

# Frequently Asked Questions (FAQ)

## General

### **What is CHPS? What is a Third-Party Administrator (TPA)/Clearinghouse?**

The term *TPA* is used interchangeably with *clearinghouse*. As the TPA Clearinghouse, CHPS serves as a central hub between Providers (AFHs) and Payers (MCO or HCA), in creating, managing, validating, and routing claims.

### **Who is the target user for the CHPS portal?**

The CHPS portal is for Adult Family Home (AFH) providers that would like to submit claims using DDE (Direct Data Entry) or by uploading a billing invoice spreadsheet.

### **What is an 837 claim file?**

837 files are written in a very specific format. The 837 format is like a universal digital invoice for healthcare. It's used to send billing information to insurance companies in a way that's consistent, compliant and understood nationwide. The claims that you enter or the spreadsheets you upload will be translated into this format for submission to the payer you select (MCO or HCA).

### **What activities am I able to perform using the CHPS portal?**

The CHPS portal allows you to verify patient eligibility (270/271 transactions), submit claims (837 transactions), and sign up for electronic remittance advice (ERA; 835 transactions).

### **Is there any cost associated with using the CHPS portal?**

There is no cost for Adult Family Home (AFH) providers billing the Health Care Authority of the five participating MCOs (managed care organizations) who are part of the program.

### **Who is SDS (Smart Data Solutions/Smart Data Stream)?**

SDS is the vendor partner that CHPS uses to support claim submission, eligibility verification, and electronic remittance advice (ERA) services.

**Who are the participating payers/what payer ID should I use?**

Whether you submit claims via spreadsheet or direct data entry, you will select your payer (MCO or HCA) from the drop-down list of available payers.

**Do you have a website?**

Yes, please visit [chpswa.org](http://chpswa.org).

**Can I get one on one assistance?**

Yes! Contact our team at [CHPS\\_TPA\\_TA@chpw.org](mailto:CHPS_TPA_TA@chpw.org) or (800) 709-9901.

## Prerequisites

**What do I need to get started?**

You will need to be enrolled as a provider with the HCA (have completed your Core Provider Agreement), and if you will be billing the HCA for a FFS (fee-for-service) client, you will need to complete your BACH (Billing Agent Clearinghouse) set up. See below for detailed information on completing these steps.

**How do I complete my CPA (Core Provider Agreement)?**

Please click [here](#) for complete instructions published by the HCA.

**How do I set up my BACH (Billing Agent Clearinghouse) preferences?**

Please refer to the Initial Billing Agent Clearinghouse Setup and Change Process instructions [here](#).

**What is the P1 (domain) ID for setting up BACH?**

The domain ID for registration with CHPS is **2347435**.

**Which transactions do I need to sign up for when completing my BACH?**

You will need to sign up for:

- 271 Eligibility Response
- 277 Claim Status Response
- 277U Unsolicited Claim Status Response
- 835 Healthcare Claim Payment Advice

## Account Setup/Use

### **How do I create an account with CHPS?**

Click [here](#) to register. Click [here](#) for additional instructions on setting up your account.

### **Is there a CHPS Portal user guide?**

Click [here](#) to view or download a current copy of the CHPS Provider Portal User Guide.

### **I have an account, where do I log in?**

Once you have received your credentials, you may log in at [portal.smartdatastream.us](https://portal.smartdatastream.us).

## Claims Billing

### **Is the CHPS portal HIPAA compliant?**

The CHPS portal is fully HIPAA-compliant and uses encrypted data transmission. Users are required to follow secure login procedures.

### **Is there a billing manual?**

Yes, please click [here](#) to view/download the TPA AFH Provider Billing Guide.

### **What is the turnaround time for claim processing?**

Claims processing timelines are determined by the payer that you have submitted your claim to and will vary.

### **Where can I find claim status or denial information?**

Once the claim has been submitted in the CHPS portal and is in the hands of the payer, you will not receive any updates on the processing status unless you contact the payer or sign up to view this information in their portal.

- CHPW, Coordinated Care, and the WA State HCA are all accessible through [OneHealthPort](#).
- Molina and Wellpoint can be found on [Availity](#).
- UHC has its own site, the [UnitedHealthcare Provider Portal](#), though they are also available within the payer spaces on Availity.

**Where can I get information about my referral?**

You can locate the information required for billing on your referral form. If you have any questions about your referral, you can reach out to the payer (MCO or HCA) that provided the approval. Contact information is listed below:

<b>Payer</b>	<b>Contact Email</b>
<b>CHPW</b>	<a href="mailto:bhpc@chpw.org">bhpc@chpw.org</a>
<b>Coordinated Care</b>	<a href="mailto:SupportiveServices@centene.com">SupportiveServices@centene.com</a>
<b>Molina</b>	<a href="mailto:cbhsreferrals@molinahealthcare.com">cbhsreferrals@molinahealthcare.com</a>
<b>United Healthcare</b>	<a href="mailto:mpc_etr@uhc.com">mpc_etr@uhc.com</a>
<b>Wellpoint</b>	<a href="mailto:cbhsreferralsandauthorizations@wellpoint.com">cbhsreferralsandauthorizations@wellpoint.com</a>
<b>WA State HCA</b>	<a href="mailto:hca1915iservices@hca.wa.gov">hca1915iservices@hca.wa.gov</a>

**What is FFS (fee for service)?**

FFS is Apple Health (Medicaid) coverage without a managed care plan. Washington Medicaid fee-for-service claims are managed by the Washington State Health Care Authority (HCA).

**What is Zip+4?**

Zip+4 is the basic 5-digit zip code + 4 additional digits indicating a more precise location. Submission of zip+4 is required in your billing provider address information. It is not required in the client address information. To locate your zip+4, click [here](#) to look it up on the USPS website.

**What is ERA (Electronic Remittance Advice)? How do I sign up for ERA?**

Electronic Remittance Advice (ERA) is a digital version of the Explanation of Payment (EOP) that payers send after they process a claim that you can opt to receive. You can sign up for this in the CHPS portal and receive your payment detail information electronically instead of having to wait to receive it in the mail.

To enroll in ERA, from the home screen in the CHPS portal, click on the Start Enrollment button.



Complete the Remit Enrollment form (only those fields with a red asterisk \* are required).

**What is EFT (Electronic Funds Transfer)? How do I sign up for EFT payments?**

Electronic funds transfer is a direct deposit of your claim payment to your bank account. If you are interested in enrolling in EFT, this is done through individual MCOs or the HCA. Click on the link in the table for each payer:

Payer Name
<a href="#">Community Health Plan of Washington (CHPW)</a>
<a href="#">Coordinated Care of Washington</a>
<a href="#">Molina Healthcare of Washington</a>
<a href="#">United Healthcare Washington</a>
<a href="#">Wellpoint Washington</a>
<a href="#">Washington State Health Care Authority (FFS)</a>

**Additional Resources**

Washington State HCA [CBHS Services Program Information](#)

Washington State HCA [CBHS Provider Billing Guides and Fee Schedules](#)

## Help

If you have any further questions, please contact the CHPS Claims & Billing Team at [CHPS TPA TA@chpw.org](mailto:CHPS_TPA_TA@chpw.org) or (800) 709-9901.