

HealthMAPS Provider Portal Training Guide

CHPW offers a provider portal through [OneHealthPort](#). HealthMAPS requires Multi-Factor Authentication through OneHealthPort. This enhances the safety and security of Community Health Plan of Washington's provider and membership data. This means that providers must sign in to HealthMAPS through OneHealthPort. If you try to create a new HealthMAPS account or log in to HealthMAPS directly, the system will redirect you to OneHealthPort. You will then need to log in to OneHealthPort to access HealthMAPS. Please see the HealthMAPS FAQs or HealthMAPS Provider User Guide on our [Provider Portal Training](#) page for more information.

If you have questions about OneHealthPort, please see their [Frequently Asked Questions](#) page for more information.

- To check if your organization is registered with OneHealthPort, follow the instructions under "What if I don't know whether my Organization is registered yet or who is my Administrator?"
- If you don't have a OneHealthPort account, follow the instructions under "How do I register to use OneHealthPort?" or go directly to [Register Your Organization](#).

This guide explains how to do the following in CHPW's HealthMAPS provider portal:

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

Community Health Plan of Washington (CHPW) is offering a secondary submission option. Smart Data Solutions, a CHPW partner, will provide the following solutions:

- Direct Data Entry (DDE) Claim Submission
- Portal Applications for Eligibility and Claim Status
- EMR Connection and Integration

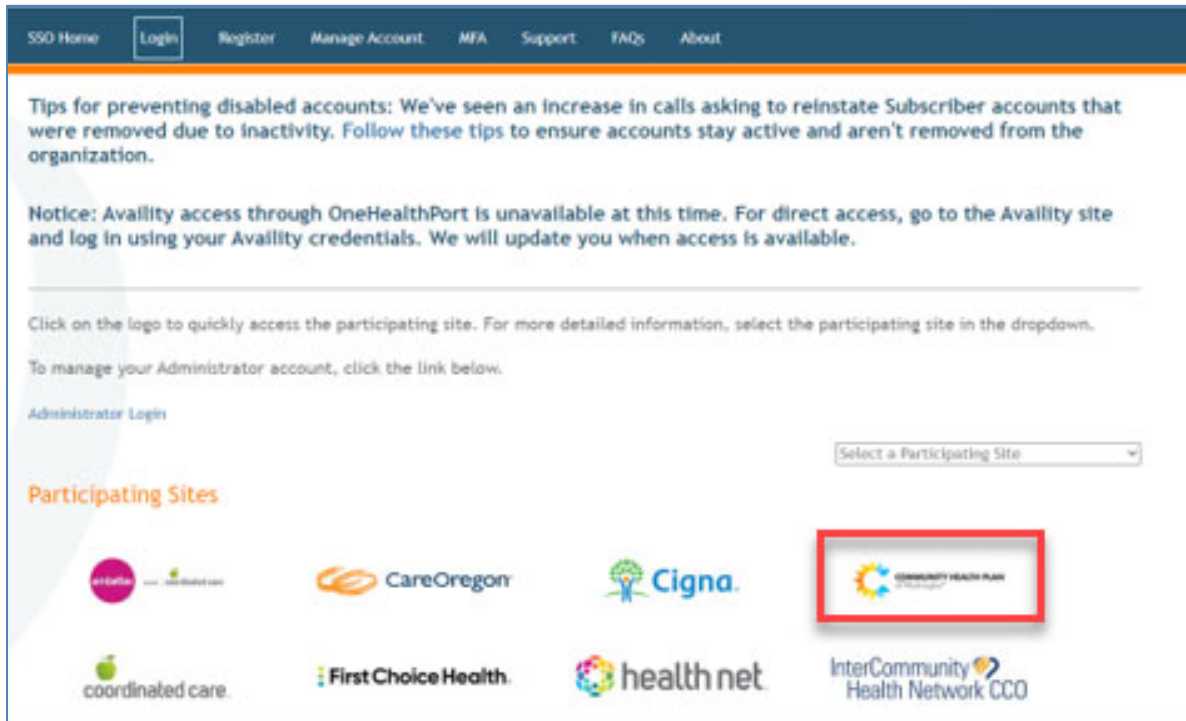
Smart Data Solutions Registration: <https://portal.smartdatastream.us/quickclaim/servlet/quickclaim/template/ClearingHouse>Login.vm>

If you have questions about HealthMAPS, email our Customer Service Team at customercare@chpw.org. One of our Customer Care Representatives will contact you.

Create an Account and Log In

Follow these instructions to sign in to OneHealthPort to create a CHPW HealthMAPS account and each time you want to access HealthMAPS.

1. Sign in to HealthMAPS. There are two ways you can sign in.
 - One option is to go to the OneHealthPort Single Sign-On (SSO) page at <https://www.onehealthport.com/sso>. From the main screen, select the **Community Health Plan of Washington** icon.



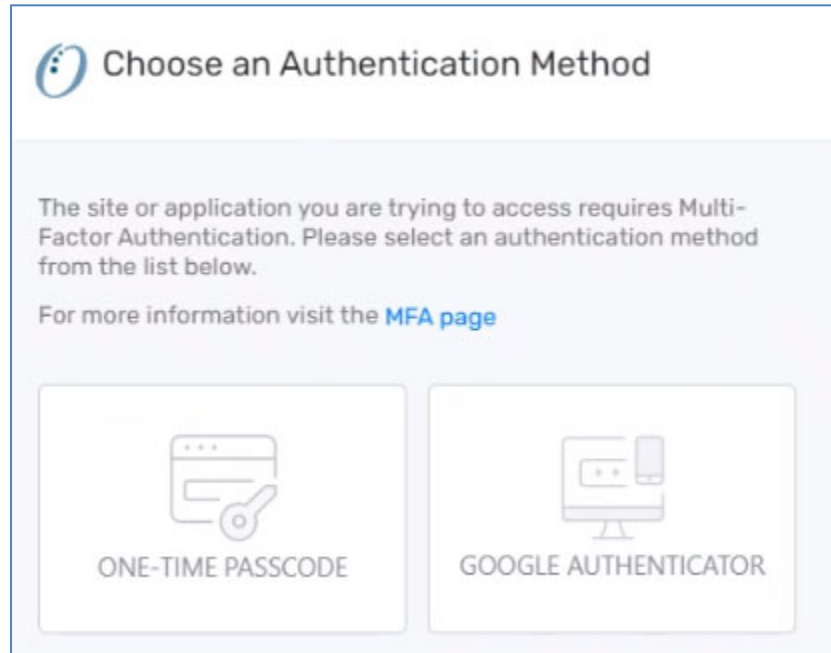
- The other option is to go directly to OneHealthPort for CHPW at <https://www.onehealthport.com/sso-payer/community-health-plan-washington>.

