

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

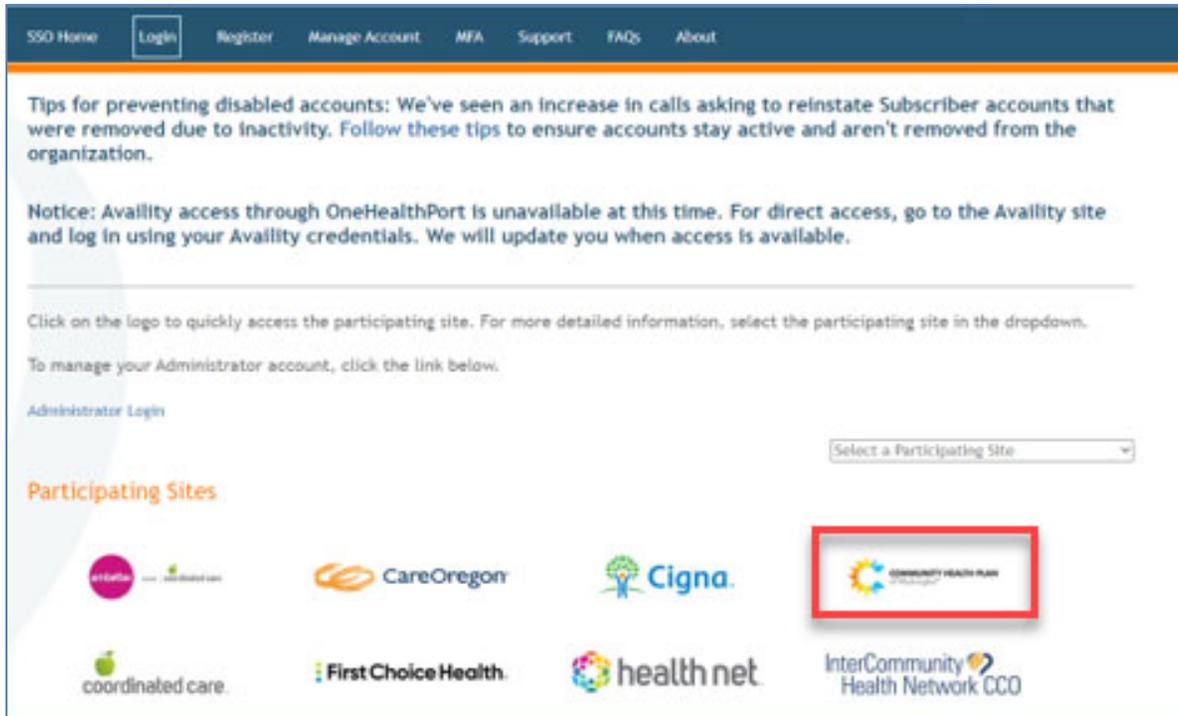
Smart Data Solutions Registration: <https://portal.smartdatastream.us/quickclaim/servlet/quickclaim/template/ClearingHouse>Login.vm>

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.



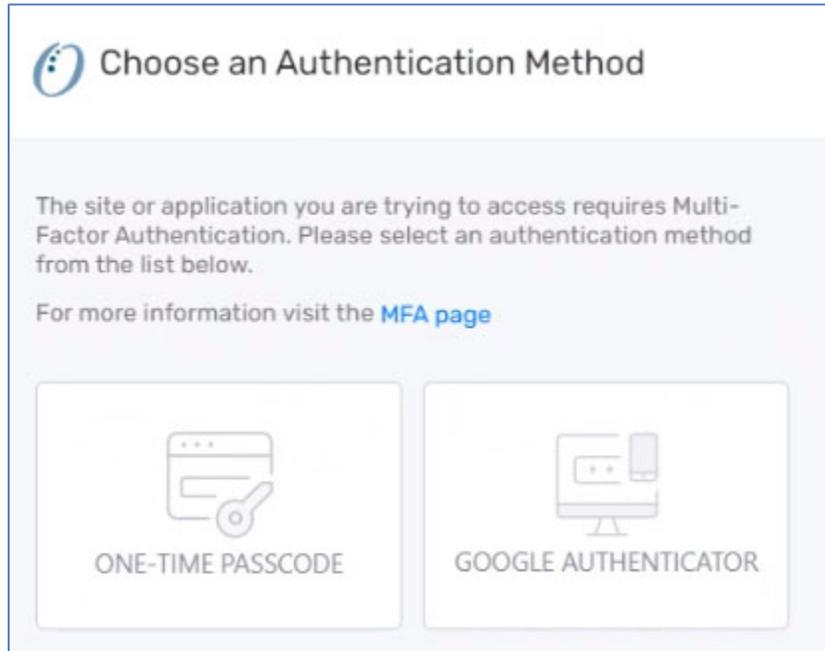
- The other option is to go directly to OneHealthPort for CHPW at <https://www.onehealthport.com/sso-payer/community-health-plan-washington>.

