

HealthMAPS Provider Portal Training Guide

This training guide explains how to:

- [View prior authorizations and referrals](#)
- [Enter professional claims](#)
- [Enter institutional claims](#)
- [Enter corrected or replacement claims](#)

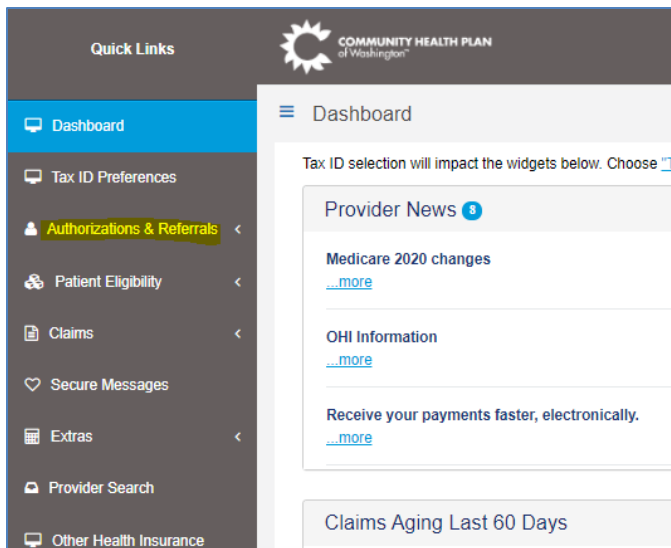
View Prior Authorizations and Referrals

Follow these instructions to search for an authorization or referral for your patient.

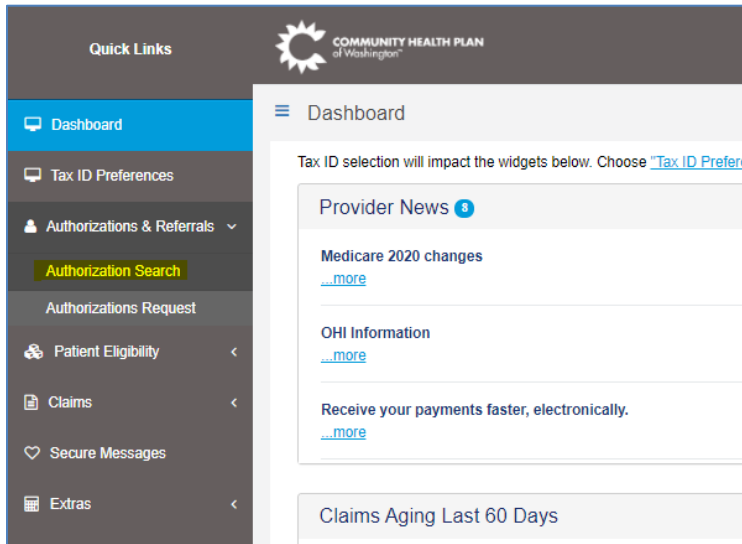
Important:


You can **view** authorizations and referrals in HealthMAPS. Please continue to use Jiva, CHPW's care management portal, to **submit** authorization requests, referral requests, and inpatient notifications. The **Authorizations Request** button in HealthMAPS links to Jiva.

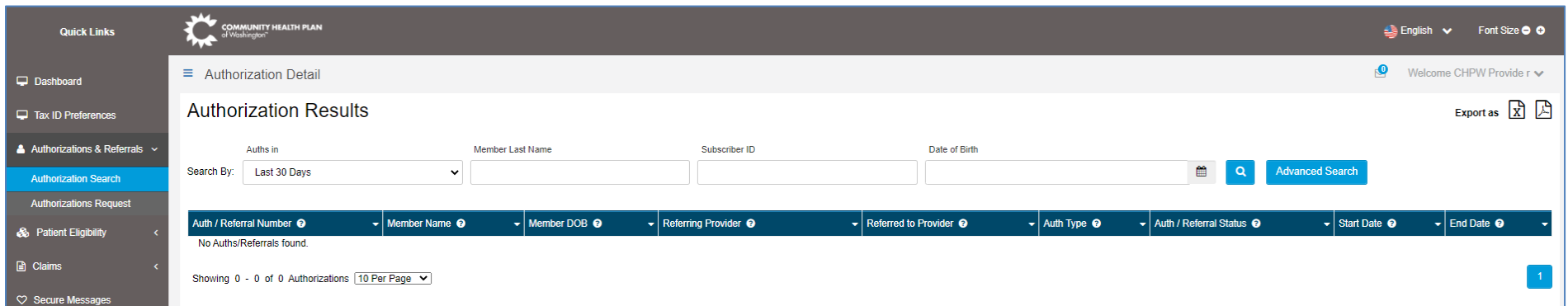
1. Log into the HealthMAPS Provider Portal at <https://mychpw.chpw.org/en/provider>.
2. Click **Authorizations & Referrals** on your dashboard to expand the options:



3. Click **Authorization Search**.



4. When the quick search option displays, you can search by **Member Last Name, Subscriber ID, Date of Birth** or any combination of the three.
 - Use the **Auths in** filter to refine your search to: **All, Last 7 Days, Last 15 Days, Last 30 Days, Last 60 Days** or **Last 90 Days**.
5. After entering your search details, click the search icon  to search our database.



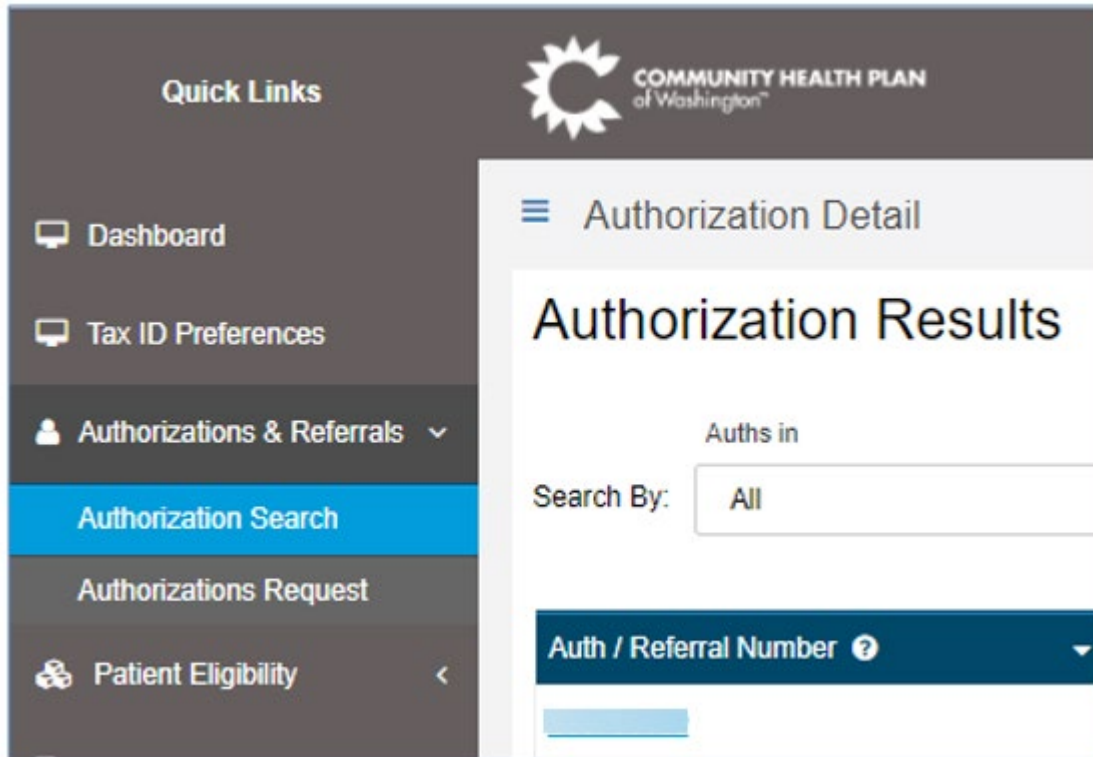
6. You also have the option to do a more advanced search: Click the **Advanced Search** button to the right of the search icon.

The screenshot shows the 'Authorization Results' page. At the top, there's a search bar with 'Auths in' set to 'Last 30 Days'. To the right of the search bar is a blue search icon and a green 'Advanced Search' button. Below the search bar is a table header with columns: 'Auth / Referral Number', 'Member Name', 'Member DOB', 'Referring Provider', 'Referred to Provider', 'Auth Type', 'Auth / Referral Status', and 'Start Date'. The main content area below the header is currently empty, displaying 'No Auths/Referrals found.' and 'Showing 0 - 0 of 0 Authorizations 10 Per Page'.

