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

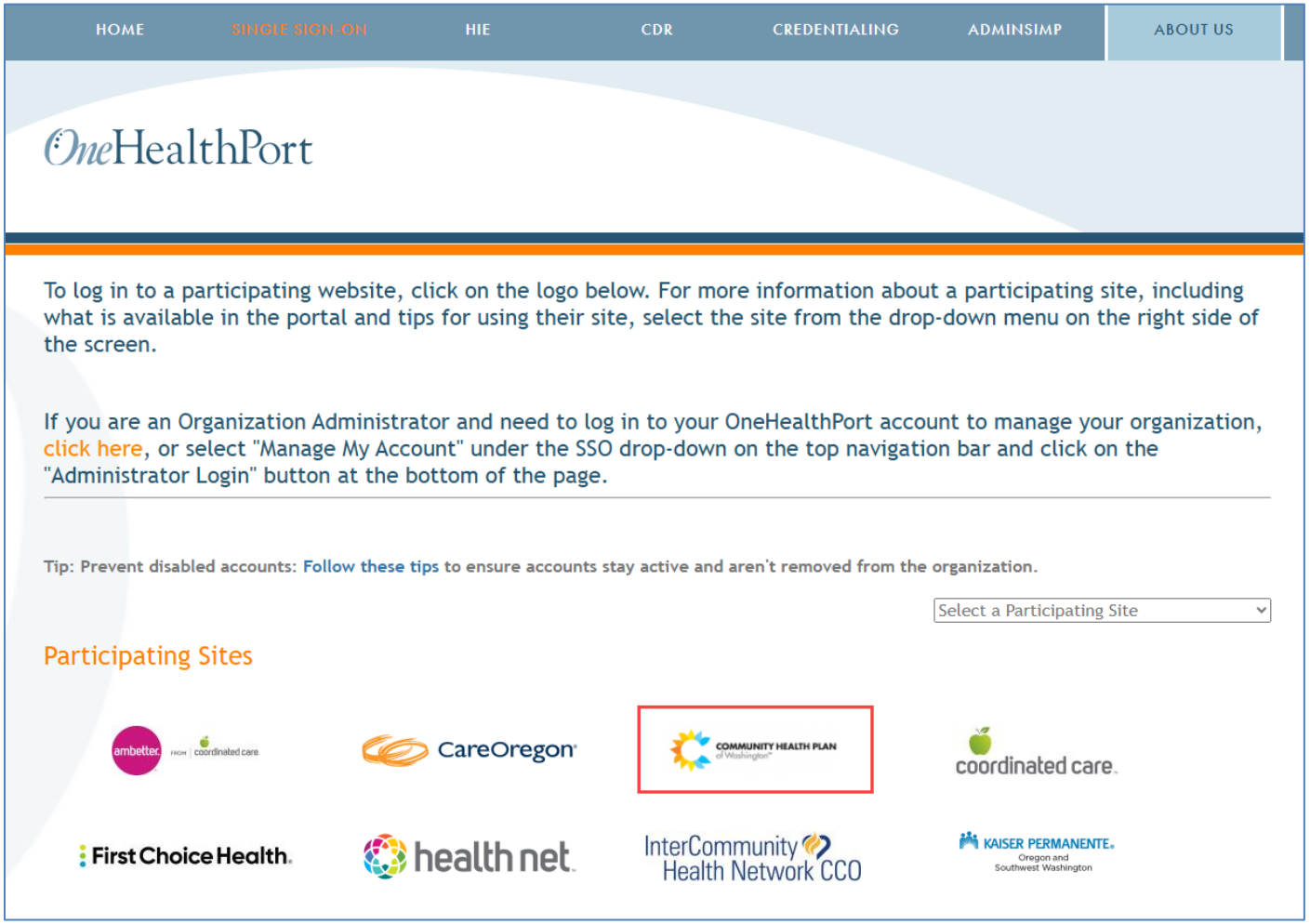
If you have questions about HealthMAPS, email our Customer Service Team at customercare@chpw.org. One of our Customer Care Representatives will contact you.

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.

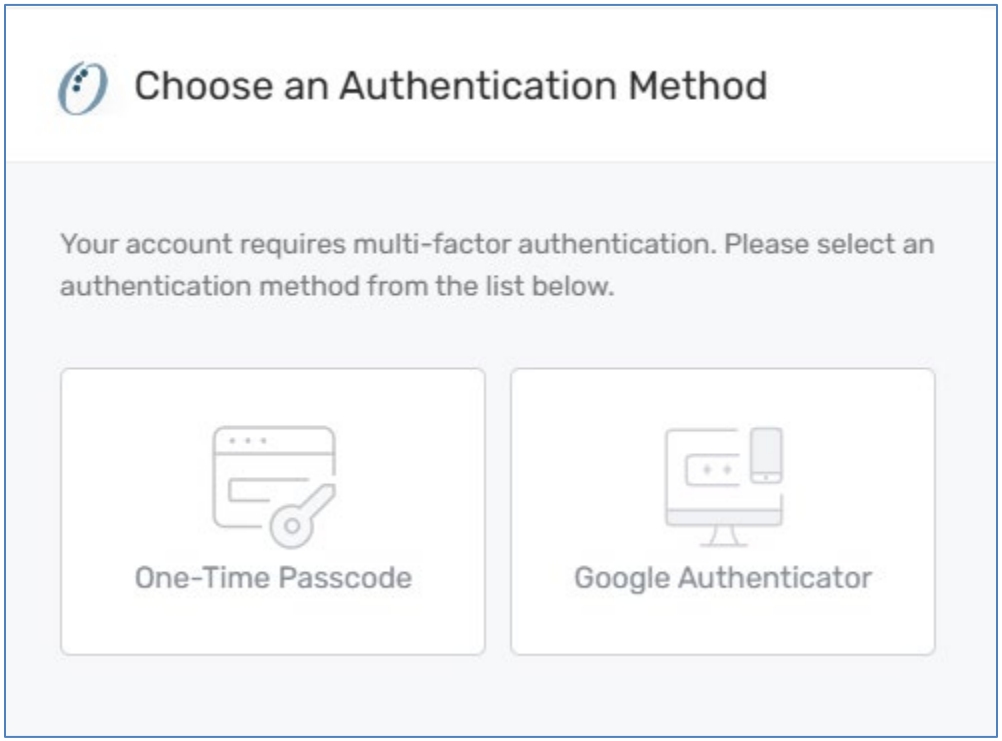


The other option is to go directly to OneHealthPort for CHPW at https://www.onehealthport.com/sso-payer/community-health-plan-washington.

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.

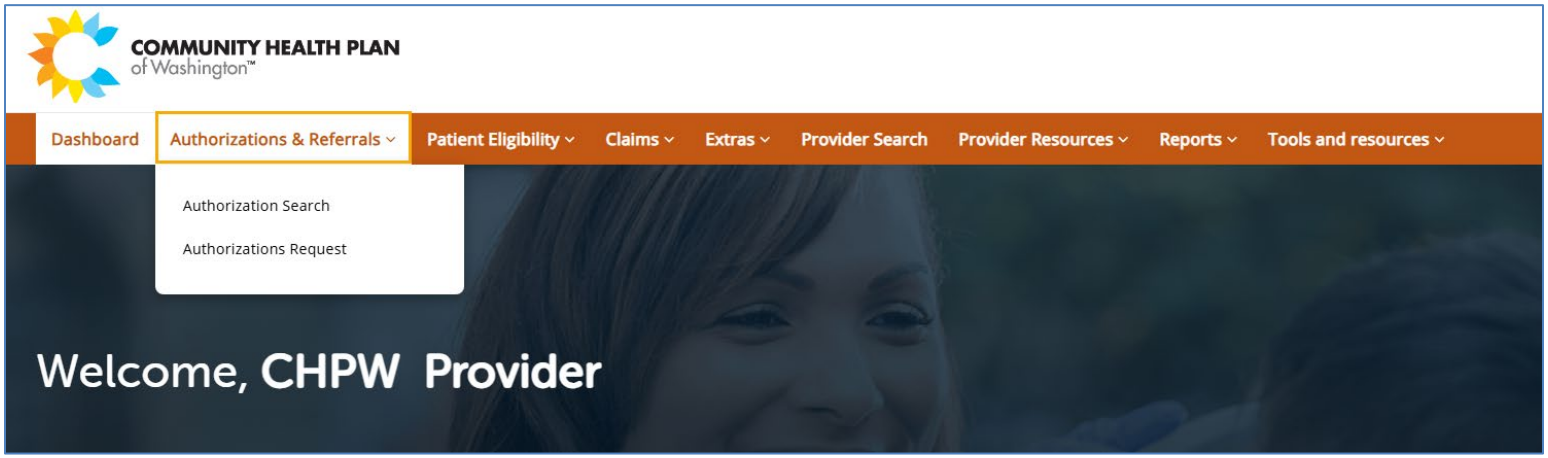
2. Once you have a OneHealthPort account, you'll have access to CHPW's HealthMAPS provider portal. The HealthMAPS Provider Dashboard will display after you log in through OneHealthPort.