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.

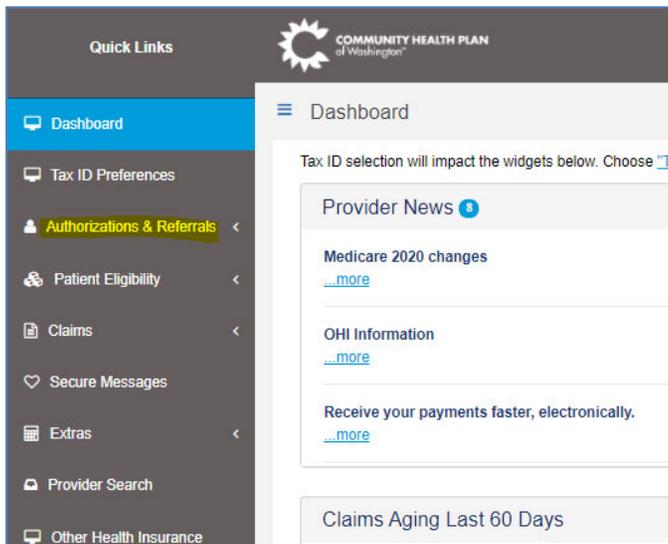
View Prior Authorizations and Referrals

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

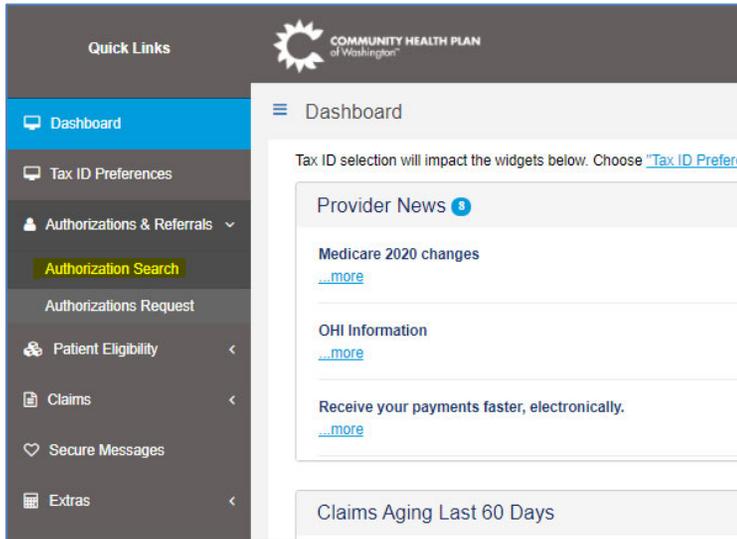
Important:

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:



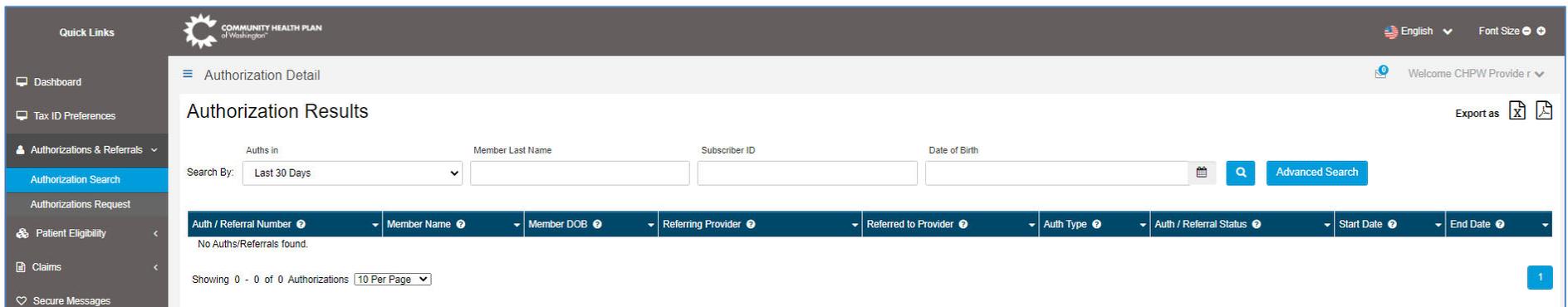
3. Click **Authorization Search**.



