Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION (SBH-ASO) SUPPLEMENTAL PROVIDER GUIDE

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CHAPTER 1 – INTRODUCTION

As the Behavioral Health Administrative Services Organization (BH-ASO) for the Salish Regional Service Area (RSA), the Salish Behavioral Health Administrative Services Organization (SBH-ASO) provides behavioral health (substance use disorder and mental health) crisis services for all residents within Clallam, Jefferson and Kitsap Counties, regardless of their insurance status or income level. SBH-ASO is also responsible for providing access to limited non-crisis Substance Use Disorder and Mental Health services for individuals who are low-income and not eligible for Medicaid.

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) was established through the execution of an Interlocal Agreement between Kitsap County, Clallam County, Jefferson County and Jamestown S'Klallam Tribe in 2019. It is governed by an Executive Board, who is responsible for making all contracting and funding decisions. The Executive Board is comprised of one elected commissioner from each of three aforementioned counties and one elected tribal official. In addition, the region has organized a Behavioral Health Advisory Board which advises the Executive Board.

SBH-ASO contracts with community behavioral health providers to ensure the provision of both crisis and limited non-crisis behavioral health services. A list of SBH-ASO's contracted providers can be found here (https://www.kitsapgov.com/hs/Pages/SBH-ASO-Find-A-Behavioral-Health-Provider.aspx).

The administrative office for the Salish BH-ASO is located at 507 Austin Avenue, Port Orchard, WA 98366 and provides a Customer Service line (1-800-525-5637) during routine business hours. It also maintains a 24 hour/day, seven day a week toll free Salish Regional Crisis Line (1-888-910-0416). The SBH-ASO website is located at (https://www.kitsapgov.com/hs/Pages/SBH-ASO-LANDING-HOME.aspx).

CHAPTER 2 – ADMINISTRATIVE PROCESSES

I. SERVICE ELIGIBLITY

All individuals in the SBH-ASO Regional Service Area (RSA) regardless of insurance status, ability to pay, county of residence, or level of income are eligible to receive medically necessary Behavioral Health Crisis Services, and services related to the Involuntary Treatment Act and Involuntary Commitment Act (Chapters 71.05 and 71.34 RCW).

SBH-ASO has discretion on the use of funds for the provision of non-crisis behavioral health services including facility-based crisis stabilization and voluntary behavioral health admissions for Individuals in the RSA who are not eligible for Medicaid and/or do not have third party insurance.

To be eligible for any non-crisis behavioral health service funded by the SBH-ASO, an individual must meet the financial eligibility criteria and the clinical or program eligibility for the service:

1. Individuals who do not qualify for Medicaid and have income up to 220% of the federal poverty level.
2. For services in which medical necessity criteria applies, all services must be medically necessary.
3. As defined in SBH-ASO Policy CL204 - Priority Populations and Waiting Lists , certain populations have priority to receive services.

FINCANCIAL ELIGIBILITY, THIRD-PARTY LIABILITY SCREENING AND MEDICAID ENROLLMENT ASSISTANCE

The SBH-ASO requires all providers rendering services to individuals funded by the SBH-ASO to conduct a financial eligibility/third-party liability screening.

For those levels of care that require prior authorization/notification this is documented as part of the authorization/notification request process (see SBH-ASO Notification/Authorization Program (SNAP)) and submit this information with each authorization and/or notification request, as well as any time there is a change in an individual's status. This screening includes conducting an ongoing assessment of individuals' eligibility for Medicaid enrollment. When an individual is identified as meeting criteria for Medicaid enrollment providers shall assist in connecting the individual with HealthPlan Navigators and/or the Health Care Authority.

For those levels of care that do not require prior authorization/notification Provider Network maintains records of financial eligibility screening for all individuals receiving SBH-ASO funded services.

II. INDIVIDUAL RIGHTS

Providers in the SBH-ASO network shall ensure that all individuals served are informed of their rights (see SBH-ASO Individual Rights Statement) and that those rights are promulgated at all

times during the course of their treatment. Individuals shall receive a copy of their rights at their first face-to-face contact. A signed copy, obtained at the first outpatient appointment, shall be placed in the individual's clinical record.