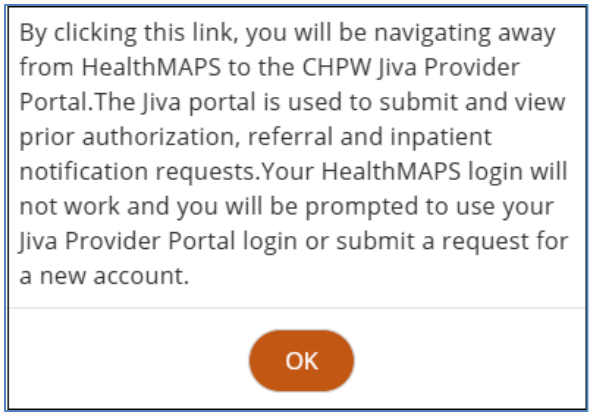
View Prior Authorizations and Referrals

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

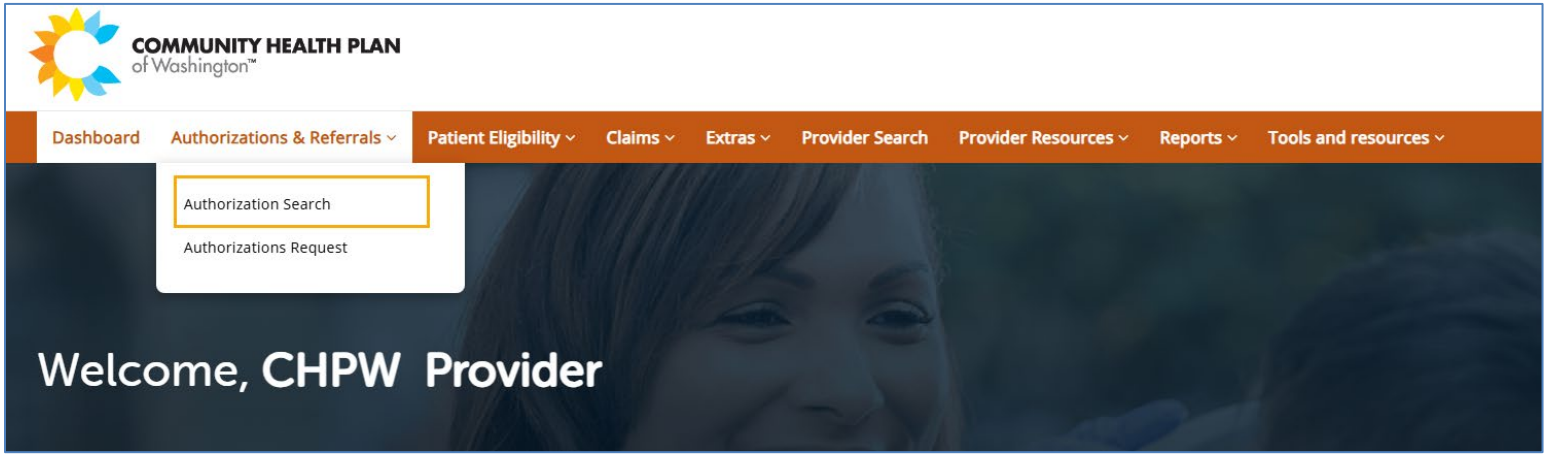
> ***Important:***
> You can ***view*** authorizations and referrals in HealthMAPS. Please continue to use Jiva, CHPW's care management portal, to ***submit*** authorization requests, referral requests, and inpatient notifications. The **Authorizations Request** button in HealthMAPS links to Jiva.

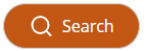
1. Log into HealthMAPS.
2. Click **Authorizations & Referrals** on your dashboard to expand the options:



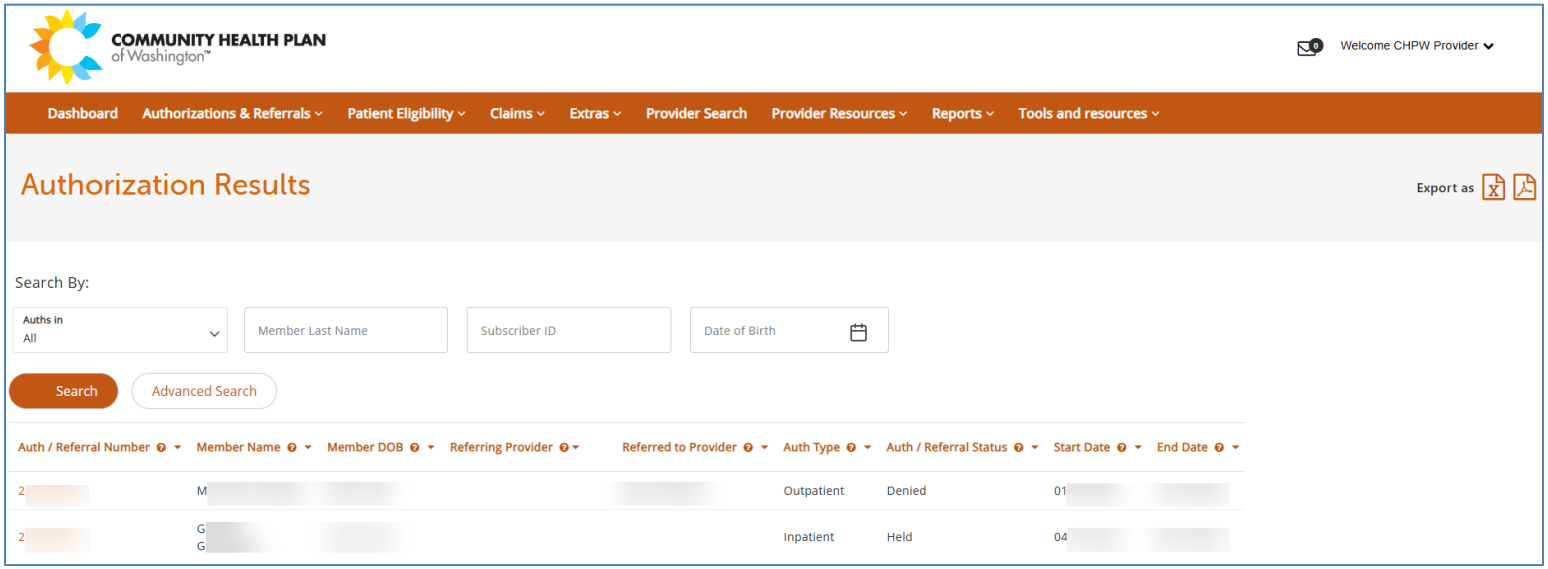


3. Click **Authorization Search**.

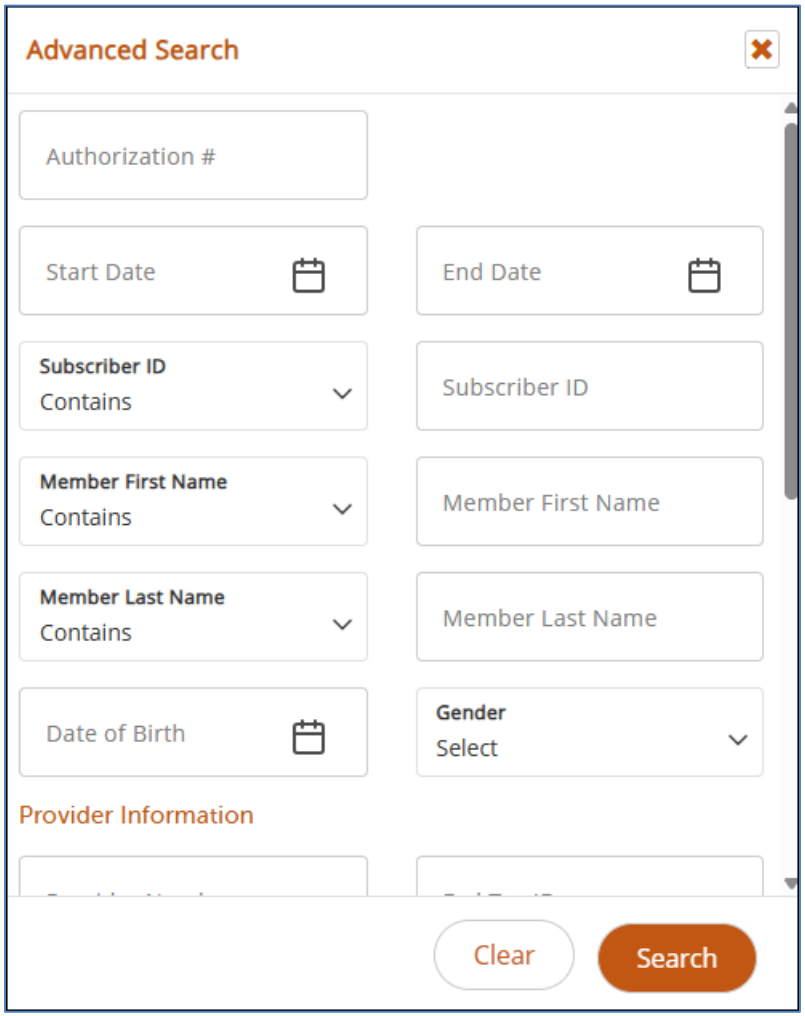


4. When the quick search option displays, you can search by **Member Last Name**, **Subscriber ID**, **Date of Birth**, or any combination of the three.
    - Use the **Auths in** filter to refine your search to: **All**, **Last 7 Days**, **Last 15 Days**, **Last 30 Days**, **Last 60 Days**, or **Last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

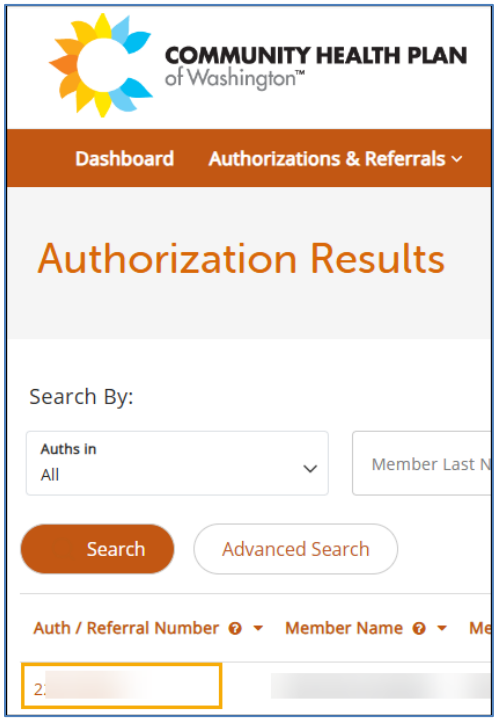
to search our database.
    - Optional: Click the **Advanced Search** button for additional search options.



