



TPA AFH Provider Billing Guide

This guide explains how Adult Family Homes can create and submit claims in the CHPS Portal. This guide discusses two methods of claim submission: entering claim information directly into the portal or uploading a completed spreadsheet.

Before you begin, you will need to be enrolled in an account with CHPS. If you have not enrolled yet, click [here](#) to enroll.

Click the link for the topic you would like to view:

[Logging in](#)

[Direct Data Entry \(DDE\) Submission](#)

- Navigate to the claim entry screen
- Enter the required fields
- Save as Template
- Retrieve a Saved Template
- Submit the claim

[Submitting a spreadsheet](#)

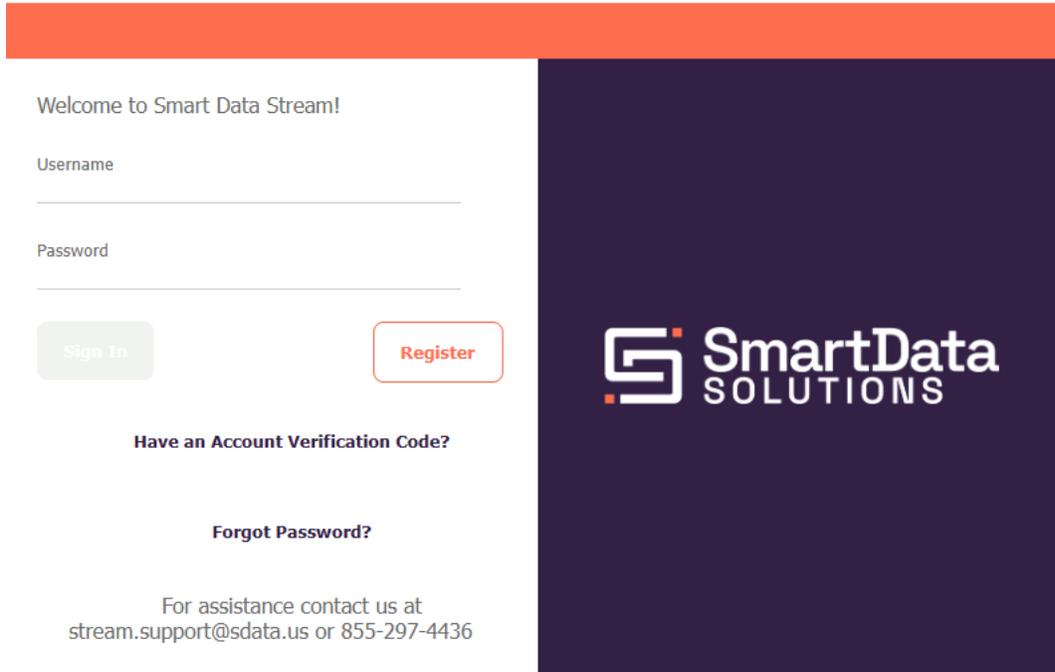
- Get a copy
- Complete the required fields
- Save the spreadsheet
- Create a template (optional)
- Submit in the portal

[Help](#)

Logging In

Once you have created an account, log in here: portal.smartdatastream.us

1. Enter your username and password:



Welcome to Smart Data Stream!

Username

Password

[Sign In](#) [Register](#)