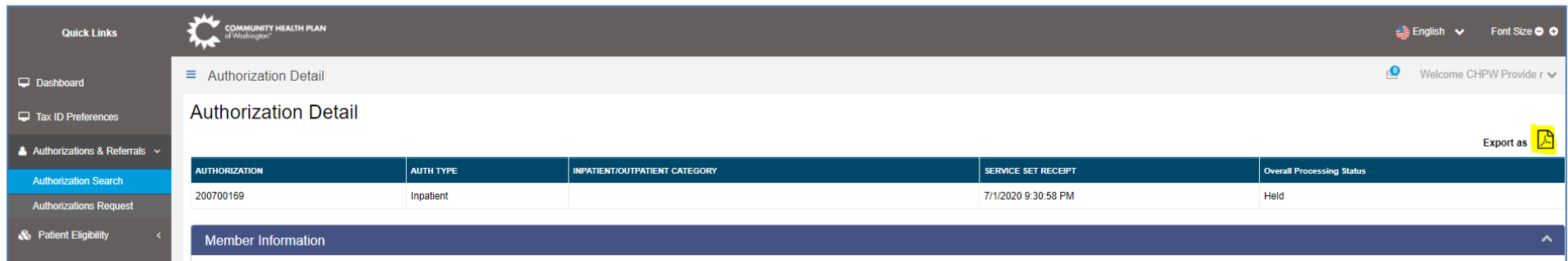
- When you click this button, a pop-up window opens that allows you to enter additional criteria for your search.

The screenshot shows the 'Advanced Search' pop-up window. It contains several input fields and dropdown menus for search criteria. The fields are organized into two columns. The left column includes: 'Authorization #', 'Start Date' (with a calendar icon), 'Subscriber ID' (with a 'Contains' dropdown), 'Member First Name' (with a 'Contains' dropdown), 'Member Last Name' (with a 'Contains' dropdown), 'Date of Birth' (with a calendar icon), 'Provider Information' section with 'Provider Number', 'Provider Last Name' (with a 'Contains' dropdown), 'Provider First Name' (with a 'Contains' dropdown), 'Provider NPID', and 'Referred to Provider'. The right column includes: 'End Date' (with a calendar icon), 'Subscriber ID', 'Member First Name', 'Member Last Name', 'Gender' (with a 'Select' dropdown), 'Fed. Tax. ID', 'Provider Last Name', 'Provider First Name', and 'Auth / Ref Status' (with a 'Select' dropdown). At the bottom of the pop-up are 'Search' and 'Clear' buttons.

7. When your search results display, click the blue hyperlink with the 9-digit authorization number to display the details of the authorization.

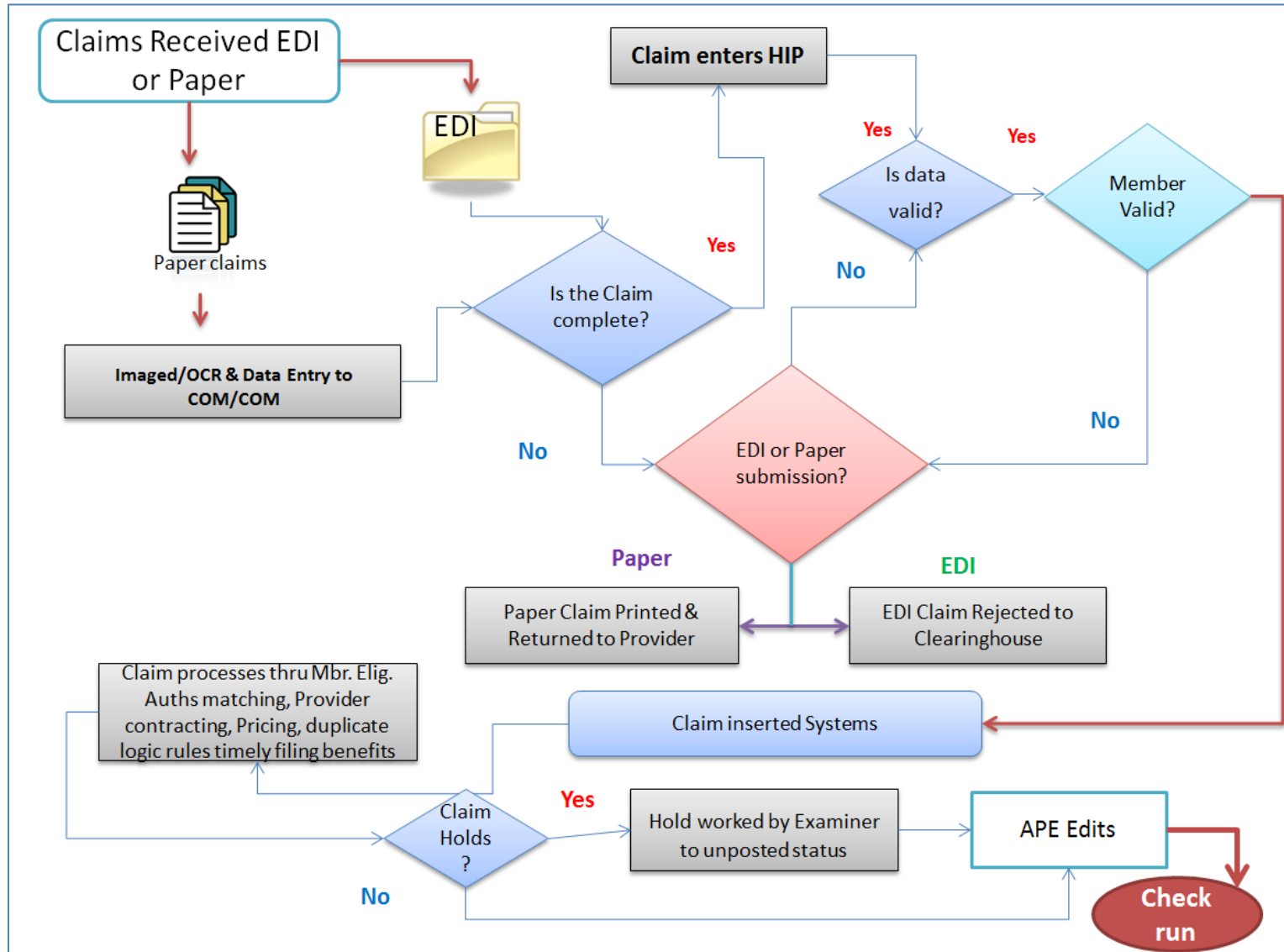


8. Optional: Click the **Export as** icon at the top right of the authorization details screen to export the details of the authorization into a PDF document.



Enter Professional Claims

High level claim flowchart



To begin entering professional claims

Follow these instructions.

1. Log into the HealthMAPS Provider Portal at <https://mychpw.chpw.org/en/provider>.
2. If you need to verify authorization details before submitting your claim, see the “View Prior Authorizations and Referrals” section of this guide.
3. When ready to submit claims, choose the **Claims** drop down menu on the left of the screen and select **Submit Professional Claim**.
4. Choose **Create a New Batch** or use an **existing New Batch** that hasn’t been submitted yet if you wish to add another claim to that batch prior to batch submission. A batch can consist of one or more claims. You can submit more than one claim, but you are not required to.

Submit Professional Claims

Welcome CHPW Provider

Submit a Professional Claim

Create a new batch

Batch & Claims

Submitted Batch New Batch

15 Batches

Quick search a batch by Batch Number

Batch Number	Entered Claims	Date Submitted	Batch Status	Actions
100237719	4	11/05/2018	New	Delete
100237755	1	11/12/2018	New	Delete
100237775	1	11/14/2018	New	Delete
100237795	1	11/15/2018	New	Delete
100237797	0	11/15/2018	New	Delete
100237803	0	11/15/2018	New	Delete

Example of an existing batch that hasn't been submitted:

Submit Professional Claims
Welcome CHPW Provider

New Batch #100237719

[← Back to Batch List](#)

* Fields are required

Batch Submit Date
11/19/2018

Total Claims Entered
4

Form Name
HCFA-1500

➤ New Claim
➤ Corrected / Replacement Claim
➤ Voided / Cancelled Claim

	Batch Record #	No. of claim lines	Total Amount Billed	Notes
<input type="checkbox"/>	1	1	\$100	
<input type="checkbox"/>	2	0	\$0	
<input type="checkbox"/>	3	1	\$25	
<input type="checkbox"/>	4 New	1	\$360	Copy of Claim#1802230AV2958177

Showing 1 - 4 of 4 Claims
5 Per Page
1

Delete Claim(s)

Batch Record #5

* Submission Code

New Batch
 Corrected / Replacement Claim
 Voided / Cancelled Claim

Original Reference Number


Member Information

Appeals and Grievances Disputes Call Toll Free:
 1 (206) 521-8830, 1 (800) 440-1561 or 1 (866) 418-1009.
 For IMC and BHSO Only in Clark and Skamania Counties
 Fax: (206) 613-8984 (routine)
 Fax: (206) 613-8983 (urgent)

You may also send a secure message to CHPW Customer Service department using the envelop icon above or by selecting secure messages from the left navigation menu.

Email: Appealsgrievances@chpw.org
 (mailto: Appealsgrievances@chpw.org)



5. Member Information

- a. **Insured's ID Number**—enter the member's CHPW subscriber ID number or click the search icon  to use the search menu.

Note:

CHPW Medicaid or Medicare Advantage subscriber IDs have 8 digits. CHPW Cascade Select subscriber IDs (effective 01/01/2021) have 10 characters (alphanumeric).



- b. Click on the radio button to **Select Member Search Results**. The member's name, date of birth (DOB), address, city, state, zip, and plan information auto-populate.
- c. **Patient Control Number**—enter the number you assigned the member as their patient ID. This field is alphanumeric to accommodate your unique patient control numbering system.