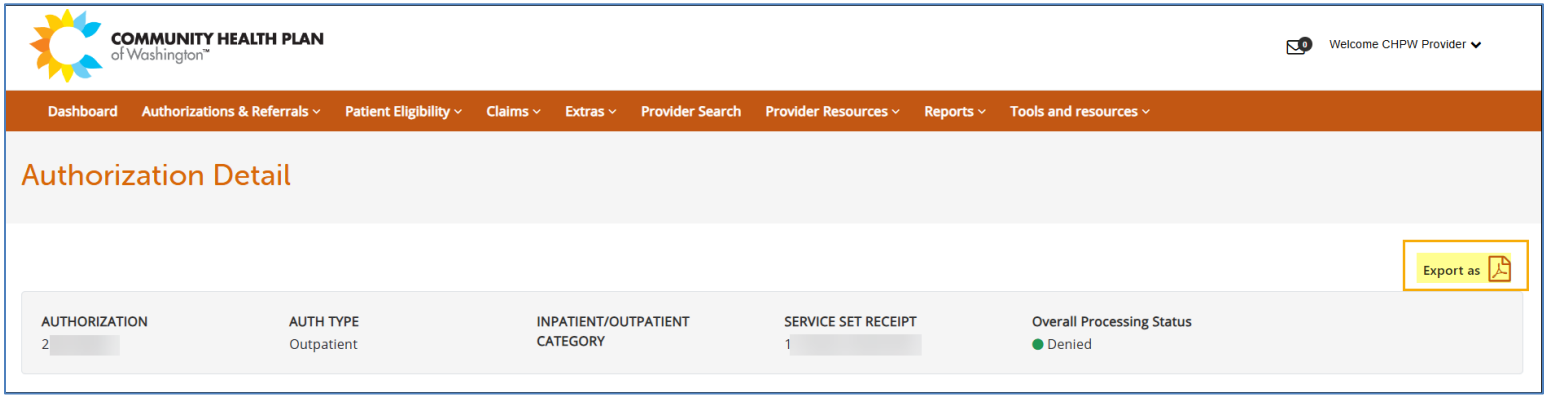
- When you click the **Advanced Search** button, a pop-up window opens that allows you to enter additional criteria for your search.



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



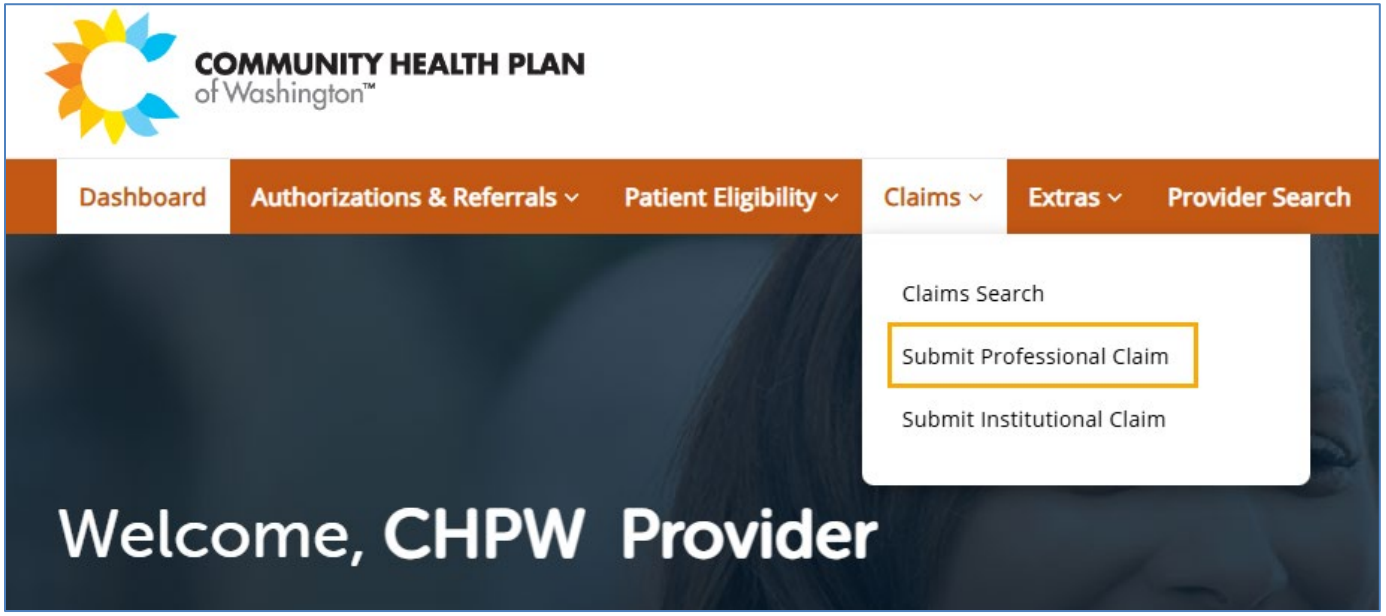
7. Optional: Click the **Export as** icon at the top right of the authorization details screen to export the details of the authorization into a PDF document.



Enter Professional Claims

Follow these instructions to enter professional claims.

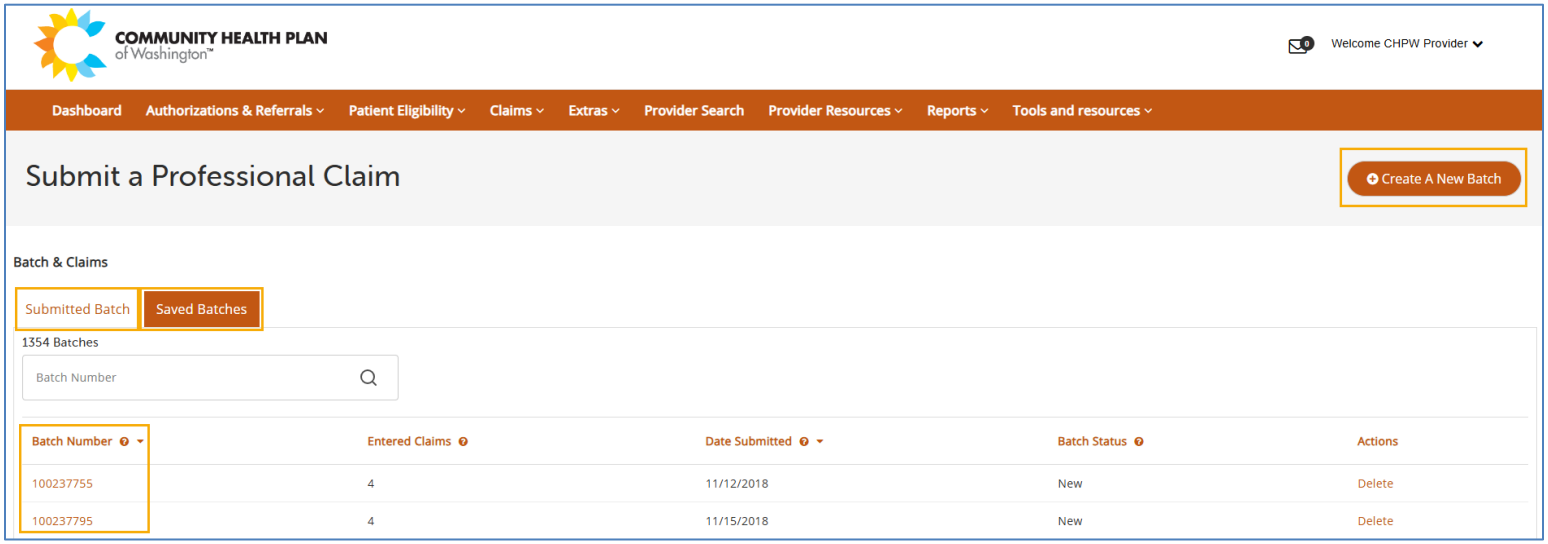
1. Log into HealthMAPS.
2. If you need to verify authorization details before submitting your claim, see the “View Prior Authorizations and Referrals” section of this guide.
3. When ready to submit claims, choose the **Claims** drop down menu and select **Submit Professional Claim**.



4. Click the **Create A New Batch** button at the far right to create a new batch, or click the **Saved Batches** tab to edit batches that have been previously saved but have not been submitted.

Note:

A batch can consist of one or more claims. You can submit more than one claim, but you are not required to.



Example of an existing, unsubmitted batch:

COMMUNITY HEALTH PLAN of Washington™

Welcome CHPW Provider

Dashboard | Authorizations & Referrals | Patient Eligibility | Claims | Extras | Provider Search | Provider Resources | Reports | Tools and resources

Submit a Professional Claim > New Batch #100237755

Back To Batch List

Batch Submit Date	Total Claims Entered	Form Name
09/23/2025	4	HCFA-1500

New Claim | Corrected / Replacement Claim | Voided / Cancelled Claim

	Batch Record #	No. of claim lines	Total Amount Billed	Notes
☐	1	0	$0.00	
☐	2	0	$0.00	
☐	3	0	$0.00	
☐	4 New	0	$0.00	

Showing 1 - 4 of 4 Claims 5 Per Page

1

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

5. To add claims to an existing, unsubmitted batch, click **New Claim**.

COMMUNITY HEALTH PLAN of Washington™

Welcome CHPW Provider

Dashboard | Authorizations & Referrals | Patient Eligibility | Claims | Extras | Provider Search | Provider Resources | Reports | Tools and resources

Submit a Professional Claim > New Batch #100237755

Back To Batch List

Batch Submit Date	Total Claims Entered	Form Name
09/23/2025	4	HCFA-1500

New Claim | Corrected / Replacement Claim | Voided / Cancelled Claim

	Batch Record #	No. of claim lines	Total Amount Billed	Notes
	1	0	$0.00	
	2	0	$0.00	
	3	0	$0.00	
	4 New	0	$0.00	

Showing 1 - 4 of 4 Claims 5 Per Page

1

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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

6. **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.