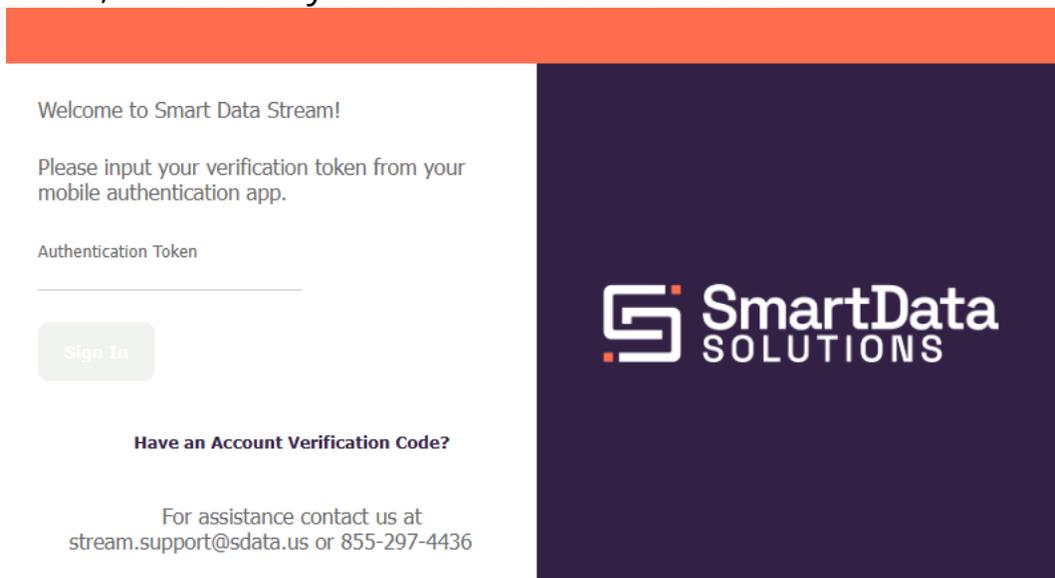
Have an Account Verification Code?

Forgot Password?

For assistance contact us at
stream.support@sdata.us or 855-297-4436

SmartData SOLUTIONS

2. Enter the authentication token from your mobile authentication app or email, whichever you selected at enrollment:



Welcome to Smart Data Stream!

Please input your verification token from your mobile authentication app.

Authentication Token

[Sign In](#)

Have an Account Verification Code?

For assistance contact us at
stream.support@sdata.us or 855-297-4436

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Direct Data Entry (DDE) Submission

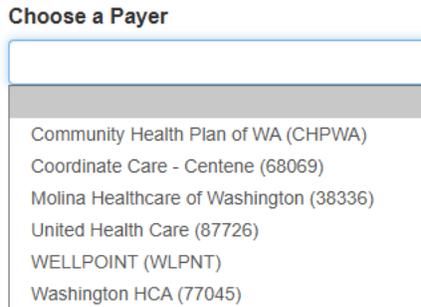
1. Navigate to the claim entry screen by clicking on the Claims tab



2. Click on New Claim

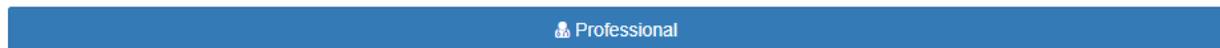


3. Select the payer from the dropdown menu:



4. Create a blank claim by clicking on Professional:

Create a blank claim



-OR-

Retrieve a saved template by clicking on the template name:

Create a blank claim



Or create a claim from an existing template by clicking one from list below. [Click here to manage templates](#)

-  Bobby Joe - Professional
-  MockProvider - Professional

Note: Templates allow you to save your provider and client information to avoid having to reenter it each time you bill.

5. Enter the Billing (Provider) Information:

Billing Information

Name	Tax ID	TIN/SSN		
Name is required	Tax Id is required	TIN/SSN is required		
Taxonomy Code 3112A0620X	NPI	Secondary ID	Secondary ID Qualifier	
	NPI is required when Secondary ID is blank			
Address 1	Address 2	City	State	ZIP
Address 1 is required		City is required	State is required	ZIP is required
CLIA Number	Payer Assignment Code A = Assigned			

All the fields highlighted in yellow are required

Note: The Billing ZIP must be entered in a 9 digit format (ZIP+4). **What is Zip+4?** It is the basic 5-digit zip code + 4 additional digits indicating a more precise location. If you don't know your zip+4, click [here](#) to look it up on the USPS website

6. Enter the Patient (Client) Information:

Patient Information

Last name	First name	MI	Suffix	
Last name is required	First name is required			
Address 1	Address 2	City	State	ZIP
Address 1 is required		City is required	State is required	ZIP is required
Relationship to Subscriber 18 = Self	DOB MM-DD-YYYY MM-DD-YYYY	Gender		
	DOB is required	Gender is required		
Member ID	Group Number	Plan Name	Insurance Type	
Member ID is required				

All the fields highlighted in yellow are required

7. Claim Information:

These fields will be prepopulated. The Patient Control # can be edited if desired to an internal control number.

