin*

Log in to the myCHPW member portal and start from the **Member Dashboard**.

#### *Screens*

##### **Member Dashboard – Quick Links**

As previously noted, you may have different colored portal pages depending on your plan.



## *Step-by-Step Instructions*

### **Start on your Member Dashboard**

1. Click the **Member Resources** >> *[your plan]* quick link.

The appropriate **CHPW webpage** is displayed, depending on your selection. Note that this is a different website than the myCHPW Member Portal.

## 10 Treatment Cost Calculator

The **Treatment Cost Calculator** lets you get cost estimates for services or appointments.

The Treatment Cost Calculator is available for **Medicare Advantage** and **Individual and Family Cascade Select members/plans only**.

### How to Use the Treatment Cost Calculator

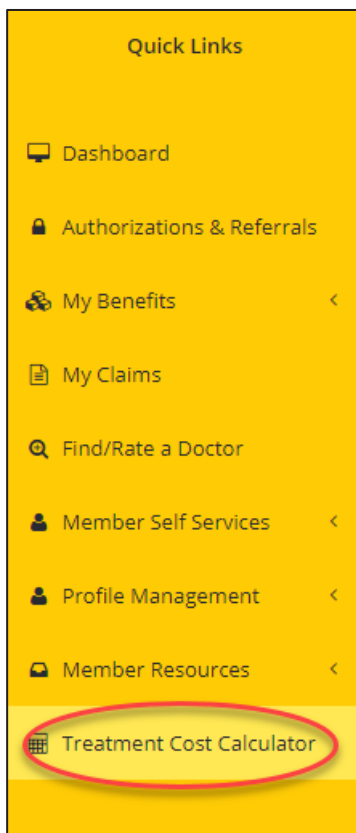
#### *Before You Begin*

Log in to the member portal and start from the **Member Dashboard**.

#### *Screens*

##### **Member Dashboard — Quick Links**

As previously noted, you may have different colored portal pages depending on your plan.



## Treatment Cost Calculator

Treatment Cost Calculator

Search for medical procedure costs by code or description

Treatment Type

Medical

Procedure Description / Code ⓘ

Enter at least 3 characters to search

Search Within

25 Miles ▼

Search by Address

PO BOX 942, LEAVENWORTH, WA, 98826 [Edit Address ▼](#)

Search

Clear

Treatment Cost Calculator

Search for medical procedure costs by code or description

Treatment Type

Medical

Procedure Description / Code ⓘ

99242 - OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 K

Search Within

25 Miles ▼

Search by Address

PO BOX 942, SEATTLE, WA, 98101 [Edit Address ▲](#)

Search

Clear

\*The list below reflects estimated costs from providers in your designated search area – Visit [My Benefits](#) for detailed benefit information.

## Estimated Cost of Treatment Results

**Quick Links**

- Dashboard
- Authorizations & Referrals
- My Benefits
- My Claims
- Find/Rate a Doctor
- Member Self Services
- Profile Management
- Member Resources
- Treatment Cost Calculator

Search by Address

1570 EASY ST, WENATCHEE, WA, 98801 [Edit Address](#)

[Search](#) [Clear](#)

\*The list below reflects estimated costs from providers in your designated search area - Visit [My Benefits](#) for detailed benefit information.

**Estimated Cost of Treatment: \$132.78 \***

Your Remaining Out-of-Pocket Balances

Treatment Type	00142 - ANESTHESIA FOR PROCEDURES	Search Within
Medical	ON EYE; LENS SURGERY	25 Miles

**In-Network Provider**

Remaining Deductible	Remaining Max. Out-of-Pocket	Estimated Cost after Adjustment
\$581.63	\$2021.63	\$132.78

\* CHPW, on behalf of CHNW, developed this tool to help you understand your potential costs for certain services. Neither CHPW nor CHNW guarantee the prices shown are what you will be charged - the costs shown are estimates only. CHPW and CHNW assume no liability for any differences between the prices shown on this site and your actual charges. The inclusion of a particular provider or service is not a guarantee that CHNW will cover the services. If you have questions about your benefit plan or coverage, please call 1-866-907-1906. While we try to provide the

Found 22 Provider Matches

**GARRETT WOLTER**  
In-Network Provider  
(No Rating)

820 N Chelan Ave, Wenatchee, WA, 98801  
(4.2 Miles)

Average Cost	Estimated Cost after Adjustment
\$129.31	\$129.31

[Directions](#) [View Member Comments](#) [Rate Provider](#)

**THERESA LINAM**  
In-Network Provider  
(No Rating)

820 N Chelan Ave, Wenatchee, WA, 98801  
(4.2 Miles)

Average Cost	Estimated Cost after Adjustment

**Quick Links**

- Dashboard
- Authorizations & Referrals
- My Benefits
- My Claims
- Find/Rate a Doctor
- Member Self Services
- Profile Management
- Member Resources
- Treatment Cost Calculator

Search by Address

11133 FORT RD, WHITE SWAN, WA, 98952 [Edit Address](#)

[Search](#) [Clear](#)

\*The list below reflects estimated costs from providers in your designated search area - Visit [My Benefits](#) for detailed benefit information.

**Estimated Cost of Treatment: \$132.78 \***

Your Remaining Out-of-Pocket Balances

Treatment Type	00142 - ANESTHESIA FOR PROCEDURES	Search Within
Medical	ON EYE; LENS SURGERY	25 Miles

**In-Network Provider**

Remaining Deductible	Remaining Max. Out-of-Pocket	Estimated Cost after Adjustment
\$0.00	\$0.00	\$0.00

\* CHPW, on behalf of CHNW, developed this tool to help you understand your potential costs for certain services. Neither CHPW nor CHNW guarantee the prices shown are what you will be charged - the costs shown are estimates only. CHPW and CHNW assume no liability for any differences between the prices shown on this site and your actual charges. The inclusion of a particular provider or service is not a

Found 14 Provider Matches

**SPENCER SOFFE**  
In-Network Provider  
(No Rating)

406 S 30th Ave Ste 202, Yakima, WA, 98902  
(14.9 Miles)

Average Cost	Estimated Cost after Adjustment
\$142.85	\$0.00

[Directions](#) [View Member Comments](#) [Rate Provider](#)

**AARON EASTMAN**  
In-Network Provider  
(No Rating)

406 S 30th Ave Ste 202, Yakima, WA, 98902

## Treatment Cost Calculator

### 1. Estimated Cost of Treatment

This is a national average based on geographic information.

### 2. Average Cost and Estimated Cost After Adjustment

These estimates are specific to the provider(s) you selected.

### 3. Deductible, Out-of-Pocket, and Estimated Cost After Adjustment

These estimates are specific to you and your Medicare Advantage or Individual and Family Cascade Select benefit plan.

You will not pay more than the remaining out-of-pocket balance if the estimated cost is more than your out-of-pocket balance.

## *Step-by-Step Instructions*

### **Start on your Member Dashboard**

1. Click the ***Treatment Cost Calculator*** quick link.
2. Search by medical procedure code or description.  
Enter your search criteria.
3. Click ***Search***.  
The search results will display.