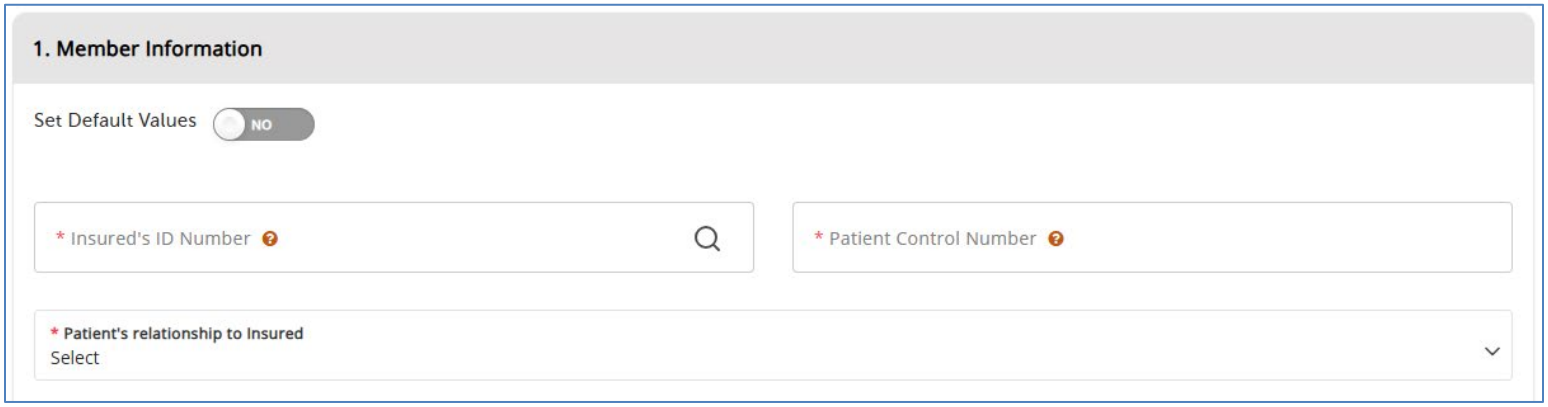
      Note:

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

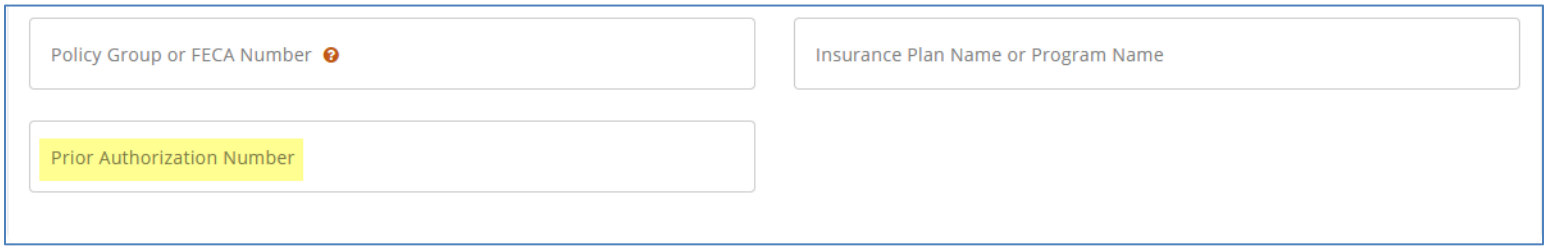
   b. Click the radio button to **Select Member Search Results**. The member's name, date of birth (DOB), address, city, state, zip, and plan information auto-populate.

   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.

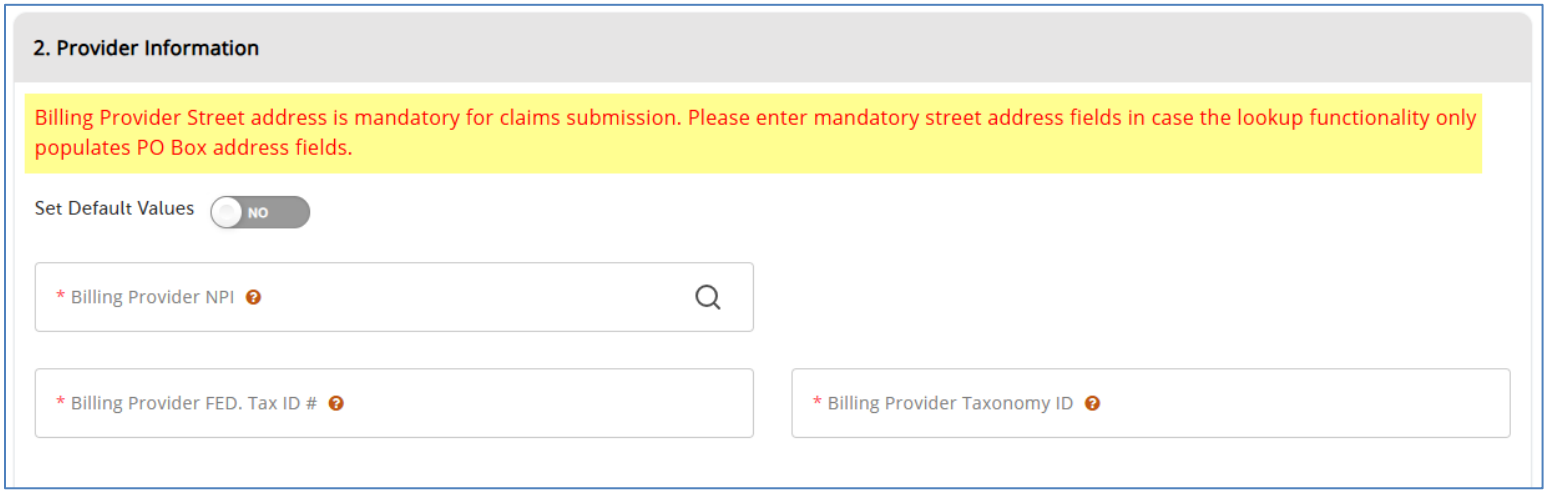
   d. Make sure to complete the **Patient's relationship to Insured** field.



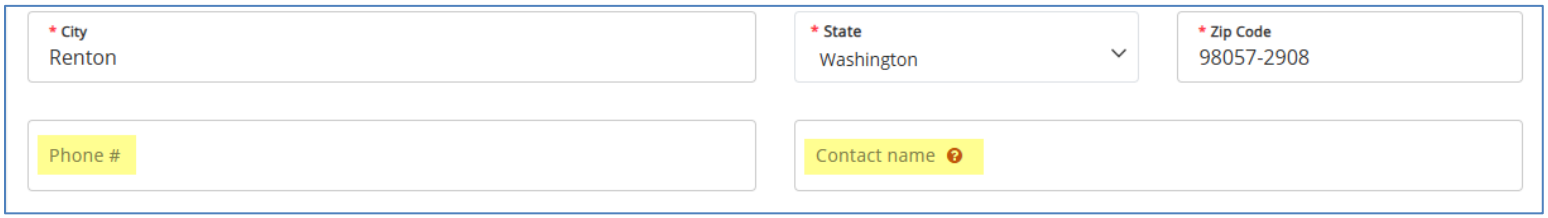
   e. If you have a **Prior Authorization Number** for this member, enter it where indicated.



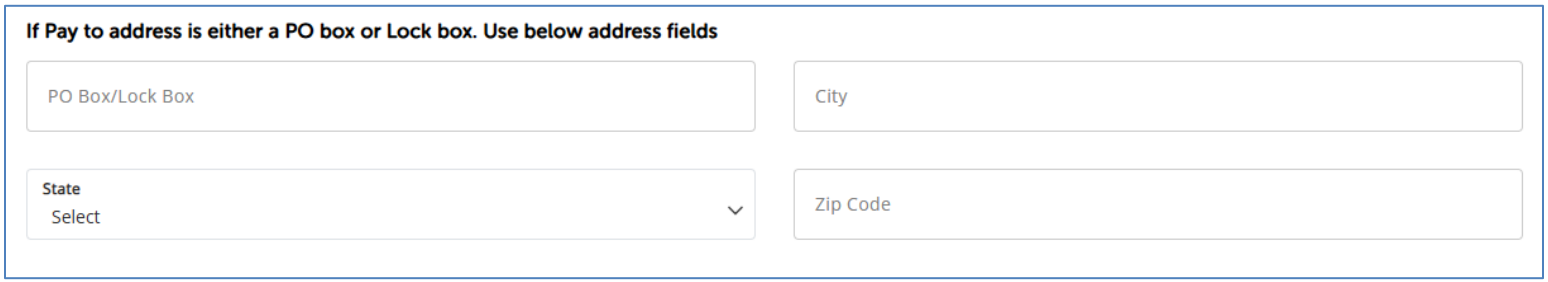
7. **Provider Information.**
   a. Search by **Billing Provider NPI** and select **Provider Search Result**.
   b. Provider name, address, city, state, and zip code auto-populate.
   c. Verify that the ***physical address*** populated. Enter the physical address if needed.
   d. Ensure you type in the **Billing Provider FED.** [federal] **Tax ID #** (TIN) and **required**, 10-character **Billing Provider** [federal] **Taxonomy ID**. See our Taxonomy Requirements page for more information.



   e. Provide your **Contact name** and **Phone #**.



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



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

Servicing Provider Details

* Is the servicing provider the same as the billing provider?

Yes No

* Servicing Provider NPI

* Servicing Provider Taxonomy ID

First Name

Middle Name

Last Name

Suffix

* Address 1 (No. Street)

Address 2 (Suite)

* City

* State
Select

* 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

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

Referring Provider Details

Referring Physician NPI

First Name

Middle Name

Last Name

Suffix

Address 1 (No. Street)

Address 2 (Suite)

City

State
Select

Zip Code

Phone #

8. **Payer/Insured Information.**
   a. The **Payer/Insured Information** section is not required, skip to the **Claim Information** section.

Not Required

3. Payer/ Insured Information

Is there another Health Benefit Plan?

No Yes

* Payer Type
Select

* Health Plan ID

* Payer Name (Carrier)

Prior Payments
0.00

Estimated Amount Due
0.00

* Address 1 (No. Street)

Address 2 (Suite)