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.



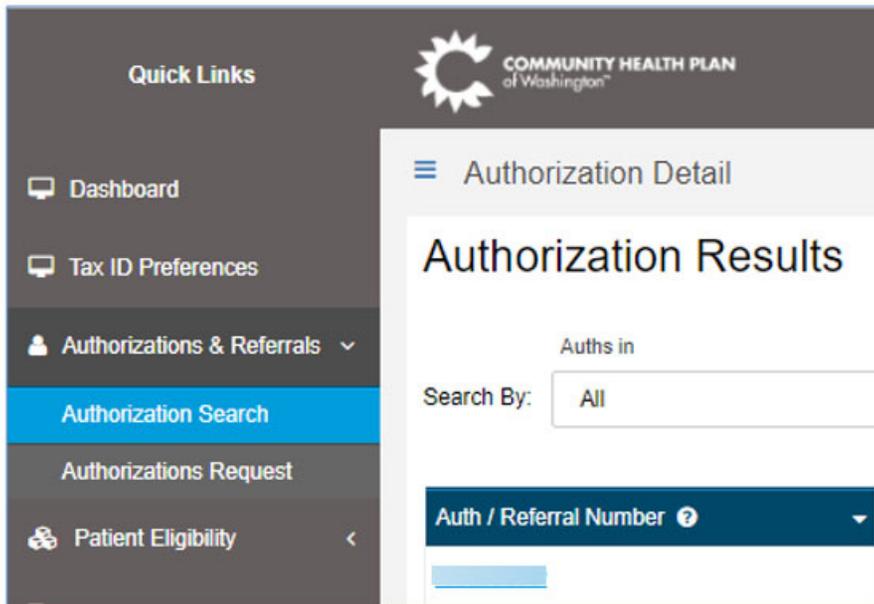
6. Optional: Click the **Advanced Search** button to the right of the search icon for additional search options.

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 'Q' icon and a yellow 'Advanced Search' button. Below the search bar is a dark blue navigation bar with several filters: 'Auth / Referral Number', 'Member Name', 'Member DOB', 'Referring Provider', 'Referred to Provider', 'Auth Type', 'Auth / Referral Status', and 'Start Date'. Each filter has a question mark icon.

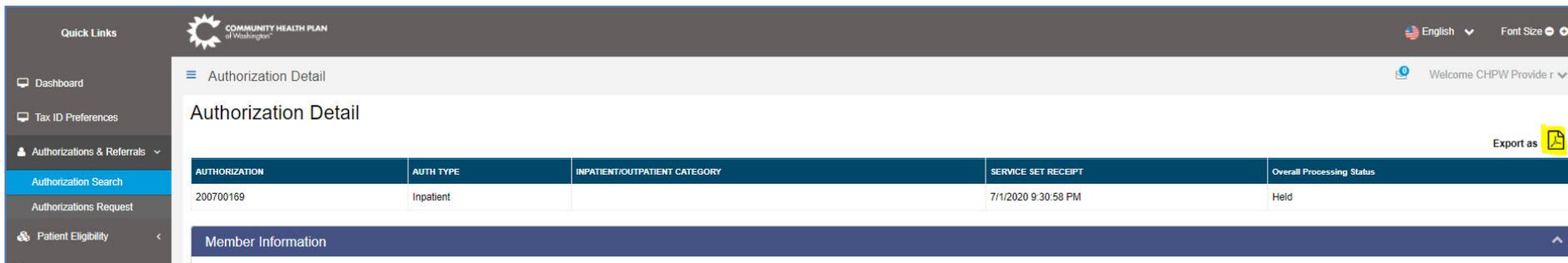
- When you click this button, a pop-up window opens that allows you to enter additional criteria for your search.