- a. On the CHPW page, select the **HealthMAPS Login** button.



- b. Enter your OneHealthPort logon credentials.

- c. Choose your authentication method.



- d. Follow the instructions on the OneHealthPort page to continue.
 - e. Click **Verify** when prompted.
2. Once you have a OneHealthPort account, you'll have access to CHPW's HealthMAPS provider portal. The HealthMAPS Provider Dashboard will display after you log in through OneHealthPort.

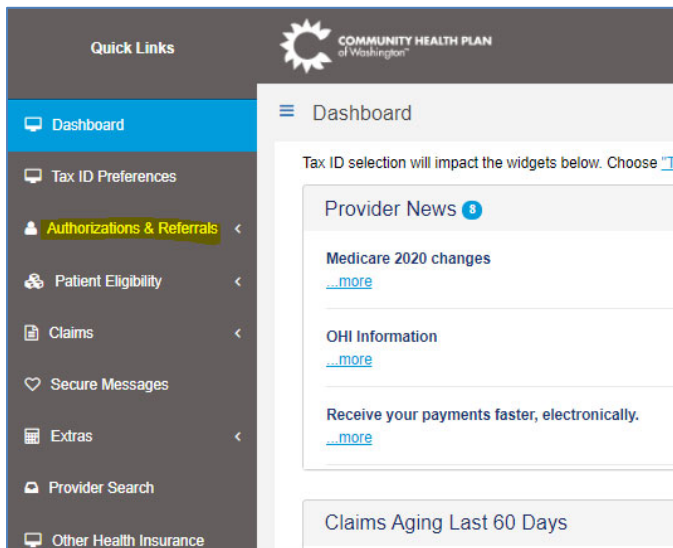
View Prior Authorizations and Referrals

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

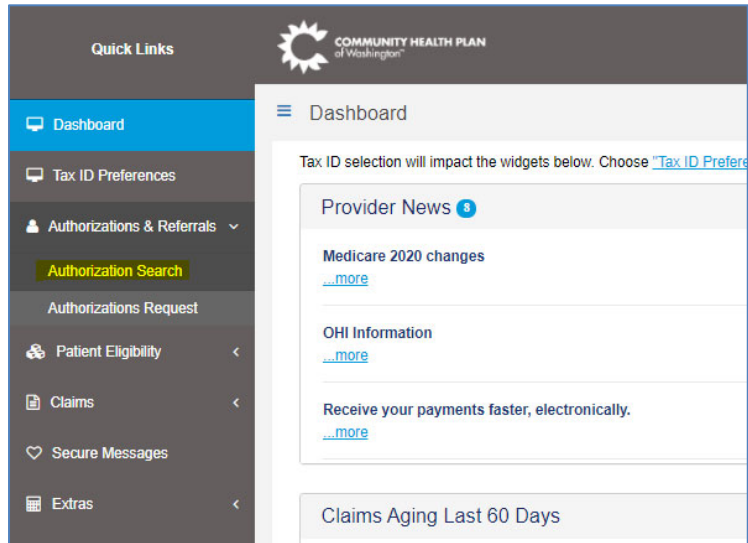
Important:

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 HealthMAPS.
2. Click **Authorizations & Referrals** on your dashboard to expand the options:




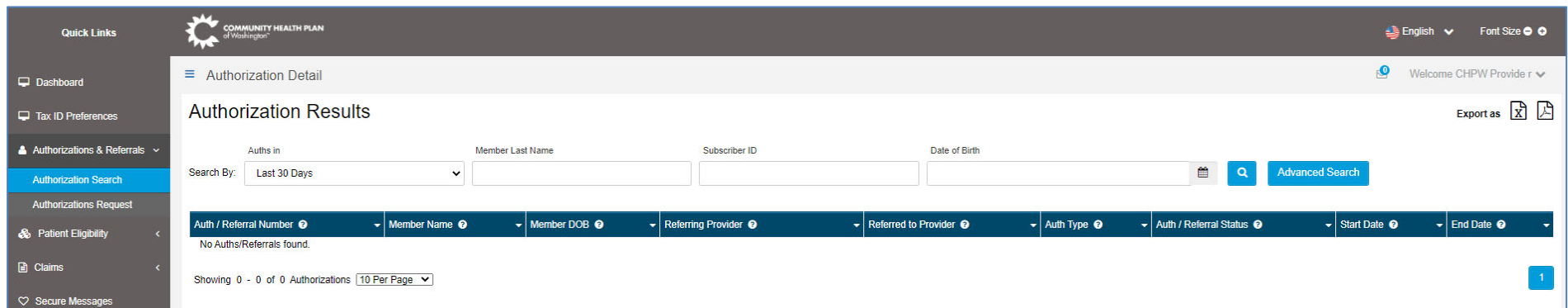
3. Click **Authorization Search**.



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. Optional: Click the **Advanced Search** button to the right of the search icon for additional search options.

Authorization Detail

Authorization Results

Auths in: Member Last Name: Subscriber ID: Date of Birth:

Search By:

Auth / Referral Number	Member Name	Member DOB	Referring Provider	Referred to Provider	Auth Type	Auth / Referral Status	Start Date
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- When you click this button, a pop-up window opens that allows you to enter additional criteria for your search.

COMMUNITY HEALTH PLAN of Washington

Authorization Detail

Authorization Results

Auths in: Member Last Name: Subscriber ID: Date of Birth:

Search By:

Auth / Referral Number: Member Name: Member DOB: Referring Provider: Referred to Provider: Auth Type: Auth / Referral Status: Start Date:

No Auths/Referrals found.