* City

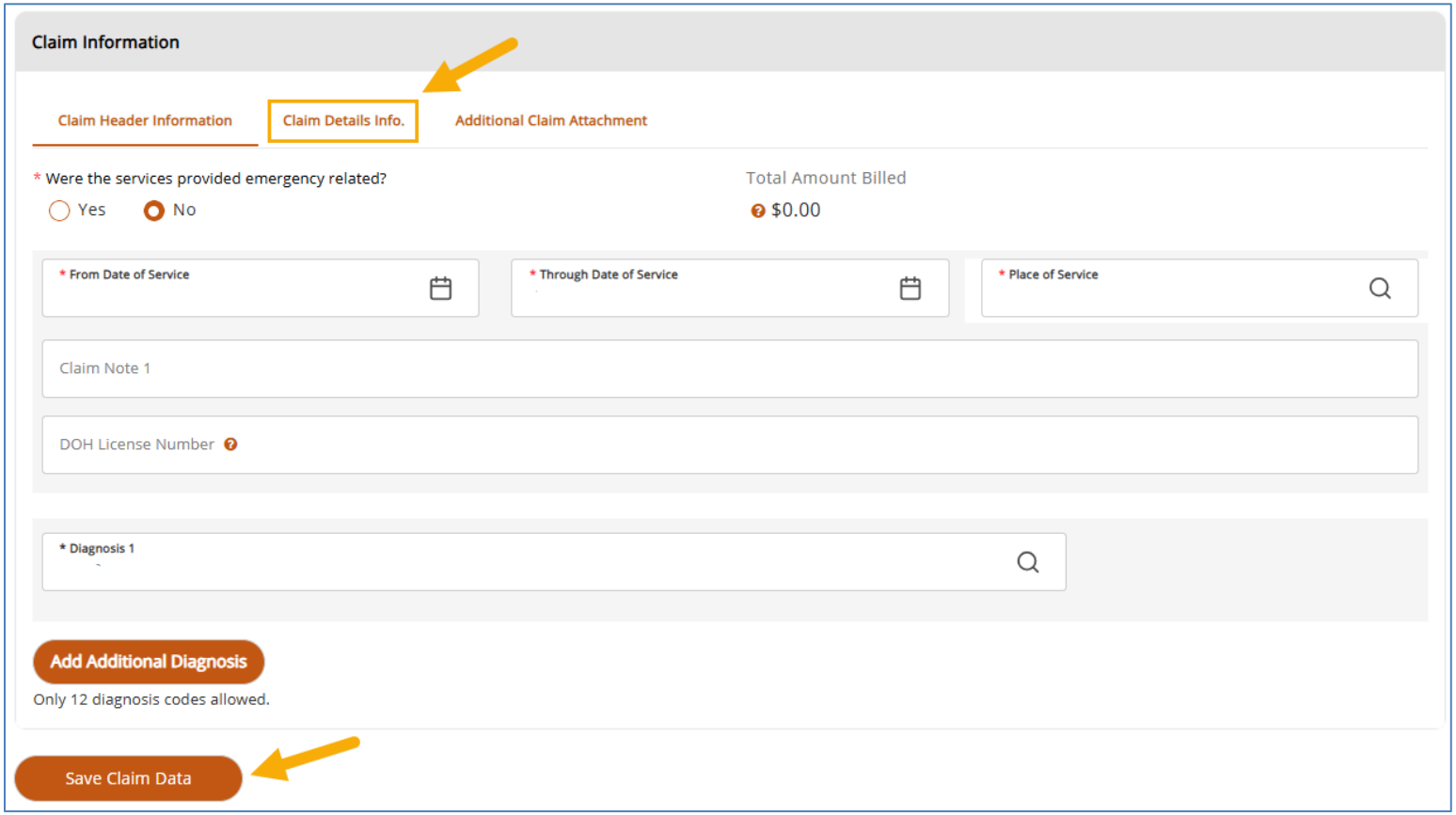
* State
Select

* Zip Code

9. **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.
   c. **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.
   d. **IMPORTANT:** Make sure to use this format for your DOH license: REF*G2*8-digit number; ***numeric only***, no alphabetical characters.
   e. Make sure to click **Save Claim Data** before leaving the claim form or you'll need to re-enter the data.



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

Claim Information

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

"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."

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

Drug Unit Count

Drug Unit
Select

DOH License Number

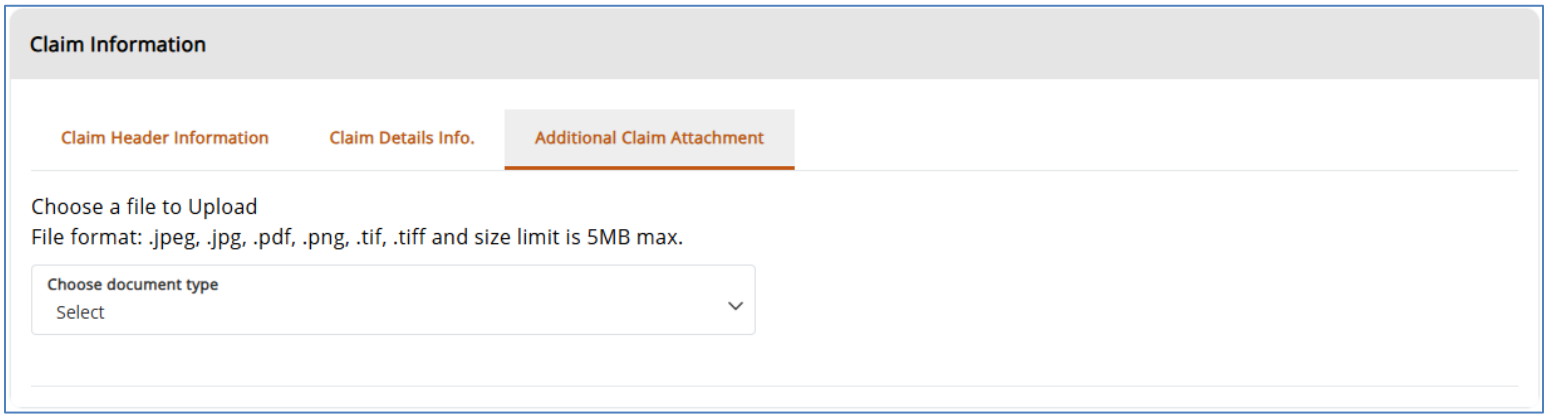
Prescription Number

None | Pharmacy Prescription Number | Link Sequence

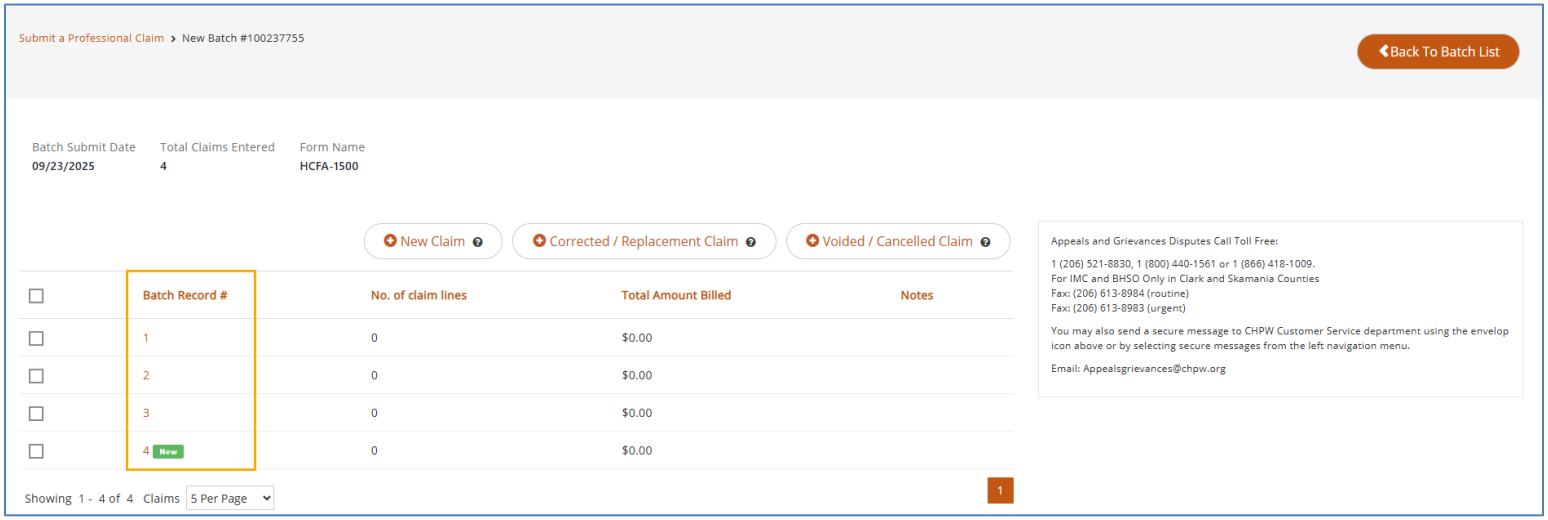
Prescription Number

Add Line Item

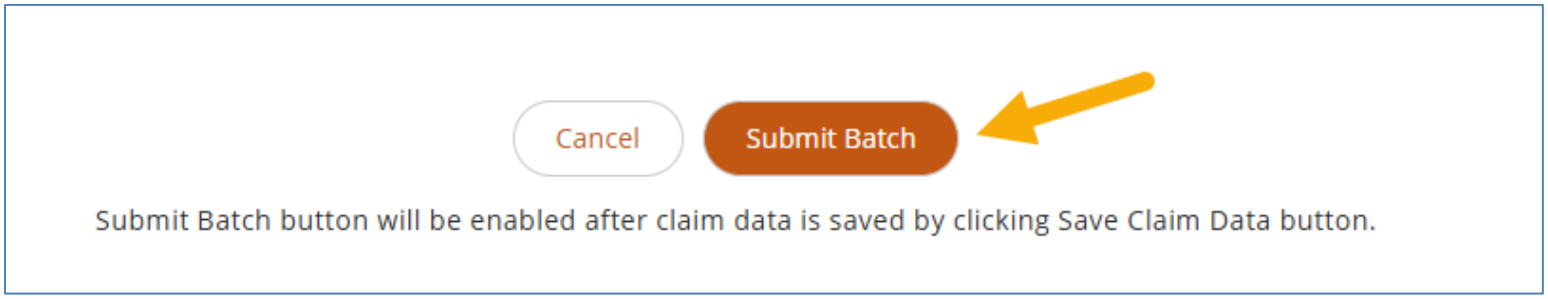
g. The **Additional Claim Attachment** tab allows you to upload a document to attach to your claim. This is optional, it is not required to submit your claim. There are limitations in number of attachments and attachment size; the system will notify you if you reach the limit.



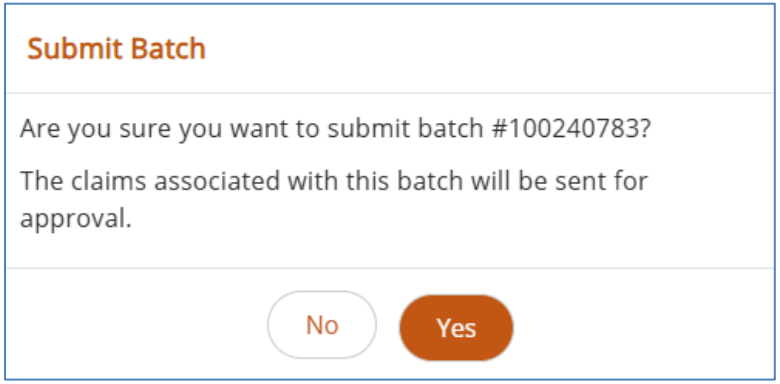
h. If you need to edit the claim prior to submitting the batch, click the **Batch Record #** for the claim.