III. INTERPRETER/TRANSLATION SERVICES

Providers shall assure equal access for all individuals when oral or written language creates a barrier to access. Providers are responsible for supplying access to interpreter services at no cost for individuals with sensory impairment and/or who have limited English proficiency. Interpreter services shall be provided for all interactions between individuals and the provider. SBH-ASO provides a TTY connection accessible by dialing 711 or 1-800-833-6384.

Providers are required to provide all generally available and person-specific materials in a language and format which may be understood by each individual in each of the prevalent languages spoken by five (5%) or more of the population in the Regional Service Area (RSA). When possible, written materials shall be written at the sixth (6^{th}) grade or below reading level (see SBH-ASO Policy CL401 – Translation and Interpreter Services).

SBH-ASO and providers provide oral interpretation and written translation of materials for individuals who speak any non-English language and/or have a sensory impairment. SBH-ASO notifies individuals and families of the availability of oral and written interpretation on all significant SBH-ASO materials.

IV. GRIEVANCE SYSTEM

"Grievance" means an expression of dissatisfaction about any matter other than an action (for individuals who do not have Medicaid) or adverse benefit determination (for Medicaid Enrollees). Possible subjects for grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the Individual's rights.

Individuals (which in the Grievance System also includes Behavioral Health Advocates and/or designated representatives with written consent) may file a grievance with the Provider, their MCO (if they are a Medicaid Enrollee assigned to an MCO), the Health Care Authority (if they are a Medicaid enrollee who is not assigned to an MCO), or the SBH-ASO (if they do not have Medicaid) in accordance with WACs 246-341-0605 and 182-538C-110. A provider may not file a grievance on behalf of a person without the written consent of the Individual. Reasonable assistance shall be provided to Individuals who are accessing the Grievance System. There is no time limit to file a grievance; the Individual does not need to be a current client to file a grievance. The Provider, MCO, or BH-ASO the grievance is filed with is the entity responsible for providing any notices to the Individual and shall inform them of the availability of and contact information for Behavioral Health Advocate services. See SBH-ASO Policy CA402 - Grievance System .

If the grievance is filed with a Provider and a resolution cannot be reached, the Provider will notify the Individual they may file the grievance with their MCO or the SBH-ASO, as applicable.

There is no right to an agency administrative hearing regarding the SBH-ASO's decision on a grievance, since a grievance is not an action (WAC 182-538C-110).

APPEALS

An Individual may request a review of an SBH-ASO action via the SBH-ASO Appeal Process orally or in writing within 60 calendar days of the date on the SBH-ASO's Notice of Action. Expedited time frames are available. When available resources are exhausted, any appeals or administrative hearing processes related to a request for authorization of a non-crisis service will be terminated, since non-crisis services cannot be authorized without funding, regardless of medical necessity. Any services denied or terminated due to lack of available resources cannot be appealed as they are not considered an Action.

AGENCY ADMINISTRATIVE HEARINGS

If a person does not agree with the SBH-ASO's resolution of an appeal, the person may file a request for an agency administrative hearing based on WAC 182-538C-110 and the agency hearing rules in WAC 182-526. See also SBH-ASO Policy CA402 - Grievance System.

V. BEHAVIORAL HEALTH ADVOCATES (OMBUDS)

The State of Washington has established an independent Behavioral Health Advocate service, administered by the Office of Behavioral Health Advocacy, to receive concerns and grievances from Individuals (both Medicaid Enrollees and non-Medicaid Individuals), assist them through the Grievance System, advocate for them at the lowest possible level, and ensure Individual and Medicaid rights are upheld. There are no fees associated with Behavioral Health Advocate services

Behavioral Health Advocates do not provide behavioral health counseling or case management services, obtain information on and Individual's behalf without written consent, ensure any specific outcome, give legal advice or act as an attorney, or provide enforcement of any recommendations.

The SBH-ASO Ombuds can be reached at:

Office of Behavioral Health Advocacy - Salish Region
Serving Clallam, Jefferson, and Kitsap Counties
360-481-8833 Toll Free: 1-800-366-3103

VI. CRITICAL INCIDENTS

Providers shall develop, implement, maintain, comply with and monitor compliance with the SBH-ASO provider contract requirements and written policies and procedures related to all requirements of critical incident reporting (SBH-ASO Policy CP302– Critical Incidents).

Providers shall report Critical Incidents within one (1) business day in which the Provider becomes aware of the event.