Showing 0 - 0 of 0 Authorizations

Advanced Search

Authorization #

Start Date End Date

Subscriber ID

Member First Name

Member Last Name

Date of Birth

Gender

Provider Information

Provider Number

Provider Last Name

Provider First Name

Provider NPID

Referred to Provider

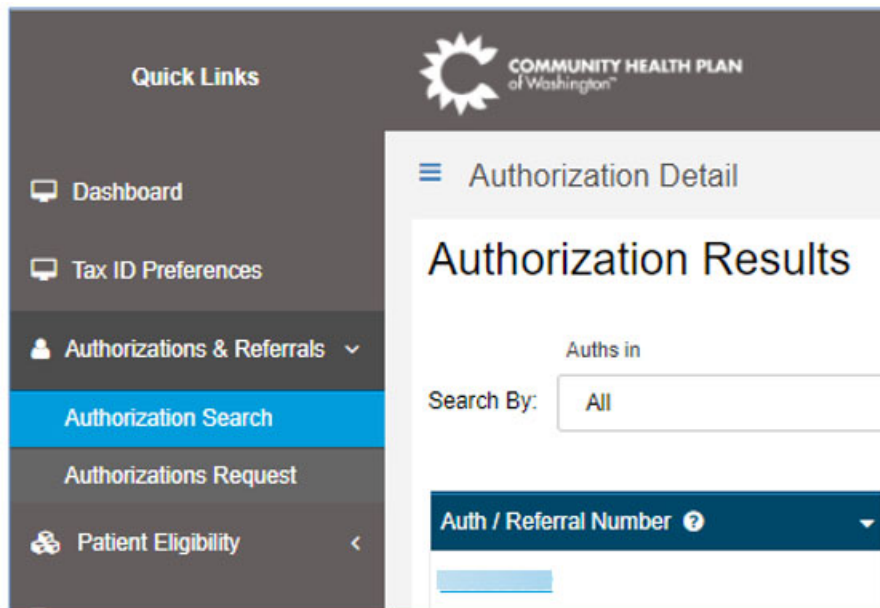
Fed Tax ID

Provider Last Name

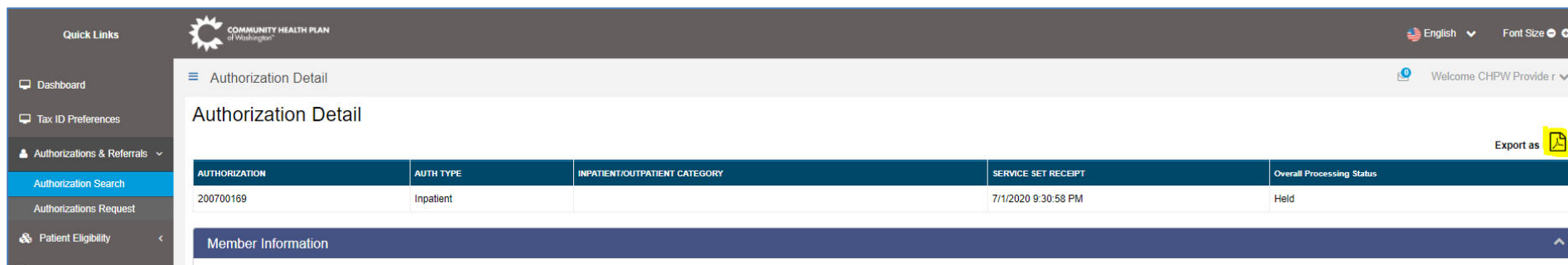
Provider First Name

Auth / Ref Status

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

Follow these instructions to enter professional claims.

1. Log into HealthMAPS.
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 Provider Dashboard and select **Submit Professional Claim**.
4. From the **Quick Links**, choose **Create a New Batch** or use an **existing Batch** that hasn’t been submitted yet if you want 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 a Professional Claim

Batch & Claims

Submitted Batch New Batch

210 Batches

Quick search a batch by Batch Number

Batch Number	Entered Claims	Date Submitted	Batch Status
100237719	0	11/19/2018	Error
100237740	1	11/10/2018	Generated
100237790	4	11/15/2018	Generated
100237791	1	11/15/2018	Generated

Example of an existing, unsubmitted batch:

Submit Professional Claims

Welcome CHPW Provider

New Batch #100239601

* Fields are required

Batch Submit Date06/25/2025

Total Claims Entered3

Form NameHCFA-1500

New Claim

Corrected / Replacement Claim

Voided / Cancelled Claim

	Batch Record #	No. of claim lines	Total Amount Billed	Notes
<input type="checkbox"/>	1	3	\$1578.30	
<input type="checkbox"/>	2	1	\$15.29	
<input type="checkbox"/>	3 New	2	\$250.00	

Showing 1 - 3 of 3 Claims5 Per Page

Delete Claim(s)

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Batch Record #4

* 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 I/MC and BH50 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 have 10 characters (alphanumeric).


- b. Click 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.
- d. Make sure to complete the **Patient's relationship to Insured** field.


Member Information

Set Default Values ☐

Insured Info

* Insured's ID Number 





* Patient Control Number 

* Patient's relationship to Insured

Select

▼

- e. 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**. See our [Taxonomy Requirements](#) page for more information.

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

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


State

Washington 

Zip Code

98944-0510

Phone #

Contact name 


- g. 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

Select 

Zip Code

h. 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

i. 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"/>
<input type="button" value="v"/>		

7. Claim Information.

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

Note:

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

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

The screenshot shows the 'Claim Information' form with three tabs: 'Claim Header Information' (selected), 'Claim Details Info.', and 'Additional Claim Attachment'. A red arrow points to the 'Claim Details Info.' tab. The form contains several fields and buttons:

- * Were the services provided emergency related? (Radio buttons: Yes, No)
- Total Amount Billed: \$0.00
- Initial Date of Service / * From Date of Service (calendar icon)
- Through Date of Service (calendar icon)
- * Place of Service (text input, search icon)
- * Diagnosis 1 (text input, search icon)
- Add Additional Diagnosis (button)
- Only 12 diagnosis codes allowed.
- Claim Note 1 (text input)
- DOH License Number (text input)
- Clear (button)
- Save Claim Data (button, highlighted with a red arrow)
- If this button is not clicked, the claim data will be lost.
- Cancel (button)
- Submit Batch (button)
- Submit Batch button will be enabled after claim data is saved by clicking Save Claim Data button.
- Next (button, highlighted with a red arrow)

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

- d. 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.
- e. **DOH License Number:** As a reminder, behavioral health agencies (BHAs) must report the site-specific Department of Health (DOH) licensure number. Read the CHPW [DOH licensure number on claims](#) bulletin for more information.

IMPORTANT: Make sure to use this format for your DOH license: REF*G2*8-digit number; **numeric only**, no alphabetical characters.

Claim Information

Claim Header Information

Claim Details Info.