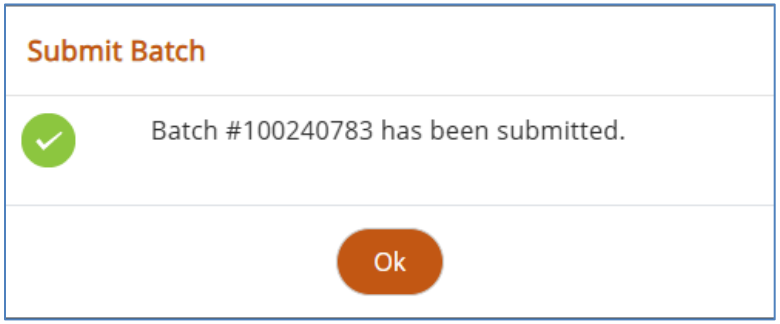
10. When you're ready to submit your batch of claims, click **Submit Batch**.



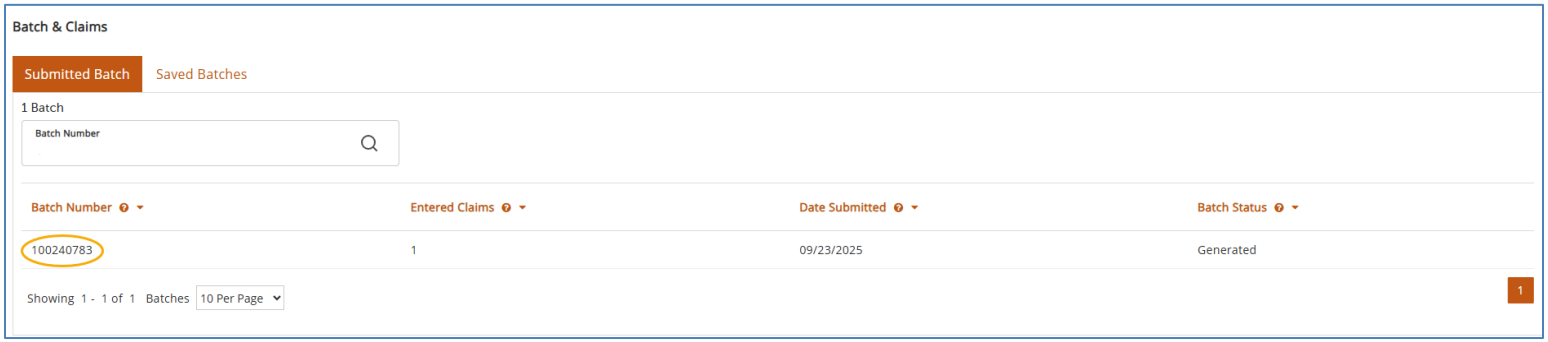
a. You'll be asked to confirm you want to submit. Click **Yes** to submit or **No** to return to creating/editing your batch.



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**.



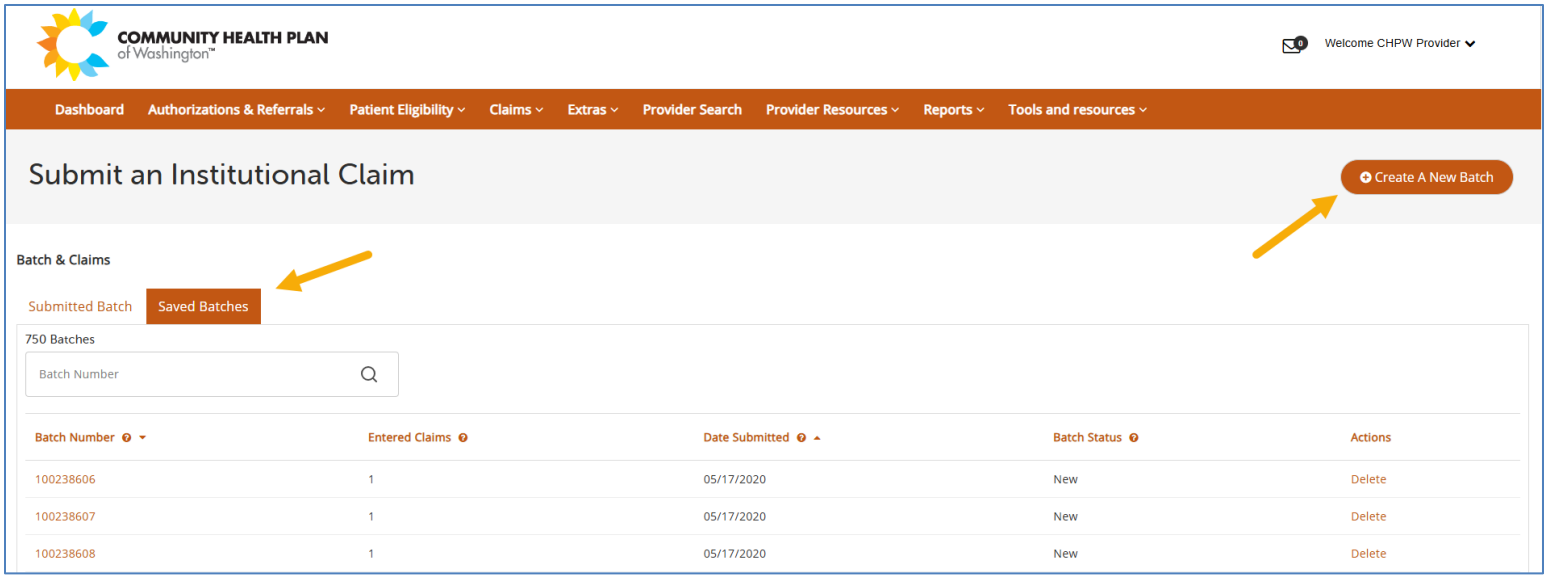
d. After a batch is submitted, the service processes and generates the X12 file that loads the claim into the processing system. The **Batch Status** then updates to **Generated**.

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 **Claims** and select **Submit Institutional Claim**.
4. Choose **Create a New Batch** or **Saved Batches** if you want to add another claim to that batch prior to batch submission.

Note:
A batch can consist of one or more claims. You can submit more than one claim, but you are not required to.



COMMUNITY HEALTH PLAN of Washington™

Welcome CHPW Provider

Dashboard | Authorizations & Referrals | Patient Eligibility | Claims | Extras | Provider Search | Provider Resources | Reports | Tools and resources

Submit an Institutional Claim

Create A New Batch

Batch & Claims

Submitted Batch | Saved Batches

750 Batches

Batch Number

Batch Number	Entered Claims	Date Submitted	Batch Status	Actions
100238606	1	05/17/2020	New	Delete
100238607	1	05/17/2020	New	Delete
100238608	1	05/17/2020	New	Delete

Note:

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.

COMMUNITY HEALTH PLAN of Washington™

Welcome CHPW Provider

Dashboard | Authorizations & Referrals | Patient Eligibility | Claims | Extras | Provider Search | Provider Resources | Reports | Tools and resources

Submit a Institutional Claim > Batch No. #100237905 > Claim No. #100237905-2

Back To Previous

Batch Record #2

*Submission Code

Saved Batches | Corrected / Replacement Claim | Voided / Cancelled Claim

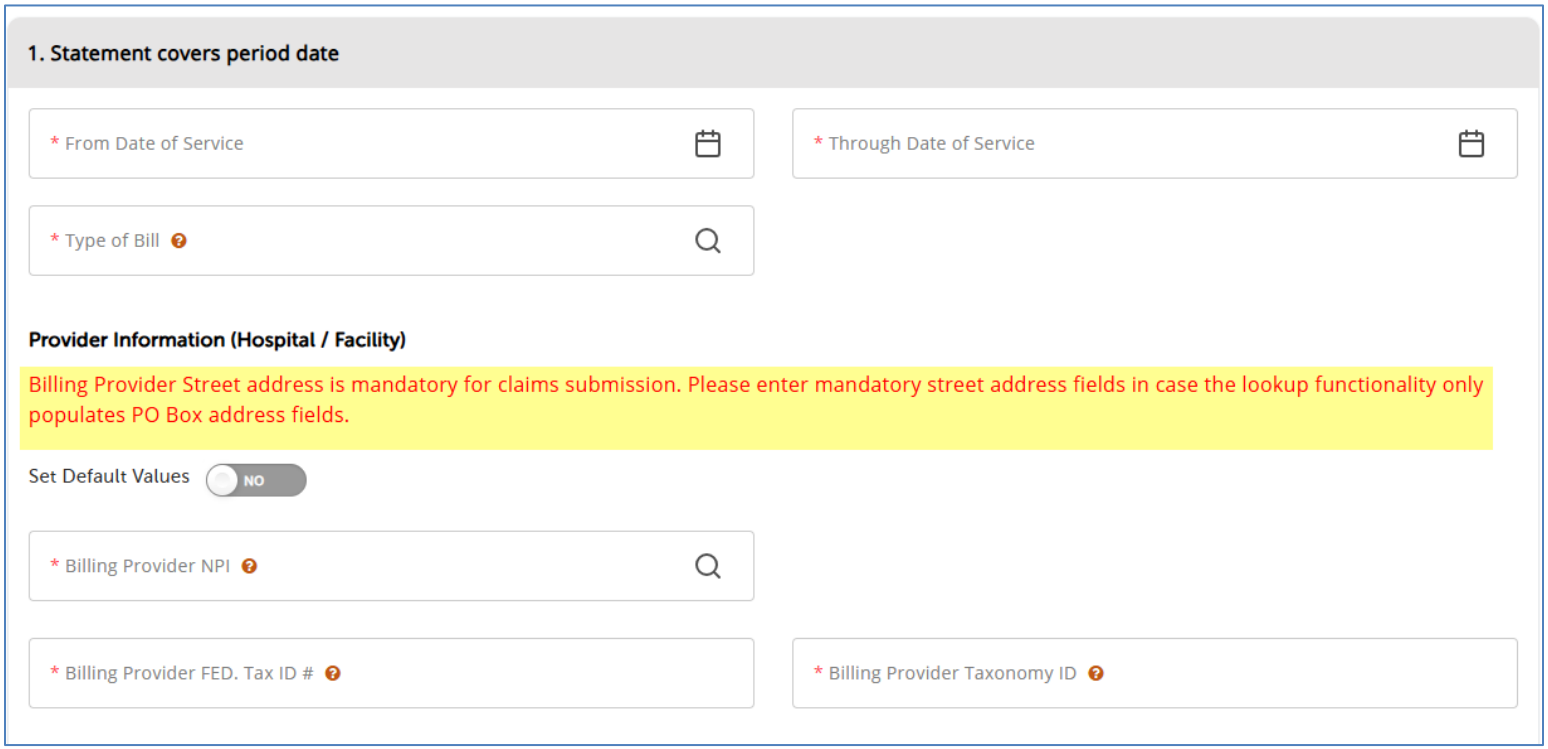
Original Reference Number

1 Statement covers period date — 2 Member Info — 3 Payer/Insured Info — 4 Attending and Operating Provider information — 5 Claim Info

1. Statement covers period date

Proceed To Member Information

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).
e. Click **Proceed To Member Information**.