The provider shall report Critical Incidents using the SBH-ASO Incident Reporting system via the SBH-ASO Critical Incident Form or if the system is unavailable the provider shall report Critical Incidents by calling 360-337-7050.

Providers shall submit follow-up reports using the Incident Reporting system and close the case within 45 calendar days after the Critical Incident was initially reported.

VII. SINGLE CASE AGREEMENTS

SBH-ASO will document and confirm in writing all single-case agreements with Providers. The Agreement shall include:

- Identification of the individual;
- The description of the services;
- The authorization period for the services, including the begin date and the end date for approved services;
- The rate of reimbursement for the services or references to the SBH-ASO's fee schedule or other documents that define payment; and
- Any other specifics of the negotiated rate.

SBH-ASO must supply documentation to the provider no later than five (5) business days following the signing of the agreement. Updates to the unique contract must include all elements.

VIII. FRAUD, WASTE, AND ABUSE

SBH-ASO is dedicated to the detection, prevention, reporting, and investigation of potential health care fraud, waste, and abuse. SBH-ASO maintains a program integrity plan that ensures the maintenance of an environment that facilitates ethical decision making in accordance with regulations and laws. SBH-ASO providers shall have safeguards in place to prevent Fraud, Waste and Abuse (see SBH-ASO Policy CP301 – Compliance & Program Integrity).

Examples of Fraud, Waste, and Abuse by a Provider or Individual may include but are not limited to the following:

- Failure to identify, pursue, and document Third Party resources
- Intentional billing for services not performed or improper billing
- Duplicate billing
- Unnecessary or misrepresented services
- Billing individuals for SBH-ASO covered services
- Upcoding

- Unbundling
- Kickbacks
- Evidence of intentional false or altered documents
- Unlicensed or excluded professional or facility at time of service
- Falsification of health care provider credentials or no credentials
- Falsification of agency financial solvency
- Agency management knowledge of fraudulent activity
- Incentives that limit services or referral
- Evidence of irregularities following sanctions for same problem
- Embezzlement and theft

SBH-ASO and providers have a responsibility to raise questions about regulatory compliance and business ethics and to report incidents of potential non-compliance or suspected fraud and abuse identified to the SBH-ASO Compliance Officer by using one of the following options:

- In person, to the SBH-ASO Compliance Officer;
- Sending an email to SalishCompliance@kitsap.gov;
- Anonymously and confidentially calling the SBH-ASO Compliance Officer at 360-337-4833;
- Mailing a written concern or report to :

  Compliance Officer
  Salish Behavioral Health Administrative Services Organization
  614 Division Street MS-23
  Port Orchard, WA 98366

Reports about suspected Provider fraud, waste or abuse may also be reported to the Health Care Authority at HotTips@hca.wa.gov.

Reports regarding any alleged or investigated cases where the provider believes there is a serious likelihood of fraud by an individual shall be made to the HCA Office of Medicaid Eligibility and Policy (OMEP) by any of the following:

- Sending an email to WAHeligiblityfraud@hca.wa.gov;
- Calling OMEP at 360-725-0934 and leaving a detailed message;
- Mailing a written referral to:
  Health Care Authority
  Attn: OMEP
  PO BOX 45534
  Olympia, WA 98504-5534
- Faxing a written complaint to Washington Apple Health Eligibility Fraud at 360-725-1158.

- Emailing the complaint electronically to Washington Apple Health Eligibility Fraud at WAHeligibilityfraud@hca.wa.gov.

IX. PROVIDER MONITORING

SBH-ASO conducts ongoing monitoring of its Provider Network, this includes at a minimum an annual review.

Providers shall provide access to their facilities and the records documenting the performance of their contract with the SBH-ASO, for the purpose of audits, investigations, and for the identification and recovery of overpayments within thirty (30) calendar days.

When compliance is not achieved, the provider will be required to submit a written corrective action plan (CAP) to the BH-ASO within thirty (30) calendar days of notification by the SBH-ASO and in accordance with SBH-ASO Policy AD102 – Provider Network Selection and Management.