Insured Info	
* Insured's ID Number 	* Patient Control Number 
<input type="text"/>	<input type="text"/>
* Patient's relationship to Insured	* Select Type of Health Insurance applicable to this claim
<input checked="" type="radio"/> Self	<input checked="" type="radio"/> Medicaid <input type="radio"/> Medicare

Note:

Selecting the **Member Search Results** auto-populates the patient's relationship to **Self** and the member's type of insurance, **Medicaid**, **Medicare**, or (effective 01/01/2021) **Cascade Select**.

- d. If you have a **Prior Authorization Number** for this member, enter it where indicated.

State Washington 	Zipcode 98274	Phone # <input type="text"/>
Policy Group or FECA Number  HRSA	Insurance Plan Name or Program Name APPLE HEALTH - FAMILY	Prior Authorization Number <input type="text"/>

6. Provider Information

- Search by **Billing Provider NPI** and select **Provider Search Result**.
- Provider name, address, city, state, and zip code auto-populate.
- Verify that the **physical address** populated. Enter the physical address if needed.
- Ensure you type in the **Billing Provider FED. [federal] Tax ID # (TIN)** and **required**, 10-character **Billing Provider [federal] Taxonomy ID**.

Billing Provider Street address is mandatory for claims submission. Please enter mandatory street address fields in case the lookup functionality only populates PO Box address fields.

Set Default Values

* Billing Provider NPI * Billing Provider FED. Tax ID # Billing Provider Taxonomy ID

Billing Provider Name

Full Name

- Provide your **Contact name** and **Phone #**:

State Zip Code Phone #

Contact name

- To have your payment sent to your PO box or lockbox, enter that information in the **PO Box/Lock Box** field.

If Pay to address is either a PO box or Lock box. Use below address fields

PO Box/Lock Box City State

Zip Code

d. If the servicing provider is the same as the billing provider, select **Yes**. If not, then fill out the **Servicing Provider** information.

* Is the servicing provider the same as the billing provider? [?](#)
 Yes No

Servicing Provider NPI [?](#) Servicing Provider Taxonomy ID [?](#)

Servicing Provider Name

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1 (No. Street) Address 2 (Suite) City

State Zip Code Phone #

* Release information Certification [?](#)
 Yes No

* Assignment of Benefit Certification [?](#)
 Yes No

* Accept Assignment [?](#)
 Yes No

* Signature of Physician or Supplier on file? [?](#)
 Yes No

e. Enter the **Referring Physician** information *if applicable*.

Referring Physician NPI		
<input type="text"/>		<input type="button" value="Q"/>
Referring Physician Name		
First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address 1 (No. Street)	Address 2 (Suite)	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
State	Zip Code	Phone #
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>

7. Claim Information

- a. Provide the **Claim Header Information**.

Note:

You can click on both the **Claim Header Information** and **Claim Details Info.** tabs.

- b. **Total Amount Billed** auto-populates when the **Claim Details Info.** tab is completed.

Claim Information

Claim Header Information | Claim Details Info.

* Were the services provided emergency related?
 Yes No

Total Amount Billed
\$0.00

* From Date of Service Through Date of Service

* Place of Service

* Diagnosis 1 Claim Note 1

Add Additional Diagnosis

Only 12 diagnosis codes allowed.

Clear Save Claim Data

If this button is not clicked, the claim data will be lost.

Cancel Submit Batch

Next

- b. Make sure to click **Save Claim Data** before leaving the claim form or you will need to re-enter the data.

Note that the **Claim Information** screen has a field for the **National Drug Code (NDC)**. The NDC must be included for all outpatient medications/injections. It consists of **11 digits with no spaces or hyphens**, in the 5-4-2 format.

Claim Information
^

Claim Header Information
Claim Details Info.

* CPT/HCPCS Q

1st Modifier Q

3rd Modifier Q

* Amount Billed

* Outside Lab Charges?
 Yes No

National Drug Code

 Q

Drug Unit Count

Drug Unit

Select
v

* Diagnosis Reference +

2nd Modifier Q

4th Modifier Q

Patient Paid Amount ?

* \$ Charges

Prescription Number
 None Pharmacy Prescription Number Link Sequence

* Days Or Units

Add Line Item

From Date of Service	Through Date of Service	Diagnosis 1	Place of Service	CPT/HCPCS	Diagnosis Reference	1st Modifier	Days Or Units	Amount Billed	Outside Lab Charges	Total Claim Line Amount	Actions
									Total Amount Billed	\$ 0	

← Previous

The **Additional Claim Attachment** tab allows you to upload a document to attach to your claim. This is optional, it is not required to submit your claim. There are limitations in number of attachments and attachment size; the system will notify you if you reach the limit.

Claim Information

Claim Header Information Claim Details Info. **Additional Claim Attachment**

Additional Claim Attachment

Choose document type
Select

Upload File
Choose File No file chosen Upload

If you need to come back to edit the claim prior to submitting the batch, click on the underlined number under **Batch Record #** at the top of the claim form.

New Batch #100237719

* Fields are required

Batch Submit Date: 11/19/2018

Total Claims Entered: 6

Form Name: HCFA-1500

[+ New Claim](#) [+ Corrected / Replacement Claim ?](#) [+ Voided / Cancelled Claim ?](#)

<input type="checkbox"/>	Batch Record #	No. of Claim Lines	Total Amount Billed	Notes
<input type="checkbox"/>	1		\$100	
<input type="checkbox"/>	2	0	\$0	
<input type="checkbox"/>	3	1	\$25	
<input type="checkbox"/>	4	1	\$360	Copy of Claim# [REDACTED] AVA [REDACTED]
<input type="checkbox"/>	5	1	\$150	

Showing 1 - 5 of 6 Claims 5 Per Page 1 2 > >>

Delete Claim(s)

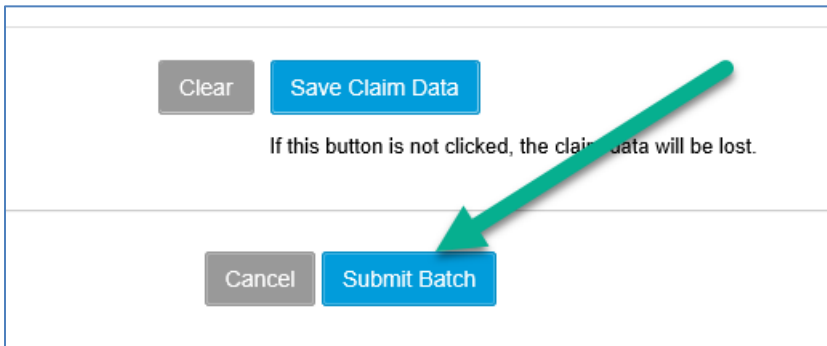
Batch Record #7

* Submission Code ?

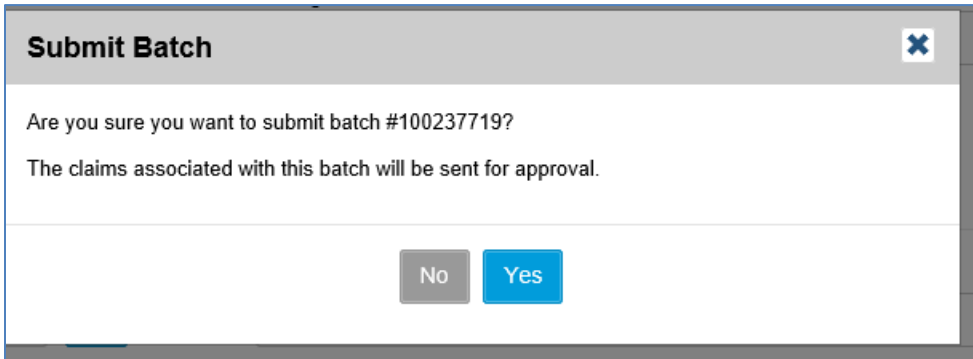
[● New Batch](#) [● Corrected / Replacement Claim](#) [● Voided / Cancelled Claim](#)

Original Reference Number ?

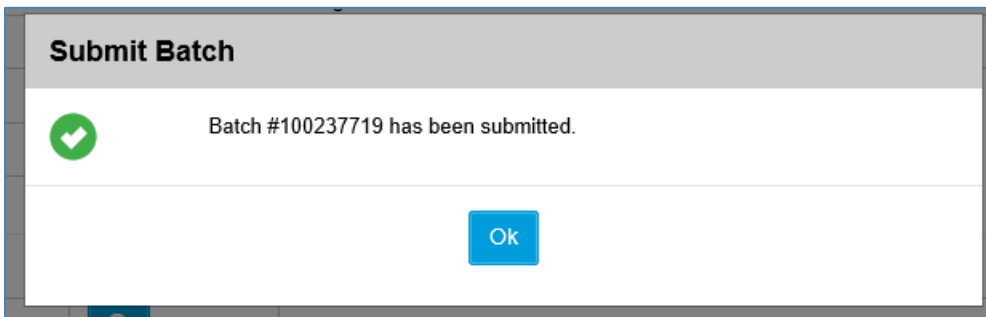
8. When you are ready to submit your batch of claims, click **Submit Batch**.