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

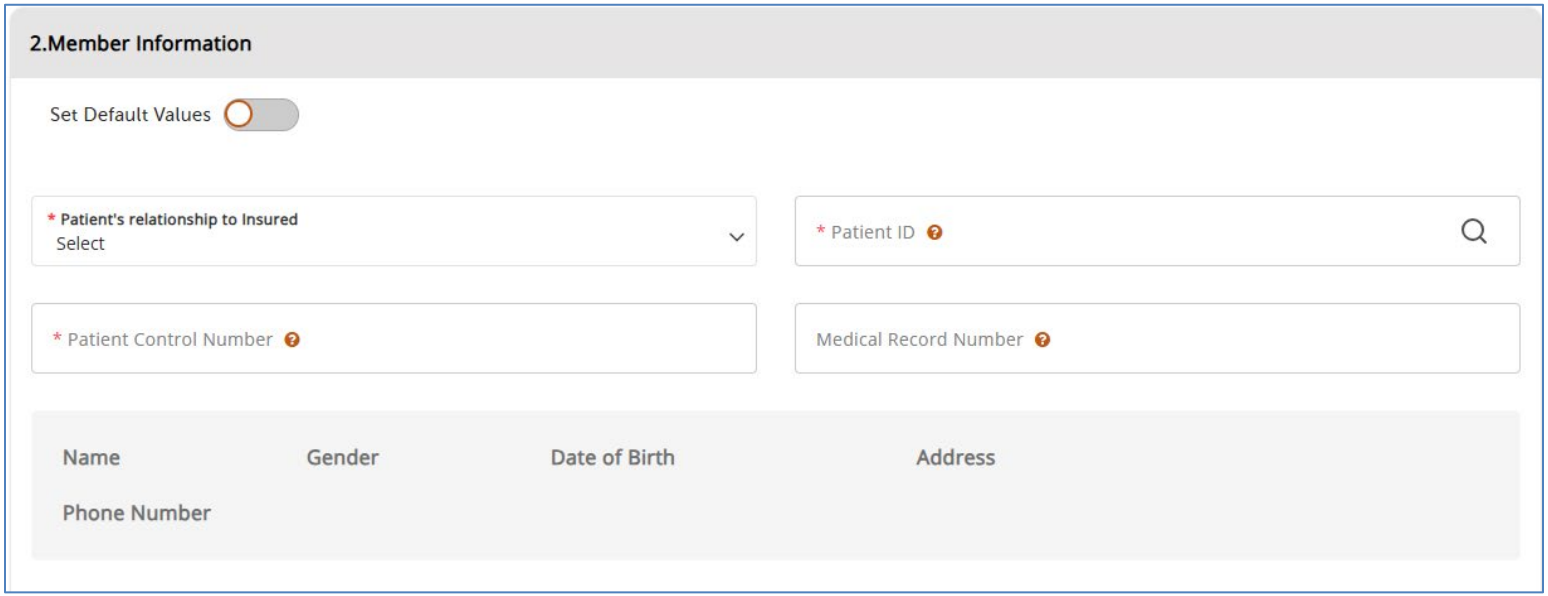
State
Select

Zip Code

Proceed To 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.



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**.

f. Click **Proceed To Payer/Insured Information**.

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

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

* First Name
Middle Name
* Last Name
* Address 1 (No. Street)
Address 2 (Suite/Apartment)
* City
* State — Select
* Zip Code
Telephone(Include Area code)

Proceed To Payer/Insured Information

g. 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.

Note:
Completion of this section is not required if no other insurance coverage exists.

h. Click **Proceed To Attending And Operating Provider Information**.

Not Required

3. Payer/ Insured Information

Is there another Health Benefit Plan?

No Yes

* Payer Type
Select

* Health Plan ID

* Payer Name (Carrier)

Prior Payments
0.00

Estimated Amount Due
0.00

* Address 1 (No. Street)

Address 2 (Suite)

* City

* State
Select

* Zip Code

* Filing Indicator
Other Non-Federal Programs

* Release of Information Certification
Yes No

* Assignment of Benefit Certification
Yes 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
Select

* Group Name

* Insured's Group Number

Treatment Authorization codes

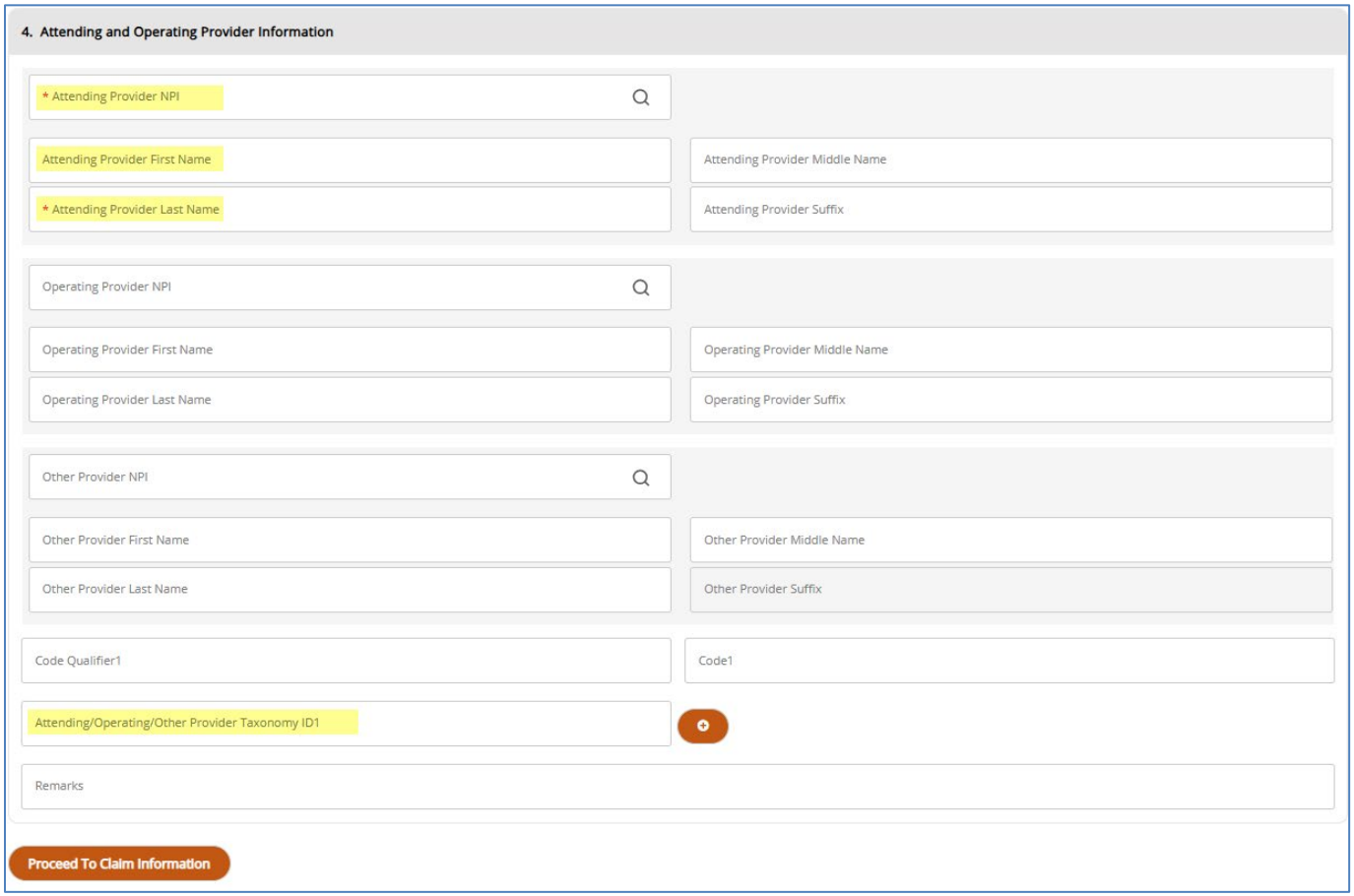
Document Control Number

Employer Name

Proceed To Attending And Operating Provider Information

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. ***<u>These are required</u>*** 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.
   c. Click **Proceed To Claim Information**.