CHAPTER 3 – CRISIS SYSTEM

I. OVERVIEW

SBH-ASO crisis services are available 24 hours per day, 7 days per week, 365 days per year for individuals within the Salish Regional Service Area (RSA) of Clallam, Jefferson, and Kitsap Counties. Crisis services are available to all individuals within the RSA regardless of income, ability to pay, insurance status or county of residence. Crisis services are intended to stabilize individuals by providing immediate treatment and intervention in a location best suited to meet the needs of the individual and provide treatment services in the least restrictive environment possible, to assist them in returning to a level of functioning that no longer qualifies them for crisis services. SBH-ASO Crisis services include:

- Toll-Free Salish Regional Crisis Line Services
- Mobile Crisis Outreach Services
- Involuntary Treatment Act Services (ITA)
- Community-based Crisis Stabilization Services

II. TOLL-FREE SALISH REGIONAL CRISIS LINE

SBH-ASO's toll-free Salish Regional Crisis Line can be reached at 1-888-910-0416. The SBH-ASO toll-free Salish Regional Crisis Line provides crisis intervention and triage services, including screening and referral to SBH-ASO providers and community resources. The SBH-ASO toll-free Salish Regional Crisis Line also functions as a central point of contact for the Salish RSA for requests for Mobile Crisis Outreach Services, including Involuntary Treatment Act Investigations.

III. MOBILE CRISIS OUTREACH SERVICES

Face-to-face crisis outreach services are provided when telephone intervention is unsuccessful in stabilizing the individual. Crisis outreach service providers triage incoming referrals to determine urgency of need. These urgency levels include Behavioral Health Emergency (for endorsed teams only), Emergent, and Urgent Behavioral Health referrals.

BEHAVIORAL HEALTH EMERGENCY

Behavioral Health Emergency means an individual is experiencing a significant behavioral health crisis that requires an immediate in-person response due to the level of risk or lack of means for safety planning as defined in WAC-182-140-0010. Crisis response must occur within one (1) hour from referral.

EMERGENT

Emergent Care means services provided for a person that, if not provided, would likely result in the need for crisis intervention, or hospital evaluation due to concerns of potential danger to self, others, property, or grave disability per RCW 71.05 and 71.34. Emergent care

must be provided within two (2) hours of a request for crisis behavioral health treatment from any source.

URGENT

Urgent Care means a condition that requires attention and assessment within twenty-four (24) hours of the request, but which does not place the Individual in immediate danger to self or others and the Individual is able to cooperate with treatment. Urgent care must be provided within twenty-four (24) hours of a request for crisis behavioral health treatment from any source.

Crisis outreach service providers ensure that referrals for crisis outreach are responded to within the one (1) hour of Behavioral Health Emergency (endorsed teams only) requests, two (2) hours of Emergent requests and twenty-four (24) hours of Urgent requests. These services shall be provided in accordance with WAC 246-341-0910 (see SBH-ASO Policy CL200 – Integrated Crisis System).

IV. INVOLUNTARY TREATMENT ACT SERVICES

Evaluation for Involuntary Treatment shall be rendered in accordance with RCW 71.05 and RCW 71.34 and shall incorporate the statewide DCR protocols, listed on the HCA website, into the practice of DCRs. These services shall be rendered in accordance with contract, policy, and regulatory requirements (see SBH-ASO Policy CL202 – Involuntary Treatment Act Services).

SINGLE BED CERTIFICATION

The single bed certification process is allowable under RCW 71.05.745 to provide additional treatment capacity for a person suffering from a mental disorder for whom an evaluation and treatment bed is not available.

The facility that is the proposed site of the single bed certification must be a facility that is willing and able to provide the person with timely and appropriate treatment either directly or by arrangement with other public or private agencies. A single bed certification must be specific to the individual receiving treatment.

A DCR who submits an application for a single bed certification for treatment at a facility that is willing and able to provide timely and appropriate mental health treatment in good faith belief that the single bed certification is appropriate may presume the single bed certification will be approved for the purpose of completing the detention process and responding to other emergency calls.

NO BEDS AVAILABLE FOR PERSONS MEETING DETENTION CRITERIA

Crisis service providers shall ensure that their DCRs make a report to the SBH-ASO when they determine a person meets detention criteria under RCW 71.05150, 71.05.153, 71.34.700 or 71.34.710 and there are not any beds available at any evaluation and

treatment facility, the person has not been provisionally accepted for admission by a facility, and the person cannot be served on a single bed certification or less restrictive alternative.

The DCR is responsible for submitting an Unavailable Detention Facility Report (No Bed Report) within twenty-four (24) hours if, based on an evaluation of a person they find meets the criteria for detention for involuntary treatment but are unable to detain the person due to a lack of an involuntary bed.