Additional Claim Attachment

* From Date of Service

* Through Date of Service

* CPT/HCPCS

* Diagnosis Reference

1st Modifier

2nd Modifier

3rd Modifier

4th Modifier

* Amount Billed

Patient Paid Amount

* Unit Of Measurement

Unit

* Units Or Minutes

OIC Allowed

OIC Paid

OIC Deductible

OIC Co-Ins

OIC Not Covered

Paid Date

Carrier Group Number

Select

National Drug Code

DOH License Number

Drug Unit Count

Prescription Number

☒ None
☐ Pharmacy Prescription Number
☐ Link Sequence

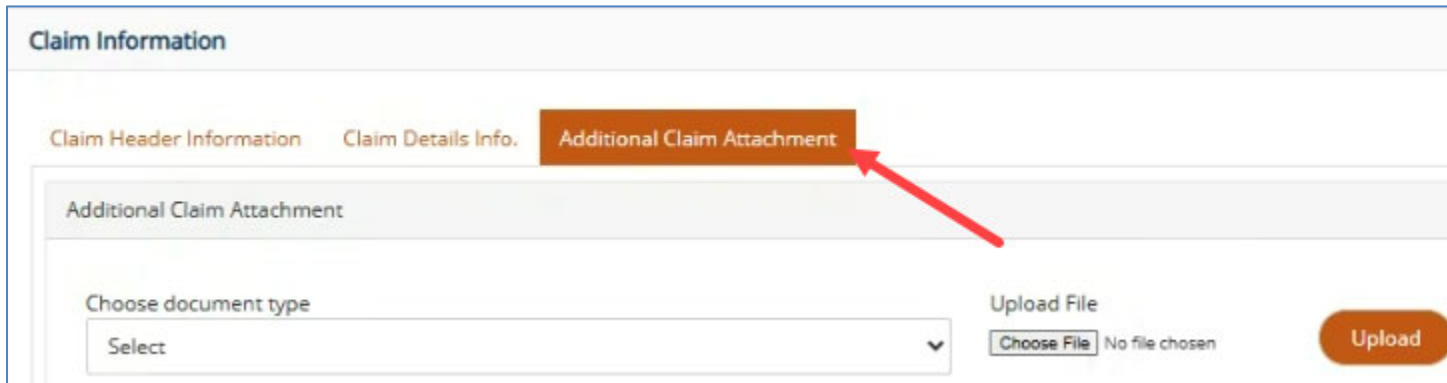
Drug Unit

Select

Add Line Item

You may enter a different date of service, if different from the Date of Service entered on the Claim Header, for each claim line item by entering the date of service and related claim information and selecting the Add Line Item button. "To" date should never be greater than the date the claim is received by the Health Plan.

- f. 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.



The screenshot displays a web form titled "Claim Information". At the top, there are three tabs: "Claim Header Information", "Claim Details Info.", and "Additional Claim Attachment". The "Additional Claim Attachment" tab is highlighted with a red background and a red arrow points to it. Below the tabs, the "Additional Claim Attachment" section is visible. It contains a "Choose document type" dropdown menu with "Select" as the current option. To the right of the dropdown is an "Upload File" section with a "Choose File" button, the text "No file chosen", and an "Upload" button.

g. If you need to edit the claim prior to submitting the batch, click the underlined **Batch Record #** at the top of the claim form.

Submit Professional Claims

Welcome CHPW Provider

New Batch #100239601

* Fields are required

Batch Submit Date06/25/2025

Total Claims Entered3

Form NameHCFA-1500

New Claim

Corrected / Replacement Claim

Voided / Cancelled Claim

	Batch Record #	No. of claim lines	Total Amount Billed	Notes
<input type="checkbox"/>	1	3	\$1578.30	
<input type="checkbox"/>	2	1	\$15.29	
<input type="checkbox"/>	3 View	2	\$250.00	

Showing 1 - 3 of 3 Claims5 Per Page

Delete Claim(s)

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Batch Record #4

* Submission Code

☒ New Batch ☐ Corrected / Replacement Claim ☐ Voided / Cancelled Claim

Original Reference Number

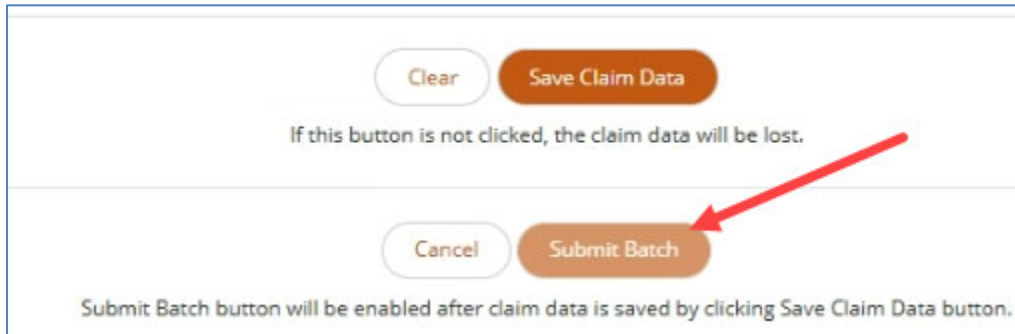
Member Information

Appeals and Grievances Disputes Call Toll Free:
1 (206) 521-8830, 1 (800) 440-1561 or 1 (866) 418-1009.
For IMC and BHSD 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.

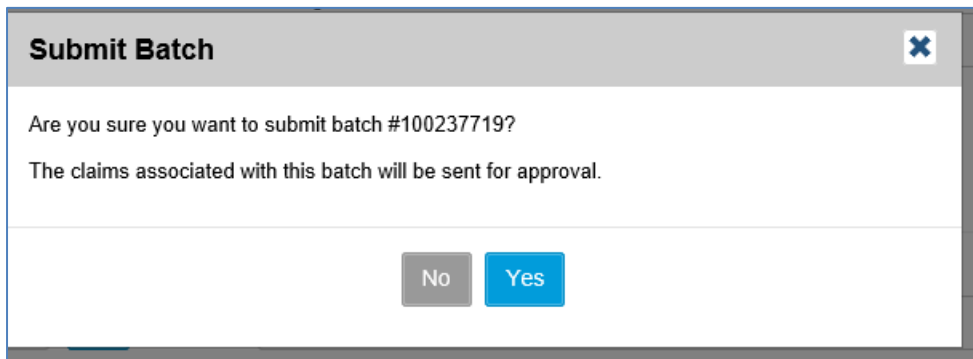
Email: Appealsgrievances@chpw.org
(mailto: Appealsgrievances@chpw.org)