The screenshot shows the 'Advanced Search' pop-up window. It has a title bar with a close button. The form is divided into two columns. The left column contains: 'Authorization #' (text input), 'Start Date' (calendar icon), 'Subscriber ID' (text input), 'Member First Name' (text input with 'Contains' dropdown), 'Member Last Name' (text input with 'Contains' dropdown), 'Date of Birth' (calendar icon), and 'Provider Information' section with 'Provider Number', 'Provider Last Name' (with 'Contains' dropdown), 'Provider First Name' (with 'Contains' dropdown), 'Provider NPID', and 'Referred to Provider' (text input). The right column contains: 'End Date' (calendar icon), 'Subscriber ID' (text input), 'Member First Name' (text input), 'Member Last Name' (text input), 'Gender' (dropdown with 'Select'), 'Fed. Tax. ID' (text input), 'Provider Last Name' (text input), 'Provider First Name' (text input), and 'Auth / Ref Status' (dropdown with 'Select'). At the bottom, there 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

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 Back to Batch List

* Fields are required

Batch Submit Date: 06/25/2025 Total Claims Entered: 3 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 | 3 | \$1578.30 | |
| <input type="checkbox"/> | 2 | 1 | \$15.29 | |
| <input type="checkbox"/> | 3 New | 2 | \$250.00 | |

Showing 1 - 3 of 3 Claims 5 Per Page

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

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)

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.

- a. Search by **Billing Provider NPI** and select **Provider Search Result**.
- b. Provider name, address, city, state, and zip code auto-populate.
- c. Verify that the **physical address** populated. Enter the physical address if needed.
- d. 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 Zip Code 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

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="🔍"/> |
| 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 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 a web form titled "Claim Information" 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: "Were the services provided emergency related?" with radio buttons for "Yes" and "No"; "Total Amount Billed" showing "\$0.00"; "Initial Date of Service" and "Through Date of Service" with date pickers; "Place of Service" with a search icon; "Diagnosis 1" with a search icon and an "Add Additional Diagnosis" button; "Claim Note 1" and "DOH License Number" text boxes. A red arrow points to the "Save Claim Data" button, with a warning below it: "If this button is not clicked, the claim data will be lost." Another red arrow points to the "Next" button in the bottom right corner. At the bottom of the form are "Clear", "Submit Batch", and "Cancel" buttons. A note at the very bottom states: "Submit Batch button will be enabled after claim data is saved by clicking Save Claim Data button."

- 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

* CPT/HCPCS

1st Modifier

3rd Modifier

* Amount Billed

* Unit Of Measurement
Unit

OIC Allowed

OIC Deductible

OIC Not Covered

National Drug Code

Drug Unit Count

Drug Unit
Select

* Through Date of Service

* Diagnosis Reference

2nd Modifier

4th Modifier

Patient Paid Amount

* Units Or Minutes

OIC Paid

OIC Co-Ins

Paid Date

DOH License Number

Prescription Number
 None Pharmacy Prescription Number Link Sequence

"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."

Carrier Group Number
Select

Add Line Item

- 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.

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

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 Back to Batch List

* Fields are required

Batch Submit Date: 06/25/2025 Total Claims Entered: 3 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 | 3 | \$1578.30 | |
| <input type="checkbox"/> | 2 | 1 | \$15.29 | |
| <input type="checkbox"/> | 3 New | 2 | \$250.00 | |