When a DCR submits an Unavailable Detention Facility Report to the SBH-ASO, the crisis services provider agency will attempt, regardless of the location, to re-evaluate the individual on a daily basis to determine if they continue to meet criteria for detention and to seek an involuntary bed if they do. Each day that the person continues to meet criteria for detention and the DCR office is unable to find an involuntary treatment bed, an Unavailable Detention Facility Report shall be submitted. Crisis providers and SBH-ASO must attempt to engage the person in appropriate services for which the person is eligible and report back within seven (7) days to the HCA.

CHAPTER 4 – NON-MEDICAID NON-CRISIS BEHAVIORAL HEALTH SERVICES

I. OVERVIEW

SBH-ASO offers non-Medicaid non-crisis behavioral health services, within available resources, to individuals who are residents within the SBH-ASO RSA, are ineligible for Medicaid, meet financial eligibility, medical necessity, and are screened in accordance with defined priority populations (see CL204 - Priority Populations and Waiting Lists). Services and authorizations are provided for a *Level of Care* rather than for specific covered benefits. These covered benefits are included in the following SBH-ASO Levels of Care:

Level 0	Withdrawal Management, Facility-based Crisis Stabilization Services
Level 1	Outpatient Behavioral Health Services • Standard (MH/SUD) • PACT • LR/CR/AOT • OTP
Level 2	SUD and MH Residential Treatment Services
Level 3	Community Psychiatric Hospital, E&T Facility, Secure Detox Services

See SBH-ASO Policy CL203 – Levels of Care for specific modalities included. SBH-ASO Levels of Care require either prior authorization or notification within 24-hours of admittance (see SBH-ASO Utilization Management Prior Auth Table).

II. AUTHORIZATION PROCESS

Providers are required to provide all information necessary in order to make authorization determinations when requesting a Level of Care which requires prior authorization. Services that require prior authorization include:

- Residential Treatment
- Planned Withdrawal Management
- Voluntary Inpatient Psychiatric Hospitalizations

Providers are required to utilize the SBH-ASO Notification/Authorization Program (SNAP) for all service authorization requests. All service authorizations can be requested via this system and will pend for clinical review. If additional information is needed to determine medical necessity, SBH-ASO will outreach by phone or email.

III. NOTIFICATION PROCESS

Services that require notification within 24-hours of admit include:

- Involuntary Inpatient Psychiatric Hospitalizations
- Involuntary Secure Detox
- Crisis Triage Stabilization*
- Emergent Withdrawal Management*

Providers are required to utilize the SBH-ASO Notification/Authorization Program (SNAP) for all service notification requests. All service notification requests can be submitted via this system. Providers are required to submit updated clinical information within one (1) business day of admit to facilitate concurrent clinical review.

*within available resources

CHAPTER 5 – PRACTICE GUIDELINES

Salish BH-ASO and its Provider Network have adopted Practice Guidelines that are intended to assist practitioners in the prevention, diagnosis, treatment and management of clinical conditions. They are systematically developed statements that are based on valid and reliable clinical scientific evidence (or in the absence of scientific evidence, professional standards they are based on a consensus of Health Care Professionals in the particular field). SBH-ASO has, in concert with the community clinical leadership, identified Guidelines that are implemented in concert with the ethnic, cultural, clinical and linguistic characteristics of the population they serve.

Salish BH-ASO encourages its Provider Network to utilize the following Practice Guidelines:

1. *"Patients should receive information from their healthcare team that will help them understand Opioid Use Disorder and Alcohol Use Disorders and the options for treating it, including treatment with FDA-approved medication. Medications should be prescribed as part of a comprehensive treatment approach that often includes counseling or other psychosocial therapies and social supports (such as through participation in mutual-help programs)"*. This standard is based on the following SAMHSA Guidelines:

    - TIP 63 – Medications for Opioid Use Disorder (2019)
    - Medication for the Treatment of Alcohol Use Disorder: A Brief Guide (10/2015)

2. "*Mental health crisis interventions are guided by standards consistent with recovery and resilience and that work toward reducing the likelihood of future emergencies while producing better outcomes"*. This is reflected the following SAMHSA document:

    - Practice Guideline: Core Elements for responding to Mental Health Crises (2009)

CHAPTER 6 – MANAGEMENT OF INFORMATION SYSTEMS

I. MANAGEMENT OF INFORMATION SYSTEMS REQUIREMENTS

Contracted SBH-ASO providers are required to follow the SBH-ASO Provider Contract, including Exhibits, Attachments, SBH-ASO Data Dictionary, HCA Supplemental Transaction Data Guide and HCA IMC Service Encounter Reporting Instructions (SERI), and SBH-ASO Policies and Procedures as the primary source of guidance in submitting data through the SBH-ASO for SBH-ASO funded services.