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



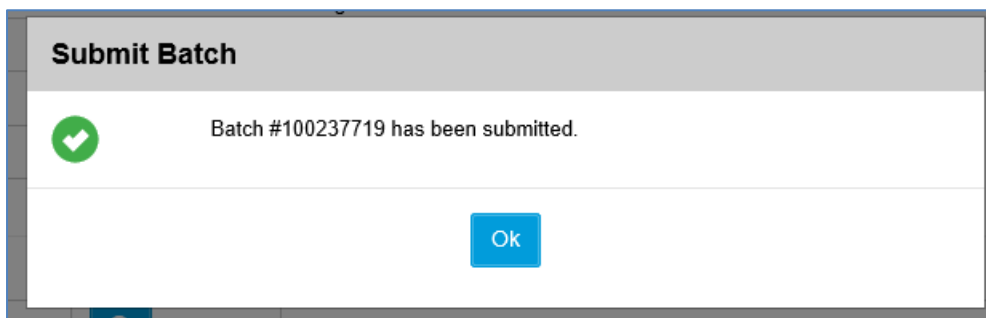
A screenshot of a web interface showing two buttons: 'Clear' and 'Save Claim Data' in the top section, and 'Cancel' and 'Submit Batch' in the bottom section. A red arrow points to the 'Submit Batch' button. Text below the top buttons reads: 'If this button is not clicked, the claim data will be lost.' Text below the bottom buttons reads: 'Submit Batch button will be enabled after claim data is saved by clicking Save Claim Data button.'

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



A screenshot of a 'Submit Batch' confirmation dialog. The title bar says 'Submit Batch' with a close button. The main text asks: 'Are you sure you want to submit batch #100237719?' and 'The claims associated with this batch will be sent for approval.' At the bottom are 'No' and 'Yes' buttons.

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



A screenshot of the 'Submit Batch' dialog showing a success message. The title bar says 'Submit Batch'. A green checkmark icon is next to the text: 'Batch #100237719 has been submitted.' At the bottom is an 'Ok' button.

- c. You'll 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**.

Batch Number	Entered Claims	Date Submitted	Batch Status
100237719	0	11/19/2018	Error
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

Follow these instructions to enter institutional claims.

1. Log into HealthMAPS.
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 Provider Dashboard and select **Submit Institutional Claim**.
4. Choose **Create a New Batch** or use an **existing, unsubmitted New Batch** if you want 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

Quick Links

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

COMMUNITY HEALTH PLAN
of Washington

EnglishFont Size

Submit an Institutional Claim

Welcome CHPW Provider

Submit an Institutional Claim

Create a new batch

Batch & Claims

Submitted BatchNew 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 Batches10 Per Page

12345>>

Clicking on an **existing, unsubmitted New Batch** number allows you to sequentially add a new claim. In the example below **Batch Record #2** is displayed.

Quick Links



COMMUNITY HEALTH PLAN
of Washington

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

English

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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
<input type="checkbox"/>	1 New	1	\$100.00	

Showing 1 - 1 of 1 Claims

5 Per Page

Delete Claim(s)

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 #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

Page 23 of 45

- Enter the **From Date of Service** (admit date), **Through Date of Service** (discharge date), and **Type of Bill** information.
- Enter your **Billing [Facility] Provider NPI**, **Billing Provider FED [federal] Tax ID # (TIN)**, and **required**, 10-character **Billing Provider Taxonomy**. See our [Taxonomy Requirements](#) page for more information.
- Ensure the **Billing [Facility] Provider Name** and **physical address** (billing location) are populated. Enter the physical address if needed.
- 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

Select

* 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

Select

Zip Code

Member Information

5. Member Information.

a. **Patient's relationship to the Insured** drop down box: Select **Self**.

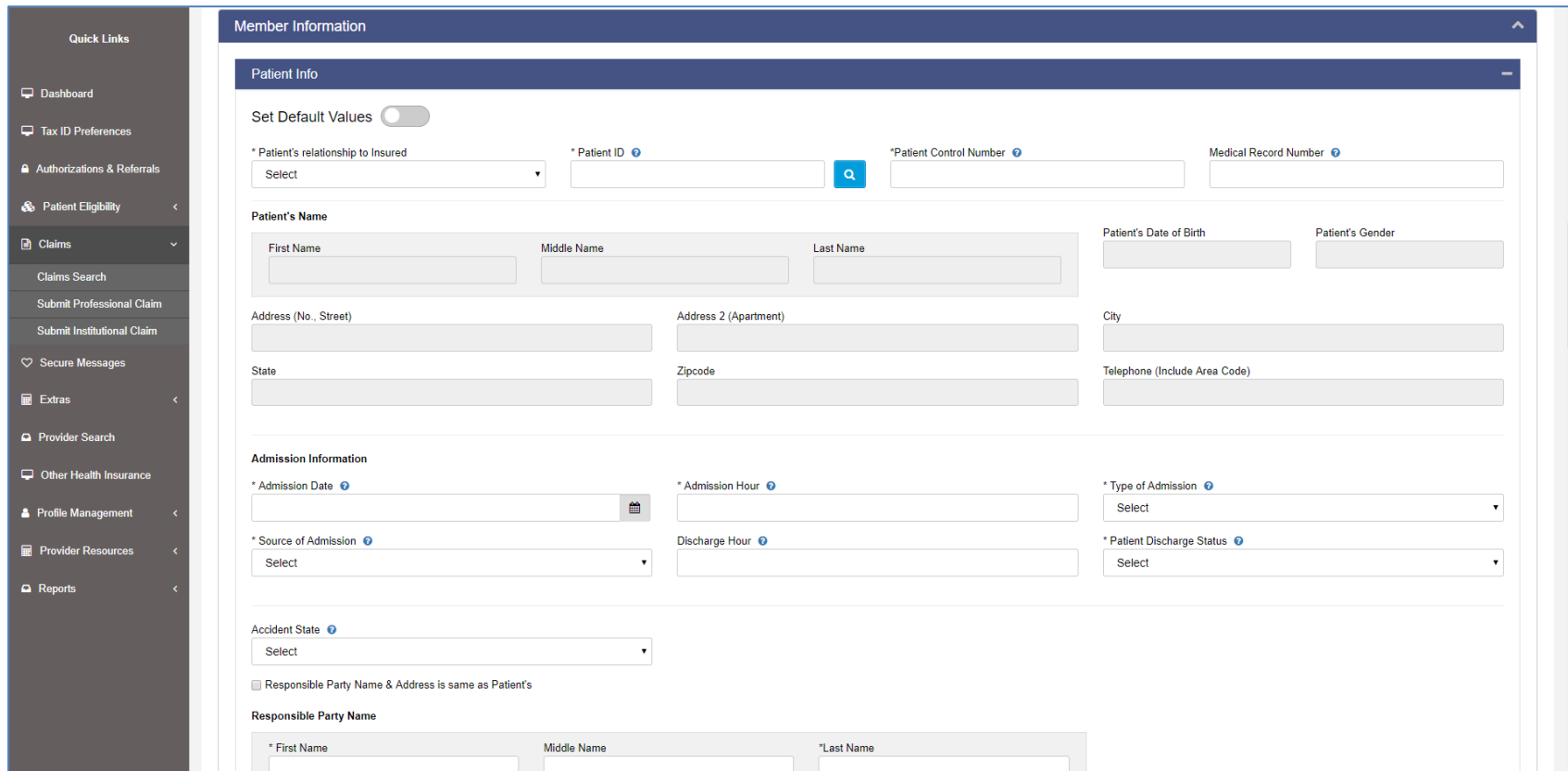
b. Enter the member's CHPW subscriber ID in the **Patient ID** box or click the search icon  to use the search menu.