Showing 1 - 3 of 3 Claims 5 Per Page 1

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

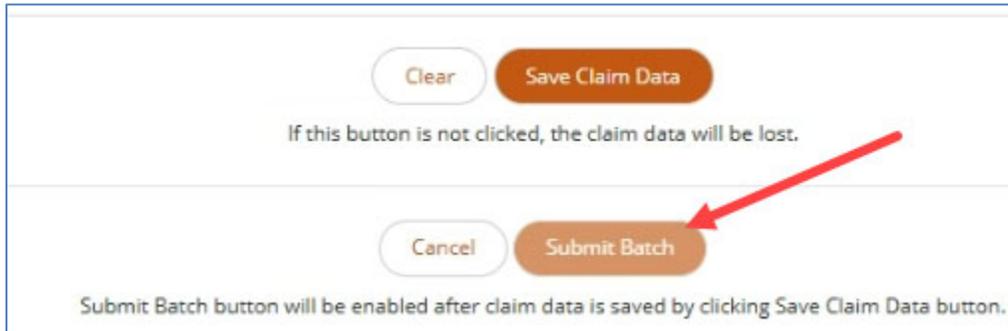
Member Information

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

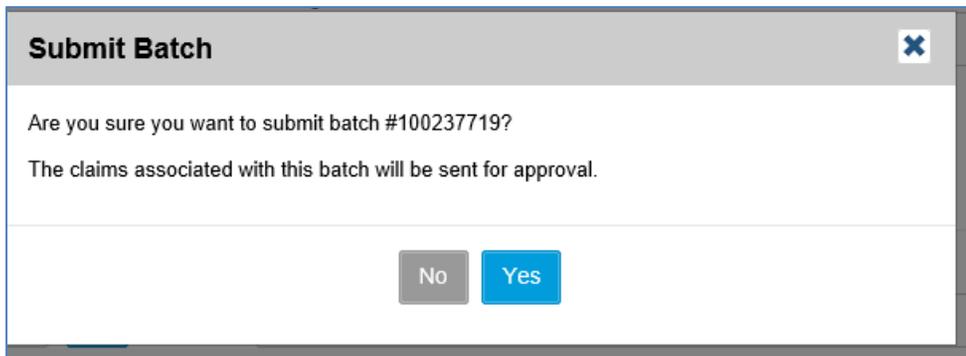
You may also send a secure message to CHPW Customer Service department using the envelop icon above or by selecting secure messages from the left navigation menu.

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

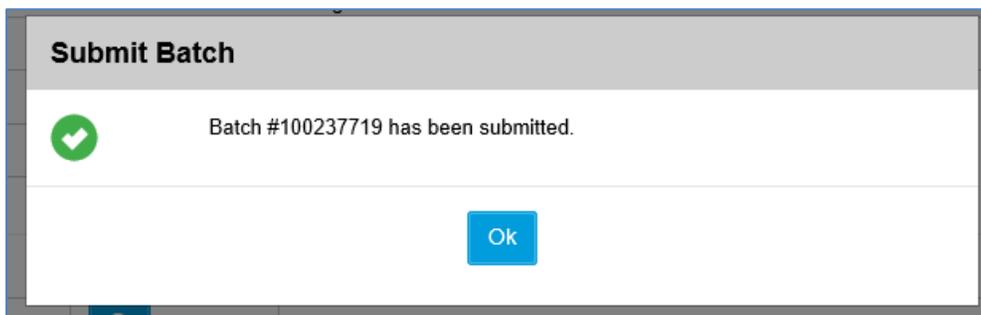
8. When you're ready to submit your batch of claims, click **Submit Batch**.



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'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**.

The screenshot displays the 'Submit Professional Claims' interface. On the left is a 'Quick Links' sidebar with options like 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, and EFT enrollment and updates. The main content area is titled 'Submit a Professional Claim' and includes a 'Create a new batch' button. Below this is a 'Batch & Claims' section with tabs for 'Submitted Batch' and 'New Batch'. A search bar labeled '210 Batches' allows searching by Batch Number. A table lists submitted batches with the following data:

| 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.

The screenshot displays the 'Submit an Institutional Claim' page in the HealthMAPS system. The interface includes a sidebar with navigation links, a main header with the title and a 'Create a new batch' button, and a table of 16 batches. Two red arrows highlight the 'Create a new batch' button and the 'New Batch' tab, indicating the process of creating a new batch.

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

Create a new batch

Submit an Institutional Claim

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, 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