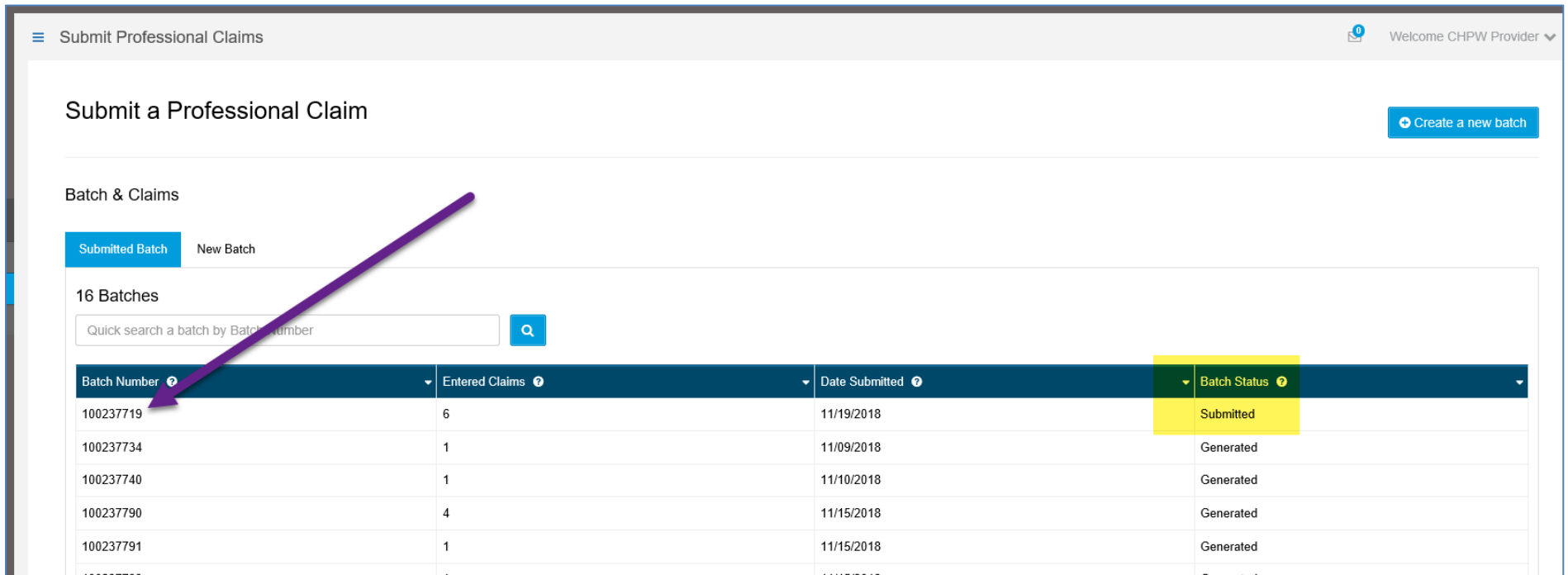
a. You'll be asked to confirm you want to submit. Click **Yes** to Submit or **No** to return to creating/editing your batch.



b. After you submit your batch, you will receive confirmation it has been submitted. Click **Ok**.



- c. You will be returned to the **Batch & Claims** screen where you'll see your **Batch Number**, **Batch Status** of **Submitted**, the number of **Entered Claims** within your batch, and the **Date Submitted**.



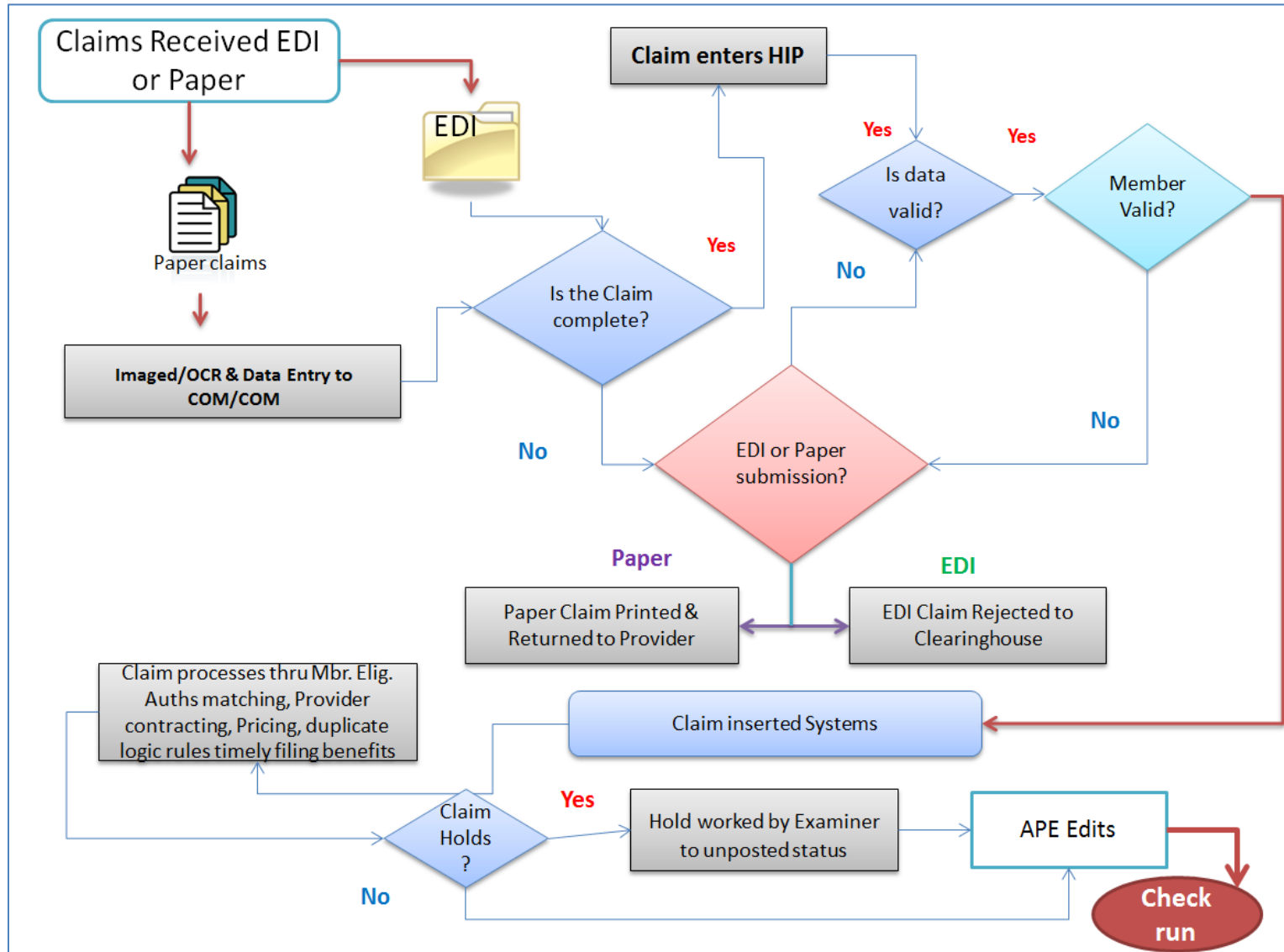
The screenshot shows the 'Submit Professional Claims' interface. At the top, there is a navigation bar with a hamburger menu, the text 'Submit Professional Claims', and a user greeting 'Welcome CHPW Provider'. Below this is a section titled 'Submit a Professional Claim' with a 'Create a new batch' button. The main area is labeled 'Batch & Claims' and contains two tabs: 'Submitted Batch' (active) and 'New Batch'. Below the tabs, it says '16 Batches' and has a search bar with the placeholder text 'Quick search a batch by Batch Number'. A table displays the following data:

Batch Number	Entered Claims	Date Submitted	Batch Status
100237719	6	11/19/2018	Submitted
100237734	1	11/09/2018	Generated
100237740	1	11/10/2018	Generated
100237790	4	11/15/2018	Generated
100237791	1	11/15/2018	Generated

- d. After a batch is submitted, the service processes and generates the X12 file that loads the claim into the processing system. The **Batch Status** then updates to **Generated**.

Enter Institutional Claims

High level claim flowchart



To begin entering institutional claims

Follow these instructions.

1. Log into the HealthMAPS Provider Portal at <https://mychpw.chpw.org/en/provider>.
2. If you need to verify authorization details before submitting your claim, see the “View Prior Authorizations and Referrals” section of this guide.
3. When ready to submit claims, choose the **Claims** drop down menu on the left of the screen and select **Submit Institutional Claim**.
4. Choose **Create a New Batch** or use an **existing New Batch** that hasn’t been submitted yet if you wish to add another claim to that batch prior to batch submission. A batch can consist of one or more claims. You can submit more than one claim, but you are not required to.