Note:

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

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.

d. The **Patient's Name**, **Date of Birth**, **Gender**, **Address** and **Telephone** number should auto-populate when you enter the member's CHPW **Patient ID** number. Add any information that does not auto-populate.



Quick Links

- 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

Member Information

Patient Info

Set Default Values ☐

* Patient's relationship to Insured: Select

* Patient ID:

* Patient Control Number:

Medical Record Number:

Patient's Name

First Name:

Middle Name:

Last Name:

Patient's Date of Birth:

Patient's Gender:

Address (No., Street):

Address 2 (Apartment):

City:

State:

Zipcode:

Telephone (Include Area Code):

Admission Information

* Admission Date:

* Admission Hour:

* Type of Admission: Select

* Source of Admission: Select

Discharge Hour:

* Patient Discharge Status: Select

Accident State: Select

☐ Responsible Party Name & Address is same as Patient's

Responsible Party Name

* First Name:

Middle Name:

* Last Name:


- 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 ? <input type="text"/>	* Admission Hour ? <input type="text"/>	* Type of Admission ? <input type="text" value="Select"/>
* Source of Admission ? <input type="text" value="Select"/>	Discharge Hour ? <input type="text"/>	* Patient Discharge Status ? <input type="text" value="Select"/>
Accident State ? <input type="text" value="Select"/>		
<input type="checkbox"/> Responsible Party Name & Address is same as Patient's		
Responsible Party Name		
* First Name <input type="text"/>	Middle Name <input type="text"/>	*Last Name <input type="text"/>
Address 1 (No. Street) <input type="text"/>	Address 2 (Suite/Apartment) <input type="text"/>	City <input type="text"/>
State <input type="text" value="Select"/>	Zip Code <input type="text"/>	Telephone(Include Area code) <input type="text"/>

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

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 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 first tab, **Claim Header Info**.

Claim Information

Claim Header Info

Claim Details Info

Additional claim attachment

Condition Codes1

Add Additional Conditional Code +

Total Amount Billed ⓘ

\$0.00

Up to 12 codes

Occurrence1

Date1

Add Additional Occurrence Code +

Up to 12 codes

Value Code1

Value Amount1

Add Additional Value Code +

Principal Procedure Code ⓘ

Date 1

Other Procedure Code1 ⓘ

Date1

Add Additional Procedure Code +

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

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

Up to 12 codes

*Diagnosis/Procedure Code Qualifier ?

External Cause of Injury Code ?

Q

+

*Principal Diagnosis Code ?

Q

*Admitting Diagnosis Code

Q

* Diagnosis 1

Q

Patient's Reason for Visit Code

Q

+

Add Additional Diagnosis

PPS Code

Q

A total of 12 diagnosis codes may be entered

Next

Clear

Save Claim Data

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

Cancel Batch

Submit Batch

- 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

Unit

▼

OIC Allowed

OIC Deductible

OIC Not Covered

National Drug Code

🔍

Drug Unit Count

Drug Unit

Select

▼

Description

Non Covered Charges

* Days Or Units

OIC Paid

OIC Co-Ins

Paid Date

📅

Carrier Group Number

Select

▼


Prescription Number

☒ None
☐ Pharmacy Prescription Number
☐ Link Sequence

Add Line Item

- 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



Prescription Number

☒ None ☐ Pharmacy Prescription Number ☐ Link Sequence

Drug Unit Count

Drug Unit

Select

Add Line Item

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

Previous

Clear

Save Claim Data

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



Cancel Batch

Submit Batch

- f. Click **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. Make sure to click **Save Claim Data** before leaving the claim form or you'll 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	

◀ Previous

Clear Save Claim Data

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

Cancel Batch Submit Batch

- h. The third tab, **Additional claim attachment**, 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 edit the claim prior to submitting the batch, click the underlined **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 ?](#)

	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#1 [REDACTED]
<input type="checkbox"/>	5	1	\$150	

Showing 1 - 5 of 6 Claims 5 Per Page ▾

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

[1](#)
[2](#)
[>](#)
[>>](#)

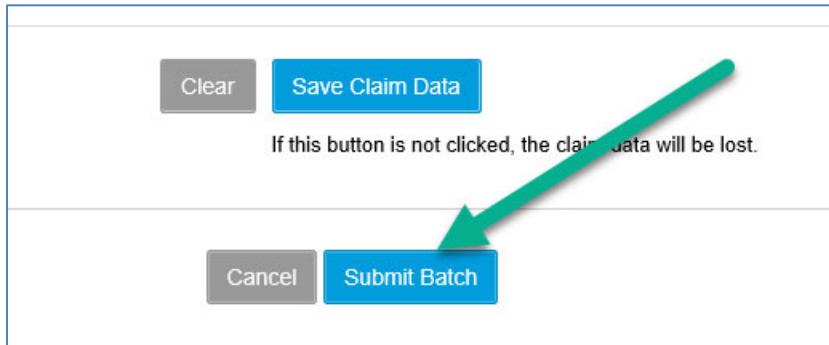
Batch Record #7

* Submission Code ?

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

Original Reference Number ?