English Font Size

Welcome CHPW Provider

Submit an Institutional Claim

New Batch #100237908

* 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

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

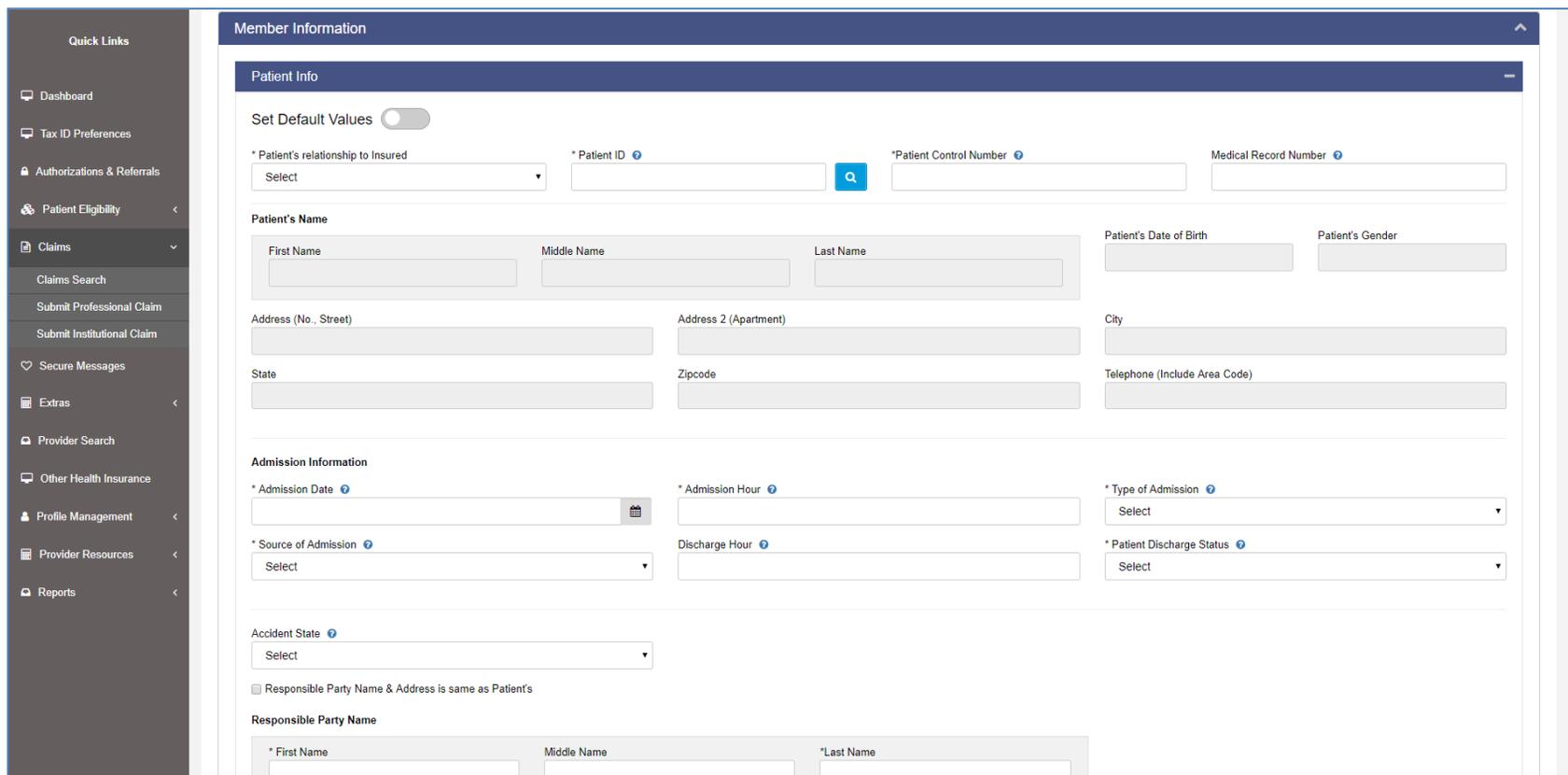
b. Enter the member's CHPW subscriber ID in the **Patient ID** box or click the search icon  to use the search menu.

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.



The screenshot shows a web application interface for "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 contains a "Patient Info" section. At the top of this section is a "Set Default Values" toggle switch. Below it are four input fields: "* Patient's relationship to Insured" (a dropdown menu with "Select" chosen), "* Patient ID" (a text box with a search icon to its right), "* Patient Control Number" (a text box), and "Medical Record Number" (a text box). The "Patient's Name" section follows, with fields for "First Name", "Middle Name", and "Last Name" (grouped together), and "Patient's Date of Birth" and "Patient's Gender". The "Address" section includes "Address (No., Street)", "Address 2 (Apartment)", "City", "State", "Zipcode", and "Telephone (Include Area Code)". The "Admission Information" section has fields for "* Admission Date" (with a calendar icon), "* Admission Hour", "* Type of Admission" (dropdown), "* Source of Admission" (dropdown), "Discharge Hour", and "* Patient Discharge Status" (dropdown). Below this is an "Accident State" dropdown menu and a checkbox for "Responsible Party Name & Address is same as Patient's". The "Responsible Party Name" section at the bottom has fields for "* First Name", "Middle Name", and "* 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  

* 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 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 Total Amount Billed ⓘ
\$0.00