Submit an Institutional Claim

Batch & Claims

Submitted Batch New Batch

16 Batches

Quick search a batch by Batch Number

Batch Number	Entered Claims	Date Submitted	Batch Status
100237905	1	12/28/2018	Error
100237907	1	12/28/2018	Error
100237912	1	12/13/2018	Error
100237917	1	01/10/2019	Generated
100237922	1	12/26/2018	Error
100237929	1	01/24/2019	Error
100237953	1	02/12/2019	Generated
100238005	1	12/28/2018	Generated
100238091	2	01/22/2019	Error
100238094	1	01/22/2019	Error

Showing 1 - 10 of 16 Batches 10 Per Page

- Dashboard
- Tax ID Preferences
- Authorizations & Referrals
- Patient Eligibility
- Claims
- Claims Search
- Submit Professional Claim
- Submit Institutional Claim**
- Secure Messages
- Extras
- Provider Search
- Other Health Insurance
- Profile Management
- Provider Resources
- Reports

Submit an Institutional Claim

Welcome CHPW Provider

Submit an Institutional Claim

Create a new batch

Batch & Claims

Submitted Batch **New Batch**



125 Batches

Quick search a batch by Batch Number

Batch Number	Entered Claims	Date Submitted	Batch Status	Actions
100237908	1	12/12/2018	New	Delete
100237924	1	12/18/2018	New	Delete
100237926	1	12/18/2018	New	Delete
100237952	1	12/20/2018	New	Delete
100237954	1	12/20/2018	New	Delete
100237958	1	12/20/2018	New	Delete
100237959	0	12/21/2018	New	Delete
100237960	1	12/21/2018	New	Delete
100237961	0	12/21/2018	New	Delete
100237966	0	12/26/2018	New	Delete

Showing 1 - 10 of 125 Batches 10 Per Page

1 2 3 4 5 > >>

Clicking on an **existing new batch number** that has not been submitted yet allows you to sequentially add a new claim. In the example below **Batch Record #2** is displayed.

Quick Links

COMMUNITY HEALTH PLAN of Washington

English Font Size

Welcome CHPW Provider

Submit an Institutional Claim

New Batch #100237908

[← Back to Batch List](#)

* Fields are required

Batch Submit Date: 03/18/2019 Total Claims Entered: 1 Form Name: UB-04

[New Claim](#) [Corrected / Replacement Claim](#) [Voided / Cancelled Claim](#)

Batch Record #	No. of claim lines	Total Amount Billed	Notes
1 New	1	\$100.00	

Showing 1 - 1 of 1 Claims 5 Per Page 1

[Delete Claim\(s\)](#)

Batch Record #2

*Submission Code New Batch Corrected / Replacement Claim Voided / Cancelled Claim

Original Reference Number

Statement covers period date

* From Date of Service

* Through Date of Service

* Type of Bill

Provider Information (Hospital / Facility)

Set Default Values

* Billing Provider NPI * Billing Provider FED Tax ID # * Billing Provider Taxpayer ID #

- a. Enter the **From Date of Service** (admit date), **Through Date of Service** (discharge date), and **Type of Bill** information.
- b. Enter your **Billing [Facility] Provider NPI**, **Billing Provider FED [federal] Tax ID # (TIN)**, and **required**, 10-character **Billing Provider Taxonomy**.
- c. Ensure the **Billing [Facility] Provider Name** and **physical address** (billing location) are populated. Enter the physical address if needed.
- d. To have your payment sent to your PO box or lockbox, enter that information in the **PO Box/Lock Box** fields (below the physical address).

Statement covers period date ^

* From Date of Service

* Through Date of Service

* Type of Bill ?

Provider Information (Hospital / Facility) ^

Billing Provider Street address is mandatory for claims submission. Please enter mandatory street address fields in case the lookup functionality only populates PO Box address fields.

Set Default Values

* Billing Provider NPI ?

* Billing Provider FED. Tax ID # ?

Billing Provider Taxonomy ID ?

Billing Provider Name

Full Name

* Address 1 (No. Street)

Address 2 (Suite/Apartment)

* City

* State

* Zip Code

Phone #

If Pay to address is either a PO box or Lock box. Use below address fields

PO Box/Lock Box


City

State

Zip Code

Member Information ^

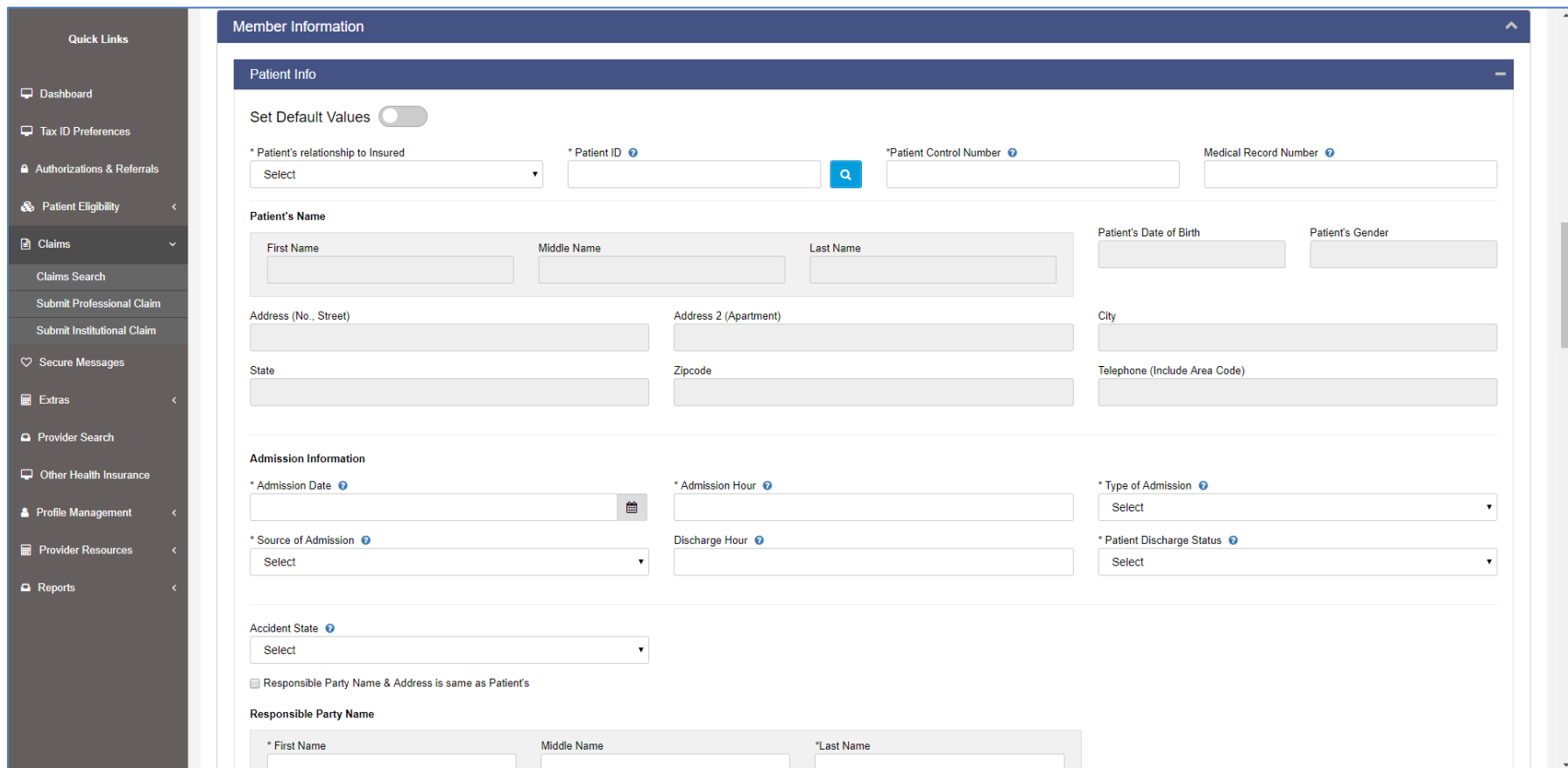
5. Member Information

- a. **Patient's relationship to the Insured** drop down box: Select **Self**.
- b. Enter the member's CHPW subscriber ID in the **Patient ID** box or click on the search icon  to use the search menu.

Note:

CHPW Medicaid or Medicare Advantage subscriber IDs have 8 digits. CHPW Cascade Select subscriber IDs (effective 01/01/2021) have 10 characters (alphanumeric).

- c. **Patient Control Number**: Enter the number you assigned the member as their patient ID. The space provided is alphanumeric to accommodate your unique patient control numbering system.
- d. The **Patient's Name, Date of Birth, Gender, Address** and **Telephone** number should pre-populate when you entered the member's CHPW **Patient ID** number. Add any information that does not auto-populate.




The screenshot shows a web application interface for entering member information. On the left is a dark sidebar with 'Quick Links' including Dashboard, Tax ID Preferences, Authorizations & Referrals, Patient Eligibility, Claims, Claims Search, Submit Professional Claim, Submit Institutional Claim, Secure Messages, Extras, Provider Search, Other Health Insurance, Profile Management, Provider Resources, and Reports. The main content area is titled 'Member Information' and has a sub-header 'Patient Info'. Below this is a 'Set Default Values' toggle switch. The form fields are organized as follows:

- Patient Info:** * Patient's relationship to Insured (dropdown), * Patient ID (text with search icon), * Patient Control Number (text with search icon), Medical Record Number (text).
- Patient's Name:** First Name, Middle Name, Last Name (text), Patient's Date of Birth (text), Patient's Gender (text).
- Address:** Address (No., Street), Address 2 (Apartment), City, State, Zipcode, Telephone (Include Area Code) (text).
- Admission Information:** * Admission Date (text with calendar icon), * Admission Hour (text), * Type of Admission (dropdown), * Source of Admission (dropdown), Discharge Hour (text), * Patient Discharge Status (dropdown).
- Accident State:** Accident State (dropdown).
- Responsible Party Name:** * First Name, Middle Name, * Last Name (text).