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

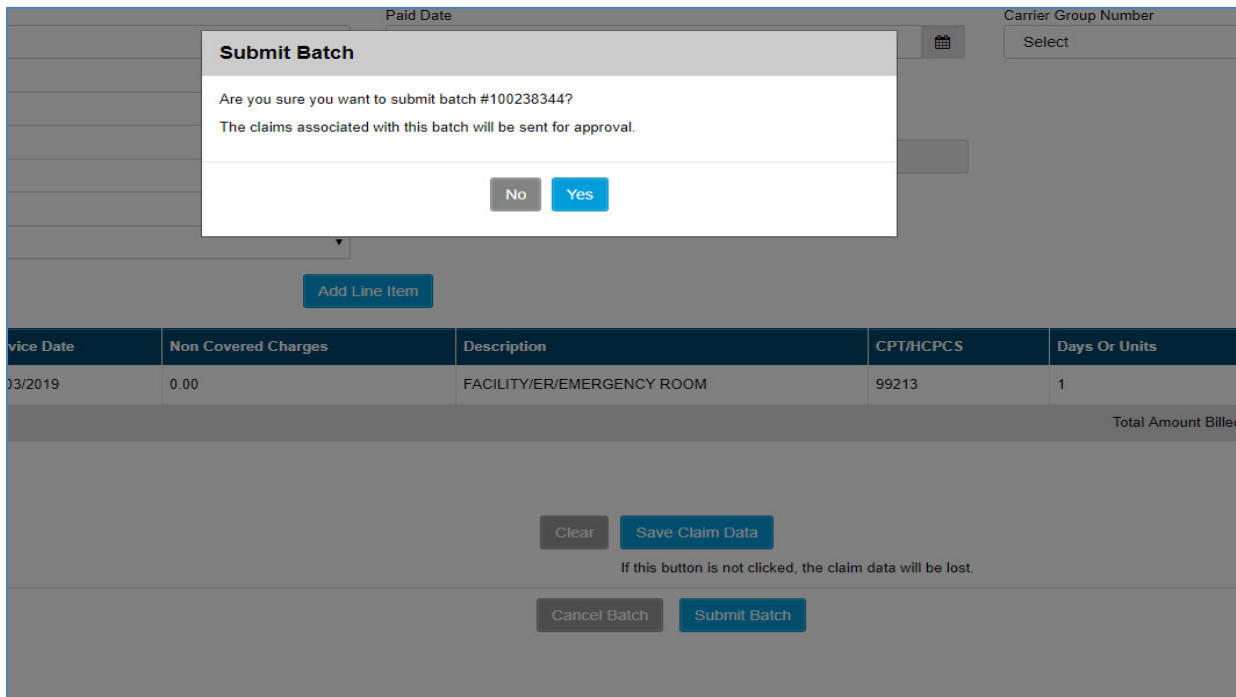


Clear Save Claim Data

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

Cancel 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.



Paid Date Carrier Group Number

Select

Submit Batch

Are you sure you want to submit batch #100238344?

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

No Yes

Add Line Item

Service Date	Non Covered Charges	Description	CPT/HCPCS	Days Or Units
03/2019	0.00	FACILITY/ER/EMERGENCY ROOM	99213	1

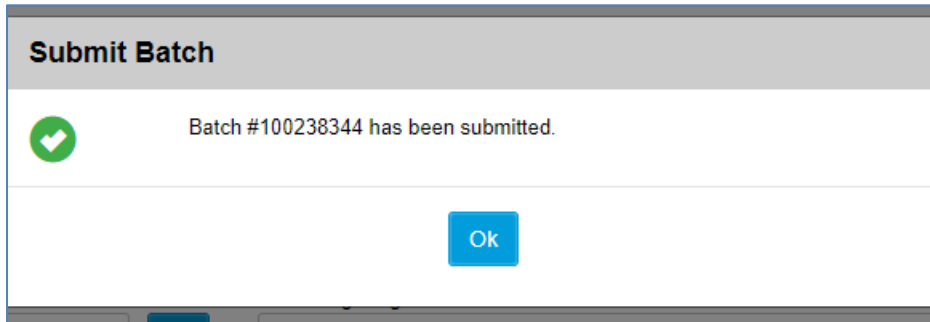
Total Amount Billed

Clear Save Claim Data

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

Cancel Batch Submit Batch

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



- c. You'll 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**.

Submit an Institutional Claim

Create a new batch

Batch & Claims

Submitted BatchNew Batch

14 Batches

Quick search a batch by Batch Number

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

Showing 11 - 14 of 14 Batches10 Per Page

<<<12>>>

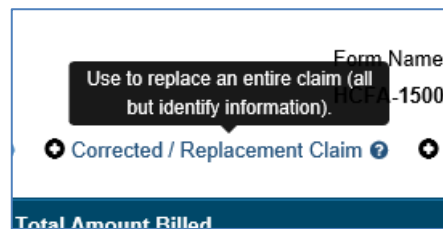
9. After a batch is submitted, the service processes and generates the X12 file that loads the claim into the processing system. The **Batch Status** then updates to **Generated**.