Add Additional Conditional Code ⓘ

Up to 12 codes

Occurrence1 Add Additional Occurrence Code ⓘ

Date1 ⓘ

Up to 12 codes

Value Code1 Add Additional Value Code ⓘ

Value Amount1

Principal Procedure Code ⓘ ⓘ Date 1 ⓘ

Other Procedure Code1 ⓘ ⓘ Date1 ⓘ

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 ⓘ ⓘ

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   

*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**

 Q

*** Service Date**

 📅

*** CPT/HCPCS**

 Q

*** Amount Billed**

*** Unit Of Measurement**

 ▼

OIC Allowed

OIC Deductible

OIC Not Covered

National Drug Code

 Q

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 **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 | |



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

- 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](#) [Voiced / 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.....AV..... |
| <input type="checkbox"/> | <u>5</u> | 1 | \$150 | |

Showing 1 - 5 of 6 Claims | 5 Per Page

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

1 2 > >>

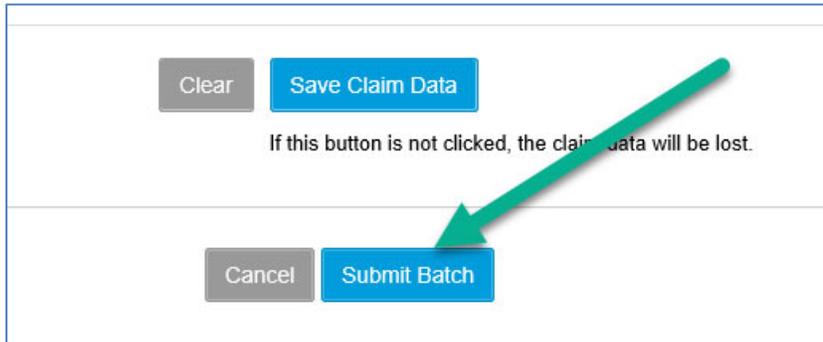
Batch Record #7

* Submission Code [?](#)

Original Reference Number [?](#)

New Batch Corrected / Replacement Claim Voiced / Cancelled Claim

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

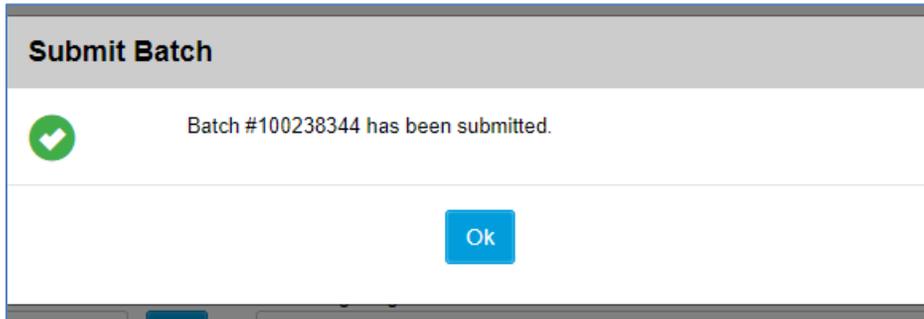


a. You'll be asked to confirm you want to submit. Click **Yes** to submit or **No** to return to creating/editing your batch.