Claim Information

Patient Control # 22867900000257	POS 33 = Custodial Care Facility	Frequency Code 1 = ORIGINAL	Benefits Assignment Y = Yes	Information Release Y = Yes. Provider has a Signed Statement Permitting Release
Signature Source	EPSDT Code	Patient Pregnant	Prior Authorization	
Original Reference Number	Note			

8. Diagnosis Codes:

Enter the diagnosis code as provided on your referral. The diagnosis **must** match the referral.

Diagnosis Codes ^

A	B	C	D	E	F
Code A is required					
G	H	I	J	K	L

All the fields highlighted in yellow are required

9. Save as Template (optional):

Note: You may save as a template at this point prior to entering the following fields to save the data that will not change and reuse it each month.

Save As Template

If you choose to save a template, you will receive the following message:

Document SDS228679000000262 Saved Successfully!

Key Another Claim
Go to Claims

*Creating a template will save and exit, to use the new template, select **Go to Claims** and follow the instructions to [Retrieve the Saved template](#) beginning on page 3 steps 1-4 and then continue entering the data listed below.*

10. Enter the Service Line Item Information:

DOS	FROM and TO date of service
CPT	S5126 (This field will be prepopulated)
Modifier(s)	Enter modifier as applicable from Tier table below
Diagnosis Pointer	Enter A
Charges	Tier amount multiplied by units
Units	Number of days in the billing period

Service Line Items

Line 1: Main NDC

From DOS MM-DD-YYYY	To DOS MM-DD-YYYY	CPT® S5126	Mod1	Mod2	
From DOS is required					
Mod3	Mod4	DiagPtr	Charge(\$)	Units	Unit Type Units
Diagnosis code pointer is required		Charge(\$)		Units is required	
POS 33 = Custodial Care Facility 2	Emerg.	CLIA	Note		

All the fields highlighted in yellow are required

Tier Hours	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
		.5-2	2.1-6	6.1-10	10.1-15	15.1-20
Unit Amount by Tier (billed amount)	\$36.30	\$98.01	\$194.81	\$303.71	\$424.71	\$528.00
Modifiers for lower level tiers	N/A	TF	HE	TG	HK	HI
Modifiers for In Lieu of Service (ILOS)	SE	TF & SE	HE & SE	TG & SE	HK & SE	HI & SE

11. Submit the claim

When you have completed entering all information, click on [Submit Document](#). This formally sends the claim to the payer. Any incomplete required fields will be noted in a validation error prior to submission via a pop-up.

Submitting a Spreadsheet

1. Access the spreadsheet

If you do not already have a copy, download the spreadsheet [here](#) and save it to your local drive/computer.

2. Select the Payer Name from the dropdown menu (column A-B)

Payer Name	Payer ID
Community Health Plan of Washington	
Coordinated Care	
Molina	
United HealthCare	
Wellpoint	
Washington HCA	

The Payer ID will automatically populate once the name is chosen

3. Enter the Billing Provider Information (column C-K):

C	Provider Name	Enter as listed on your W-9
D	Provider ID	ProviderOne ID if known
E	TIN/SSN/EIN	Taxpayer Identification Number, Social Security Number or Employer Identification Number (all numeric with no hyphen/dash)
F	Billing Provider NPI/API	National Provider Identifier (NPI) or Alternative Provider Identifier (API) assigned by the Health Care Authority (e.g., 555+P1 ID#) (all numeric with no hyphen/dash)
G	Billing Provider Taxonomy	Prepopulated field
H	Billing Provider Street Address	Enter as listed on your W-9
I	Billing Provider City	Enter as listed on your W-9
J	Billing Provider State	Enter as listed on your W-9
K	Billing Provider Zip Code	Enter in Zip+4 Format

Note: The Billing ZIP must be entered in a 9 digit format (ZIP+4).