Enter Corrected and Replacement Claims

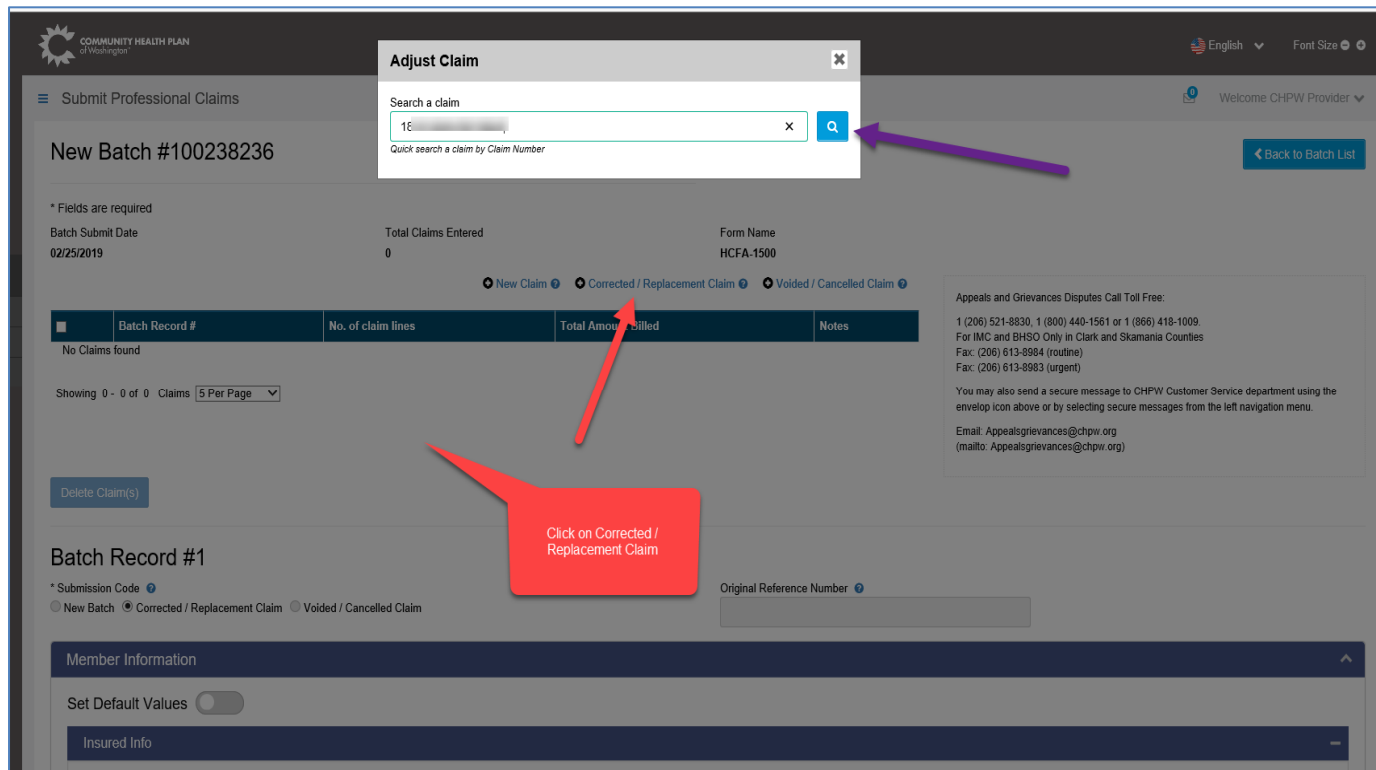
Enter a corrected or replacement claim

Follow these instructions.

- 1. Have ready the number of the claim you want to correct or replace.
- 2. Log into HealthMAPS.
- 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 **Corrected / Replacement Claim**.



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



The screenshot shows the 'Adjust Claim' modal window overlaid on the 'Batch Record #1' page. The modal has a search bar with the text '10' and a search button. A purple arrow points to the search button. The background page shows a table with columns: Batch Record #, No. of claim lines, Total Amount Billed, and Notes. A red arrow points to the 'Corrected / Replacement Claim' radio button. A red callout box points to the 'Corrected / Replacement Claim' radio button with the text 'Click on Corrected / Replacement Claim'. The page also shows a 'Delete Claim(s)' button and a 'Set Default Values' toggle.

Adjust Claim

Search a claim

10

Quick search a claim by Claim Number

Batch Record #1

* Fields are required

Batch Submit Date: 02/25/2019

Total Claims Entered: 0

Form Name: HCFA-1500

☒ New Claim ☒ Corrected / Replacement Claim ☐ Voided / 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)

Original Reference Number

Member Information

Set Default Values

Insured Info

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)

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

trials
<
v
claim
aim
<
ce
<
<

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 Voided / Cancelled Claim

	Batch Record #	No. of claim lines	Total Amount Billed	Notes
<input type="checkbox"/>				

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

18-XXXXXX-XXXX

Member Information

Set Default Values ☐

Insured Info

Appeals are
1 (206) 52
For IMC an
Fax: (206)
Fax: (206)
You may a
envelop ic
Email: App
(mailto: Ap

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

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

Note:

Make sure to click **Save Claim Data** or 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

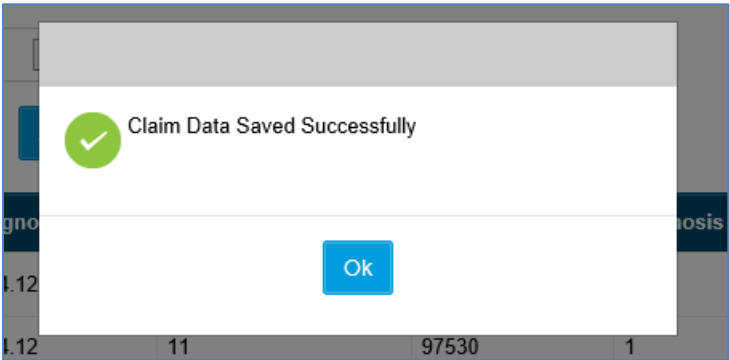
← Previous

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

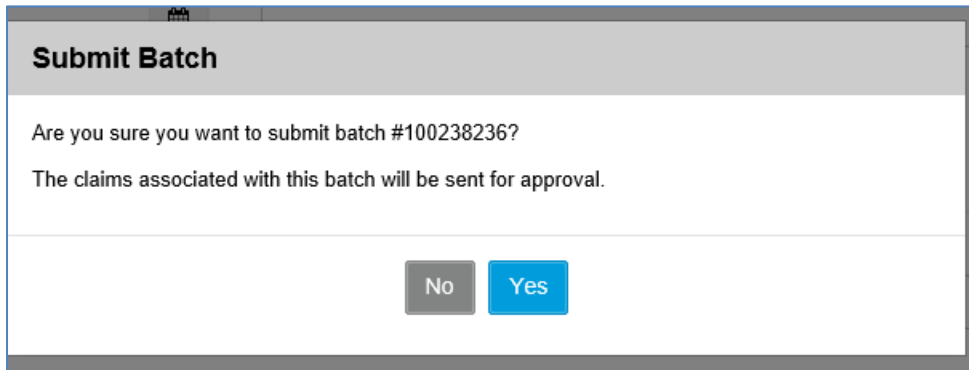
Save Claim Data

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

Cancel

Submit Batch

- g. 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're ready to submit your batch.

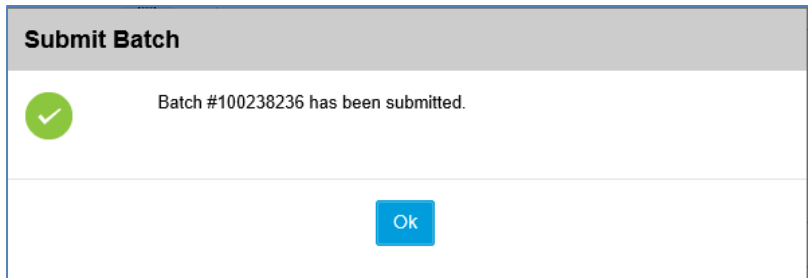


Submit Batch


Are you sure you want to submit batch #100238236?

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

- h. When you 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

8. 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 06/26/2025