II. ENCOUNTER DATA

SBH-ASO providers are required to submit Encounter data to the SBH-ASO for all encounterable services funded by the SBH-ASO. This data is used for many purposes, such as regulatory reporting, rate setting and risk adjustment, and quality improvement and performance reporting. Encounter data must be submitted in accordance with the HCA IMC SERI Guide and within thirty (30) calendar days from the close of the month in which the encounter occurred.

Providers must correct and resubmit any encounters which are rejected (non-HIPAA compliant) or denied by the SBH-ASO. Encounters must be corrected and resubmitted within thirty (30) days (see SBH-ASO Policy IS602 – Data Integrity).

III. SUPPLEMENTAL DATA

SBH-ASO providers shall submit behavioral health supplemental data in accordance with the SBH-ASO Data Dictionary and Contract requirements. Providers must correct and resubmit any files which are rejected or denied by the SBH-ASO within thirty (30) days.

IV. CRISIS LOG

Behavioral health crisis interventions and outcomes for all individuals must be reported to the SBH-ASO in the required reporting format within 24 hours of the crisis response. Crisis providers shall ensure this data is submitted in the required time frame and in the requested format. SBH-ASO will distribute Medicaid enrollee crisis intervention and outcome reports to the assigned Apple Health Plan Managed Care Organization (MCO) to ensure the MCO is aware that their member contacted the crisis system.

V. PROVIDER PORTAL

SBH-ASO supplies a Provider Portal as a means for providers to send, receive, and access documents with the SBH-ASO in a secure manner.

Registering for SBH-ASO Provider Portal

1. Go to SBH-ASO website
2. Choose “For Providers”
3. Click on “Provider Web Portal”
4. Choose “SBH-ASO Provider Portal Registration Request” under *Links to Cognito Forms* heading
5. Complete form and submit electronically.

CHAPTER 7 – BILLING PROCESSES

I. IN-NETWORK – CRISIS AND NON-MEDICAID BEHAVIORAL HEALTH SERVICE BILLING

SBH-ASO requires contracted crisis and non-Medicaid behavioral health providers to bill the ASO in accordance with contract terms.

II. OUT-OF-NETWORK – NON-MEDICAID BEHAVIORAL HEALTH SERVICE BILLING

For instances in which a Salish Individual is served by a non-contracted behavioral health provider, SBH-ASO will accept the submission of paper or electronic claims, using HIPAA-compliant submission methods (UB-04, CMS-1500, 837P, 837I).

The following are the requirements for SBH-ASO to process any claims submitted for non-contracted behavioral health service providers:

1. Authorization must be obtained prior to rendering a service which requires prior authorization (please see SBH-ASO Utilization Management Prior Auth Table for more information).

2. Notification must be submitted within the timeframes outlined in SBH-ASO Policy CL203 – Levels of Care for services which require notification.

3. Claims must be submitted in accordance with timely filing standards of 12 months from the date of service (DOS).

For information regarding SBH-ASO allowable services, please see HCA Service Encounter Reporting Guide (SERI).

Electronic Claim Submission

If submitting the claim via electronic means, it is recommended that providers submit a test file prior to sending production claims data to help ensure that the files are in the correct format. The test submission will be run through a validation program to verify the submission meets format specifications.

SBH-ASO allows one option to electronically submit claim files:

- Batch upload through MFT

III. CONTACT INFORMATION

Customer Service	360-337-7050 1-800-525-5637	Monday – Friday 8am – 4:30pm PST	General questions regarding referrals, authorizations, claims, complaints and grievances.
EDI Electronic Submission Support	360-337-7050 1-800-525-5637	Monday – Friday 7am – 3:30pm PST	Questions regarding Provider Portal and direct or batch claim submission.
Claims Mailing Address	614 Division St MS-23, Port Orchard, WA 98366		