There is a checkbox labeled 'Responsible Party Name & Address is same as Patient's' located below the Accident State field.

e. Enter the **Admission Information**. If the **Responsible Party** is other than the member, complete that section, otherwise, click the box, **Responsible Party Name & Address is same as Patient's**.

Admission Information

* Admission Date [?](#) 

* Admission Hour [?](#)

* Type of Admission [?](#)

* Source of Admission [?](#)

Discharge Hour [?](#)

* Patient Discharge Status [?](#)

Accident State [?](#)

Responsible Party Name & Address is same as Patient's

Responsible Party Name

* First Name <input type="text" value=""/>	Middle Name <input type="text" value=""/>	*Last Name <input type="text" value=""/>
--	---	--

Address 1 (No. Street)

Address 2 (Suite/Apartment)

City

State

Zip Code


Telephone(Include Area code)


f. If your patient has any other health information (OHI) or coordination of benefits (COB) with other insurance coverage, enter that information in the **Payer/Insured Information** section.





Payer/Insured Information ^

<p>Is there another Health Benefit Plan? <input checked="" type="radio"/> No <input type="radio"/> Yes</p>	<p>* Payer Type <input type="text" value="Select"/></p>		
<p>* Health Plan ID ? <input type="text"/></p>	<p>* Payer Name (Carrier) <input type="text"/> <input type="button" value="Q"/></p>	<p>Prior Payments <input type="text"/></p>	<p>Estimated Amount Due <input type="text"/></p>
<p>* Address 1 (No. Street) <input type="text"/></p>	<p>Address 2 (Suite) <input type="text"/></p>	<p>* City <input type="text"/></p>	<p>State <input type="text" value="Select"/></p>
<p>Zip Code <input type="text"/></p>	<p>Filing Indicator <input type="text" value="Other Non-Federal Programs"/></p>		
<p>* Release of Information Certification ? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>* Assignment of Benefit Certification ? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>		
<p>* Insured's ID Number ? <input type="text"/></p>	<p>* First Name <input type="text"/></p>	<p>Middle Name <input type="text"/></p>	<p>* Last Name <input type="text"/></p>
<p>* Address 1 (No. Street) <input type="text"/></p>	<p>Address 2 (Suite) <input type="text"/></p>	<p>* City <input type="text"/></p>	<p>State <input type="text" value="Select"/></p>
<p>Zip Code <input type="text"/></p>	<p>* Patient's Relationship to Insured <input type="text" value="Select"/></p>	<p>* Group Name ? <input type="text"/></p>	<p>* Insured's Group Number ? <input type="text"/></p>
<p>Treatment Authorization codes <input type="text"/></p>	<p>Document Control Number <input type="text"/></p>	<p>Employer Name <input type="text"/></p>	

6. Attending and Operating Provider Information

- a. Enter the **Attending Provider NPI**, **Attending Provider First Name**, and **Attending Provider Last Name** where indicated, then enter the **Attending Provider Taxonomy Number** into the **Attending/Operating/Other Provider Taxonomy ID1** box . ***These are required*** by the Washington State Health Care Authority (HCA).
- b. You can also add **Operating Provider** information or **Other Providers**. Click on the plus sign  next to the **Attending/Operating/Other Provider Taxonomy ID1** box to add another taxonomy number box for these extra providers.

Attending and Operating Provider information 

* Attending Provider NPI 	Attending Provider First Name	* Attending Provider Last Name
Operating Provider NPI 	Operating Provider First Name	Operating Provider Last Name
Other Provider NPI 	Other Provider First Name	Other Provider Last Name
Code Qualifier1	Code1	Attending/Operating/Other Provider Taxonomy ID1 
Remarks		

7. **Claim Information:** Note there are 3 tabs.

- a. Enter the requested information in the **Claim Header Info**, the first of the three tabs.

Claim Information

Claim Header Info | Claim Details Info | Additional claim attachment

Condition Codes1 Total Amount Billed ⓘ
[Text Field] \$0.00
Add Additional Conditional Code +
Up to 12 codes

Occurrence1 Add Additional Occurrence Code +
[Text Field] Date1 [Calendar Icon]
Up to 12 codes

Value Code1 Add Additional Value Code +
[Text Field] Value Amount1 [Text Field]

Principal Procedure Code ⓘ Date 1 [Calendar Icon]
[Text Field] [Search Icon]

Other Procedure Code1 ⓘ Date1 [Calendar Icon]
[Text Field] [Search Icon] Add Additional Procedure Code +
Up to 12 codes

*Diagnosis/Procedure Code Qualifier ⓘ External Cause of Injury Code ⓘ
[Text Field] [Search Icon] [Add Icon]

*Principal Diagnosis Code ⓘ *Admitting Diagnosis Code
[Text Field] [Search Icon] [Text Field] [Search Icon]

* Diagnosis 1 Patient's Reason for Visit Code
[Text Field] [Search Icon] [Text Field] [Search Icon] [Add Icon]





Add Additional Diagnosis




PPS Code [Text Field] [Search Icon]




A total of 12 diagnosis codes may be entered

b. Make sure to click on **Save Claim Data** before leaving the claim form or you will need to re-enter the data.


Up to 12 codes

*Diagnosis/Procedure Code Qualifier  External Cause of Injury Code   


*Principal Diagnosis Code   *Admitting Diagnosis Code 


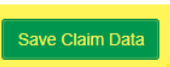
* Diagnosis 1  Patient's Reason for Visit Code  

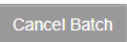

Add Additional Diagnosis

PPS Code 

A total of 12 diagnosis codes may be entered



 
If this button is not clicked, the claim data will be lost.

- c. Enter **Claim Details** (line) information in the second tab.
- d. If a claim line involves other health insurance, enter the corresponding OIC (other insurance carrier) information.

Claim Header Info
Claim Details Info

*** Revenue Code**

 🔍

*** Service Date**

 📅

*** CPT/HCPCS**

 🔍

*** Amount Billed**

*** Unit Of Measurement**

 ▼

OIC Allowed

OIC Deductible

OIC Not Covered

National Drug Code

 🔍

Drug Unit Count

Drug Unit

 ▼

Add Line Item

Description

Non Covered Charges

*** Days Or Units**

OIC Paid

OIC Co-Ins

Paid Date

 📅

Carrier Group Number

 ▼

Prescription Number

None
 Pharmacy Prescription Number
 Link Sequence

Revenue Code	Service Date	Non Covered Charges	Description	CPT/HCPCS	Days Or Units	Amount Billed	Actions
Total Amount Billed						\$ 0	

- e. If a claim line involves medication for **outpatient** institutional claims, enter the **National Drug Code (NDC)** information. The NDC must be included for all outpatient medications/injections. It consists of **11 digits with no spaces or hyphens**, in the 5-4-2 format.

National Drug Code

Drug Unit Count

Drug Unit

Prescription Number
 None Pharmacy Prescription Number Link Sequence



Revenue Code	Service Date	Non Covered Charges	Description	CPT/HCPCS	Days Or Units	Amount Billed	Actions
						Total Amount Billed	\$ 0

If this button is not clicked, the claim data will be lost.

f. Click on **Add Line Item** to populate the information you entered.



Drug Unit
Select

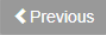

Add Line Item

Revenue Code	Service Date	Non Covered Charges	Description	CPT/HCPCS	Days Or Units	Amount Billed	Actions
0450	03/03/2019	0.00	FACILITY/ER/EMERGENCY ROOM	99213	1	\$ 45	 
Total Amount Billed						\$ 45.00	

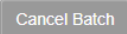
g. Remember to **Save Claim Data** before leaving the claim form or you will need to re-enter the data.

Add Line Item

Revenue Code	Service Date	Non Covered Charges	Description	CPT/HCPCS	Days Or Units	Amount Billed	Actions
0450	03/03/2019	0.00	FACILITY/ER/EMERGENCY ROOM	99213	1	\$ 45	 
Total Amount Billed						\$ 45.00	

  **Save Claim Data**

If this button is not clicked, the claim data will be lost.

 **Submit Batch**

- h. The third tab is **Additional claim attachment** . This allows you to upload a document to attach to your claim. This is optional, it is not required to submit your claim. There are limitations in number of attachments and attachment size; the system will notify you if you reach the limit.

Claim Information

Claim Header Info Claim Details Info **Additional claim attachment**

Additional Claim Attachment

Choose document type
Select ▼

Upload File
Choose File No file chosen Upload

Clear Save Claim Data

If this button is not clicked, the claim data will be lost.