What is Zip+4? It is the basic 5-digit zip code + 4 additional digits indicating a more precise location. If you don't know your zip+4, click [here](#) to look it up on the USPS website

4. Service Information (column L-R):

L	Tier	Select the Tier from the dropdown list for your client as provided in your referral
M	Tier Unit Cost *	This will autofill appropriately based on tier selection
N	Service Code	This is a prepopulated field
O	Modifier 1	This will autofill appropriately based on tier selection
P	Modifier 2	This will autofill appropriately based on tier selection
Q	Units	This will autofill when dates of service are entered
R	Claim Billed Amount	This will automatically calculate

* If you have a negotiated rate that differs from the amounts in the tier dropdown, please submit your claim using the [Direct Data Entry \(DDE\)](#) method.

5. Enter the Patient (Client) Information (column S-AB):

S	Client Address	Enter the address details for the client receiving services
T	Client City	
U	Client State	
V	Client Zip Code	
W	Place of Service	This is a prepopulated field
X	Client ID	Enter the ProviderOne Client ID (example 123456789WA)
Y	Client Last Name	Enter the last name and first name of the client receiving services exactly as it appears on the client services card or other proof of eligibility
Z	Client First Name	
AA	Client Gender	Enter the client's sex (gender)
AB	Client DOB	Enter the client's birthdate

6. Diagnosis Code (column AC):

AC	Diagnosis Code	Enter the diagnosis code as provided on your referral. The diagnosis must match the referral. If you have more than one diagnosis code, separate them with a colon.
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7. Save as Template (optional):

Note: You may save as a template to your local drive/computer at this point prior to entering the following fields to save the data that will not change and reuse it each month

8. Enter the Service Dates (column AD-AE):

AD	Service From Date	Enter the beginning date of service in MM/DD/CCYY
AE	Service To Date	Enter the ending date of service in MM/DD/CCYY

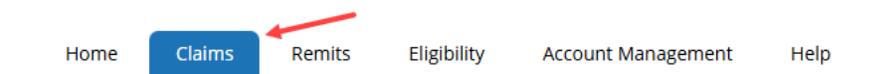
9. Save the Spreadsheet:

Use **Save As** to rename and save the current billing information to your local drive/computer. The recommended naming convention is below:

Payer [CBHS/IBSS] [provider name] [Billing month] [client initials].xlsx

10. Submit the Spreadsheet in the Portal:

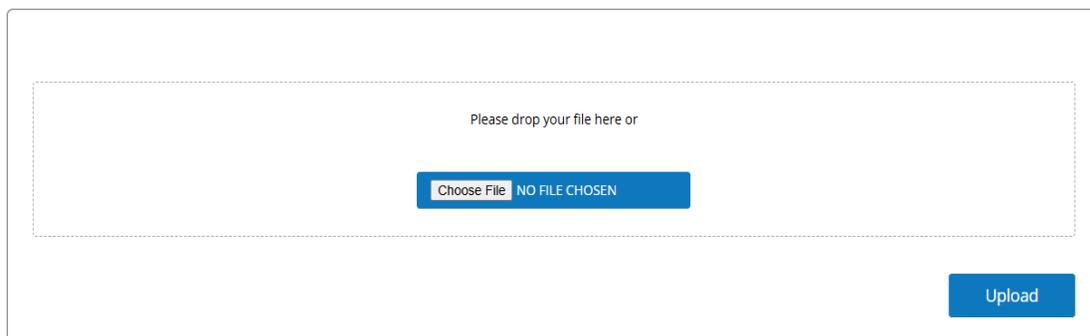
a. Navigate to the claim entry screen by clicking on the Claims tab



b. Click on Upload Claims



c. You can drag and drop the file or select Choose File and navigate to the file location to attach it:



- d. Once the file has been added, click on upload
- e. You will see the message:

Non-standard file detected and the file has been placed in a queue to load. This process may take up to eight hours to complete. Once completed you will see the file in your history page

- f. Your history page can be located under the Claims tab, you may need to adjust the timeframe as it defaults to “Today”.
- g. If there are any issues with your file submission, a member of our team will reach out to advise you on how to proceed.

Help

If you need assistance or have any questions, please reach out to our team at chps_tpa_ta@chpw.org or 1-800-709-9901.