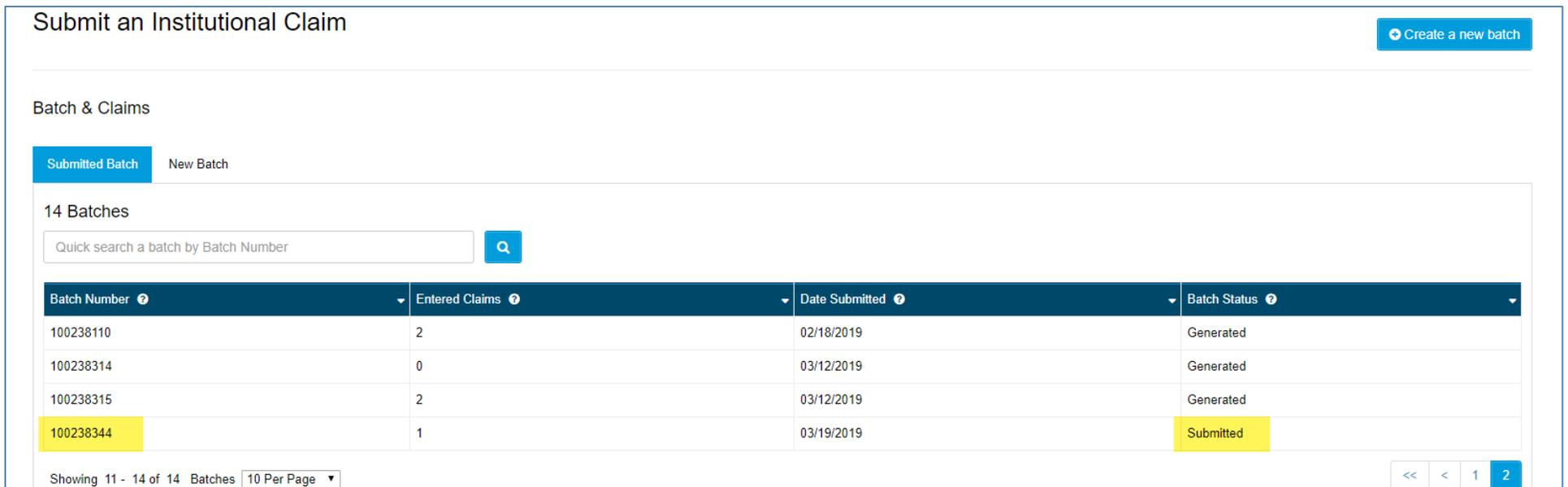
A screenshot of a software interface. A white dialog box titled "Submit Batch" is centered on the screen. The dialog box contains the text: "Are you sure you want to submit batch #100238344?" and "The claims associated with this batch will be sent for approval." Below the text are two buttons: a grey "No" button and a blue "Yes" button. In the background, a table is visible with the following columns: "Service Date", "Non Covered Charges", "Description", "CPT/HCPCS", and "Days Or Units". The table has one row with the following data: "03/2019", "0.00", "FACILITY/ER/EMERGENCY ROOM", "99213", and "1". Below the table, there is a "Total Amount Billed" label. At the bottom of the interface, there are buttons for "Clear", "Save Claim Data", "Cancel Batch", and "Submit Batch". A warning message "If this button is not clicked, the claim data will be lost." is displayed above the "Cancel Batch" and "Submit Batch" buttons.

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

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**.



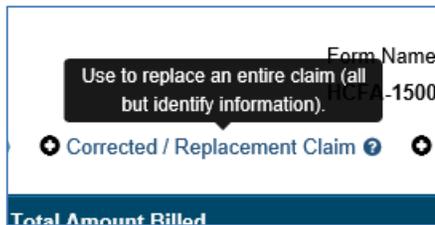
9. After a batch is submitted, the service processes and generates the X12 file that loads the claim into the processing system. The **Batch Status** then updates to **Generated**.

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 .

Adjust Claim

Search a claim

1E

Quick search a claim by Claim Number

English Font Size

Welcome CHPW Provider

Submit Professional Claims

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 |
|-----------------|--------------------|---------------------|-------|
| 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

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)

Click on Corrected / Replacement Claim

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](#) [Voided / Cancelled Claim](#)

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

Showing 0 - 0 of 0 Claims

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

Batch Record #1

* Submission Code

New Batch Corrected / Replacement Claim Voided / Cancelled Claim

Original Reference Number: 18.....

Member Information

Set Default Values

Insured Info



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.

| 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 |

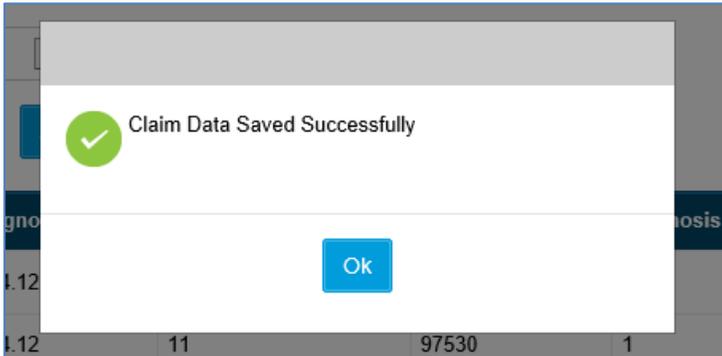
< Previous

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.

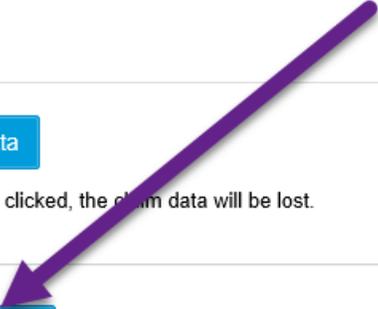
f. When ready to submit the corrected claim, click **Submit Batch**:

| | | | | |
|--------|----|-------|---|----|
| 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**.