Cancel Batch Submit Batch

- i. If you need to come back to edit the claim prior to submitting the batch, click on the underlined number under **Batch Record #** at the top of the claim form.

New Batch #100237719

* Fields are required

Batch Submit Date: 11/19/2018

Total Claims Entered: 6

Form Name: HCFA-1500

[New Claim](#) [Corrected / Replacement Claim](#) [Voided / Cancelled Claim](#)

<input type="checkbox"/>	Batch Record #	No. of Claim Lines	Total Amount Billed	Notes
<input type="checkbox"/>	<u>1</u>		\$100	
<input type="checkbox"/>	<u>2</u>	0	\$0	
<input type="checkbox"/>	<u>3</u>	1	\$25	
<input type="checkbox"/>	<u>4</u>	1	\$360	Copy of Claim#1 [REDACTED] AVE [REDACTED]
<input type="checkbox"/>	<u>5</u>	1	\$150	

Showing 1 - 5 of 6 Claims | 5 Per Page

[Delete Claim\(s\)](#)

1 2 > >>

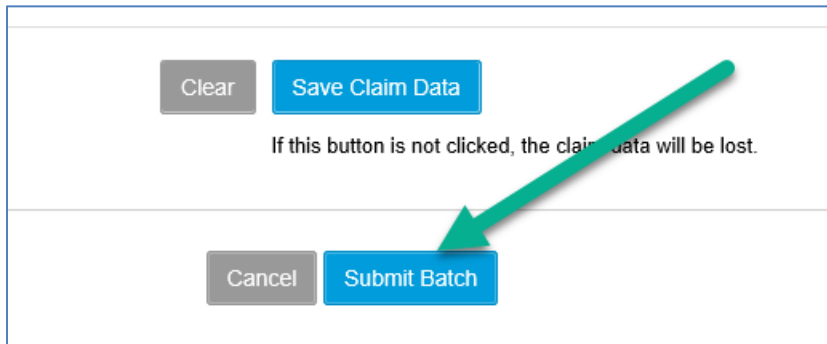
Batch Record #7

* Submission Code [?](#)

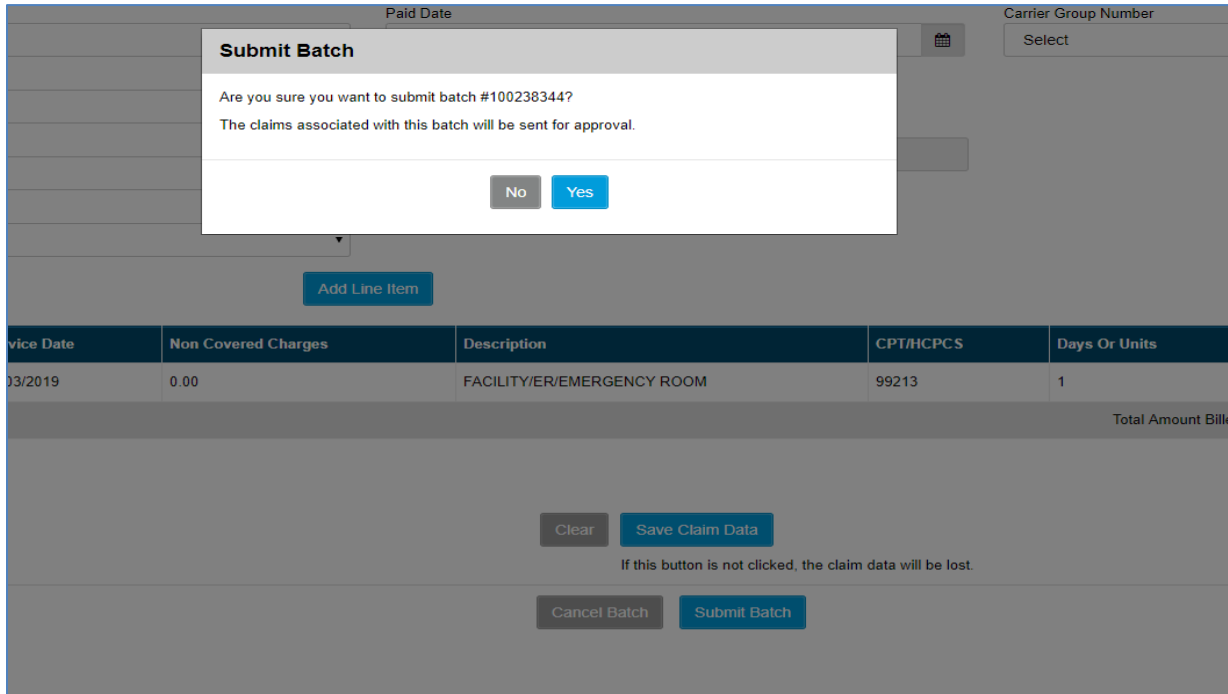
Original Reference Number [?](#)

New Batch Corrected / Replacement Claim Voided / Cancelled Claim

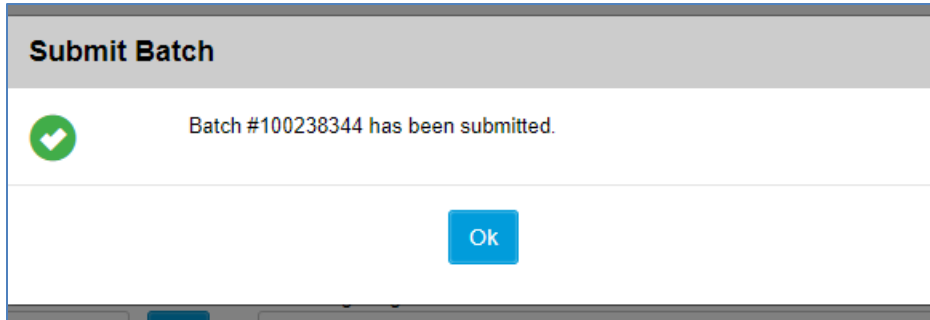
8. When you are ready to submit your batch of claims, click on **Submit Batch**.



a. You'll be asked to confirm you want to submit. Click **Yes** to submit or **No** to return to creating/editing your batch.



b. After you submit your batch, you will receive confirmation it has been submitted. Click **Ok**.



c. You will be returned to the **Batch & Claims** screen where you'll see your **Batch Number**, **Batch Status** of **Submitted**, the number of **Entered Claims** within your batch, and the **Date Submitted**.

The screenshot displays the "Submit an Institutional Claim" interface. At the top right, there is a blue button labeled "Create a new batch". Below the header, the "Batch & Claims" section is active, with "Submitted Batch" selected over "New Batch". A search bar is present with the placeholder text "Quick search a batch by Batch Number" and a magnifying glass icon. Below the search bar is a table with the following data:

Batch Number	Entered Claims	Date Submitted	Batch Status
100238110	2	02/18/2019	Generated
100238314	0	03/12/2019	Generated
100238315	2	03/12/2019	Generated
100238344	1	03/19/2019	Submitted

At the bottom of the table, it says "Showing 11 - 14 of 14 Batches" and "10 Per Page". On the far right, there are pagination controls: "<<" "<" "1" and "2" (highlighted).

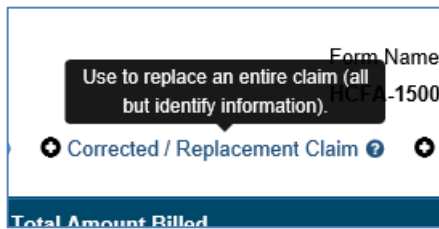
9. After a batch is submitted, the service processes and generates the X12 file that loads the claim into the processing system. The **Batch Status** then updates to **Generated**.


Enter Corrected and Replacement Claims

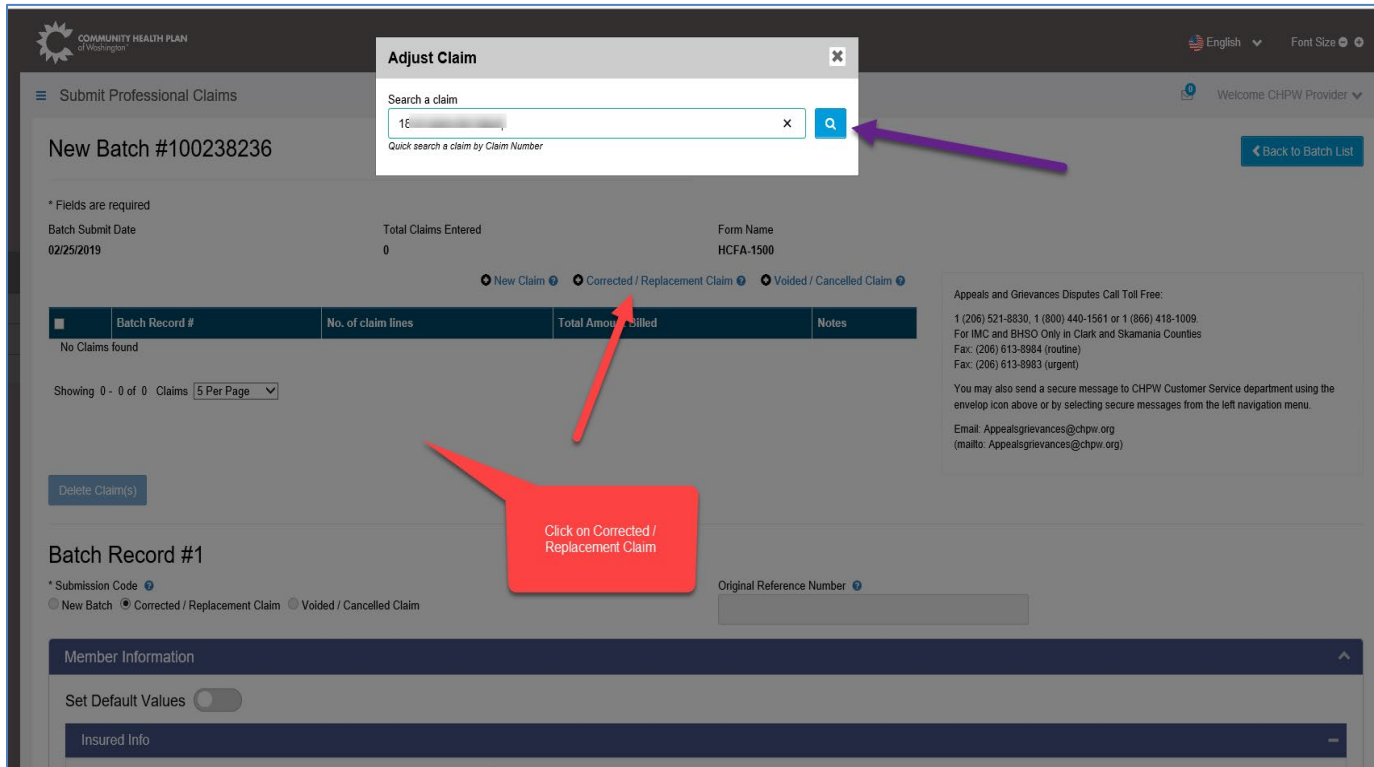
To enter a corrected or replacement claim

Follow these instructions.

1. Have ready the number of the claim you want to correct or replace.
2. Log into the HealthMAPS Provider Portal at <https://mychpw.chpw.org/en/provider>.
3. If you need to verify authorization details before submitting your claim, see the “View Prior Authorizations and Referrals” section of this guide.
4. Create a new batch and click on **Corrected / Replacement Claim**.



5. Enter the claim number you want to correct or replace, then click the search button .



COMMUNITY HEALTH PLAN of Washington

Submit Professional Claims

New Batch #100238236

* Fields are required

Batch Submit Date: 02/25/2019

Total Claims Entered: 0

Form Name: HCFA-1500

Adjust Claim

Search a claim

1E

Quick search a claim by Claim Number

English

Font Size

Welcome CHPW Provider

Back to Batch List

Appeals and Grievances Disputes Call Toll Free:
1 (206) 521-8830, 1 (800) 440-1561 or 1 (866) 418-1009.
For IMC and BHSO Only in Clark and Skamania Counties
Fax: (206) 613-8984 (routine)
Fax: (206) 613-8983 (urgent)

You may also send a secure message to CHPW Customer Service department using the envelop icon above or by selecting secure messages from the left navigation menu.

Email: AppealsGrievances@chpw.org
(mailto: AppealsGrievances@chpw.org)

Batch Record #	No. of claim lines	Total Amount Billed	Notes
No Claims found			

Showing 0 - 0 of 0 Claims 5 Per Page

Delete Claim(s)

Batch Record #1

* Submission Code

New Batch Corrected / Replacement Claim Voided / Cancelled Claim

Original Reference Number

Member Information

Set Default Values

Insured Info

The form populates with the old information and the **Original Reference Number**, aka the claim number you entered.

New Batch #100238236

* Fields are required

Batch Submit Date: 02/25/2019 Total Claims Entered: 0 Form Name: HCFA-1500

[New Claim](#) [Corrected / Replacement Claim](#) [Voiced / Cancelled Claim](#)

Batch Record #	No. of claim lines	Total Amount Billed	Notes
No Claims found			

Showing 0 - 0 of 0 Claims 5 Per Page

[Delete Claim\(s\)](#)

Batch Record #1

* Submission Code


New Batch Corrected / Replacement Claim Voiced / Cancelled Claim

Original Reference Number: 18.....

Member Information

Set Default Values:

Insured Info



6. Scroll through the claim and change the information you wish to correct.
 - a. To change a billed detail line item, click on the trash can icon to the right of the line you wish to correct.

Add Line Item

Diagnosis 1	Place of Service	CPT/HCPCS	Diagnosis Reference	1st Modifier	Units or Minutes	Amount Billed	Actions
4.12	11	97140	1	GP	1.0	\$ 54.10	
4.12	11	97161	1	GP	1.0	\$ 225.54	
4.12	11	97530	1	59	1.0	\$ 69.19	
Total Amount Billed							\$ 348.83


The line disappears:







Diagnosis 1	Place of Service	CPT/HCPCS	Diagnosis Reference	1st Modifier	Units or Minutes	Amount Billed	Actions
	11	97161	1	GP	1.0	\$ 225.54	
	11	97530	1	59	1.0	\$ 69.19	
Total Amount Billed							\$ 294.73

b. Fill in the claim detail information in that section with your correction/replacement information and then click **Add Line Item**.

Your correction displays at the bottom of the claim detail list.

Select

Add Line Item 

From Date of Service	Through Date of Service	Diagnosis 1	Place of Service	CPT/HCPCS	Diagnosis Reference	1st Modifier	Units or Minutes	Amount Billed	Actions
0/11/2018	10/11/2018	M54.12	11	97161	1	GP	1.0	\$ 225.54	 
0/11/2018	10/11/2018	M54.12	11	97530	1	59	1.0	\$ 69.19	 
0/11/2018	10/11/2018	M54.12	11	97140	2		1	\$ 85.53	 
								Total Amount Billed	\$ 380.26

< Previous

Clear **Save Claim Data**

If this button is not clicked, the claim data will be lost.







Cancel **Submit Batch**

c. Make additional corrections as needed and then click on **Save Claim Data**.


Note:

If you do not click the save button, the claim data will be lost.

Add Line Item

From Date of Service	Through Date of Service	Diagnosis 1	Place of Service	CPT/HCPCS	Diagnosis Reference	1st Modifier	Units or Minutes	Amount Billed	Actions
10/11/2018	10/11/2018	M54.12	11	97161	1	GP	1.0	\$ 225.54	 
10/11/2018	10/11/2018	M54.12	11	97530	1	59	1.0	\$ 69.19	 
10/11/2018	10/11/2018	M54.12	11	97140	2		1	\$ 85.53	 
								Total Amount Billed	\$ 380.26

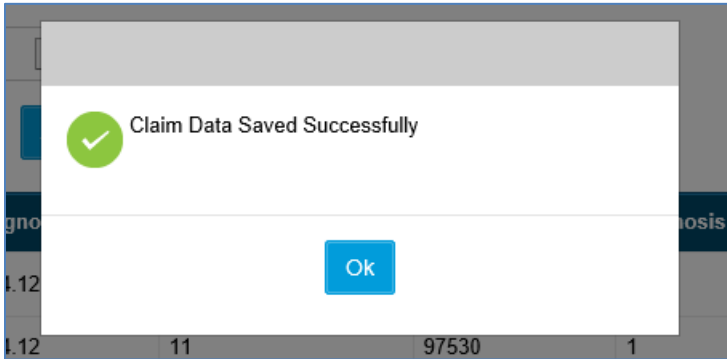
< Previous

Clear **Save Claim Data** 

If this button is not clicked, the claim data will be lost.

Cancel **Submit Batch**

d. When you receive a confirmation message, click **OK**. The system returns you to the top of the form.



e. Scroll through to review and ensure all your changes are made and all information is now correct.

f. When ready to submit the corrected claim, click **Submit Batch**:

M54.12	11	97530	1	59
M54.12	11	97140	2	

Clear Save Claim Data

If this button is not clicked, the claim data will be lost.

Cancel Submit Batch

A purple arrow originates from the top right of the screenshot and points diagonally down and left towards the "Submit Batch" button.

- d. You'll be asked to confirm you want to submit. Click **No** if you need to return to the form to make more changes. Click **Yes** if you are ready to submit your batch.


Submit Batch

Are you sure you want to submit batch #100238236?

The claims associated with this batch will be sent for approval.

- g. When receive your confirmation, click **OK**. The system returns you to the **Batch & Claims** screen.

Submit Batch

 Batch #100238236 has been submitted.

7. Verify the batch you just entered shows **Batch Status** of **Submitted**.

Submit a Professional Claim Create a new batch

Batch & Claims

Submitted Batch New Batch

33 Batches

Quick search a batch by Batch Number

Batch Number	Entered Claims	Date Submitted	Batch Status
100238168	1	02/11/2019	Generated
100238213	1	02/15/2019	Generated
100238236	1	02/25/2019	Submitted

Showing 31 - 33 of 33 Batches 10 Per Page << < 1 2 3 4 > >>

After a batch is submitted, the service processes and generates the X12 file that loads the claim into the processing system. The **Batch Status** then updates to **Generated**.

Revised 03/31/2021