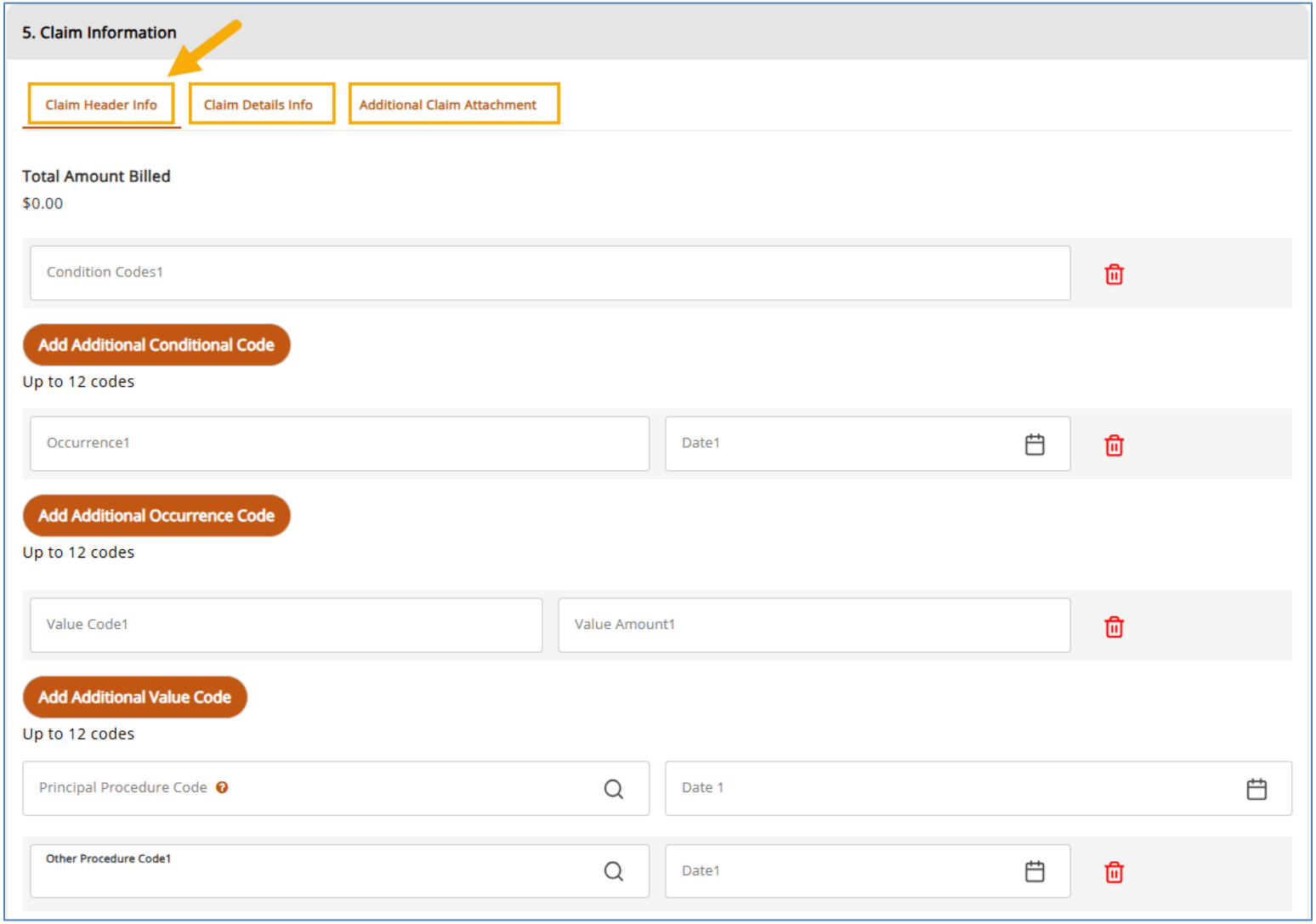
7. **Claim Information**:

Note:

There are 3 tabs.

a. Enter the requested information in the first tab, **Claim Header Info**.

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



Add Additional Procedure Code

Up to 12 codes

* Diagnosis/Procedure Code Qualifier

External Cause of Injury Code

Add External Code

Up to 12 codes

* Principal Diagnosis Code

Diagnosis 1

Add Additional Diagnosis

Up to 12 codes

* Admitting Diagnosis Code

Patient's Reason for Visit Code

Add Patient's Reason For Visit Code

Up to 12 codes

PPS Code

Save Claim Data

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.

5. Claim Information

Claim Header Info | Claim Details Info | Additional Claim Attachment

* Revenue Code
Description
* Service Date
Non Covered Charges
* CPT/HCPCS
1st Modifier
2nd Modifier
3rd Modifier
4th Modifier
*Amount Billed
Patient Paid Amount
Unit Of Measurement
Unit
* Days Or Units
OIC Allowed
OIC Paid
OIC Deductible
OIC Co-Ins
OIC Not Covered
Paid Date
Carrier Group Number
Select

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
Select

Prescription Number

None | Pharmacy Prescription Number | Link Sequence

Prescription Number

Add Line Item

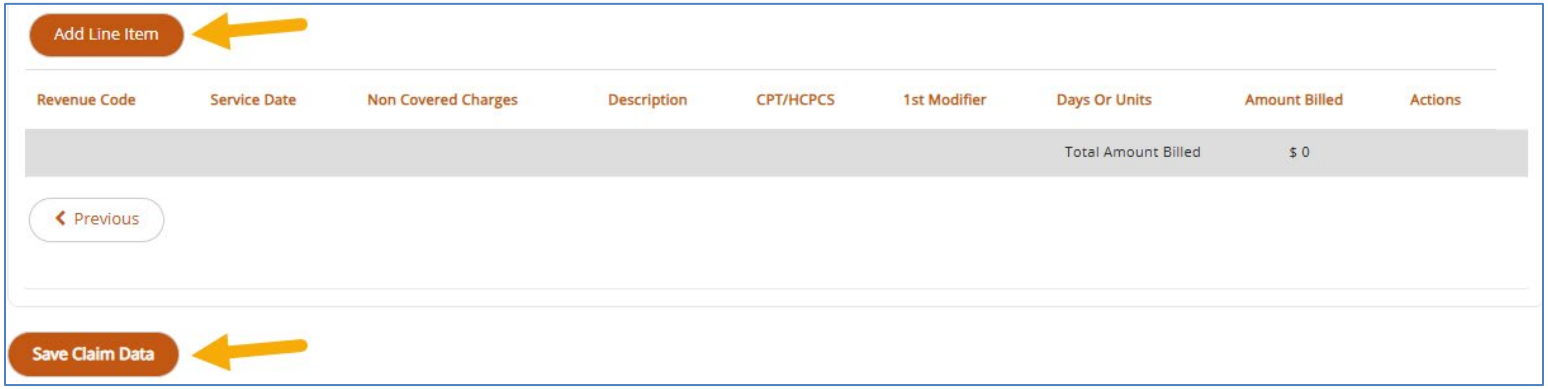
Revenue Code	Service Date	Non Covered Charges	Description	CPT/HCPCS	1st Modifier	Days Or Units	Amount Billed	Actions
						Total Amount Billed	$ 0	

Previous

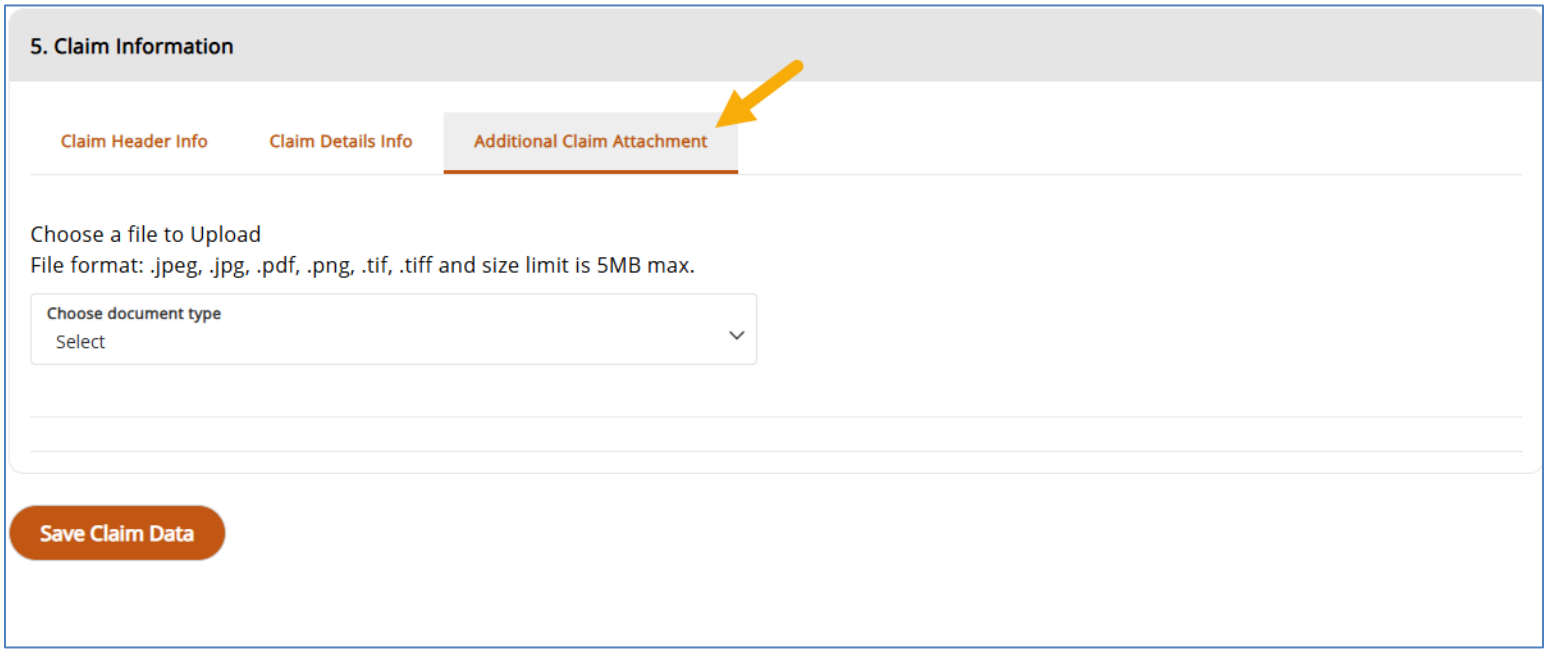
Save Claim Data

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

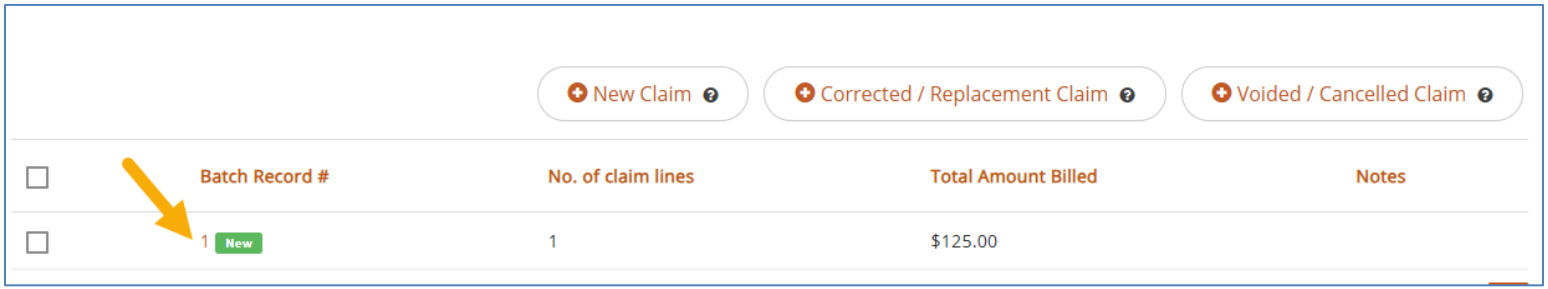
g. Make sure to click **Save Claim Data** before leaving the claim form or you'll need to re-enter the data.



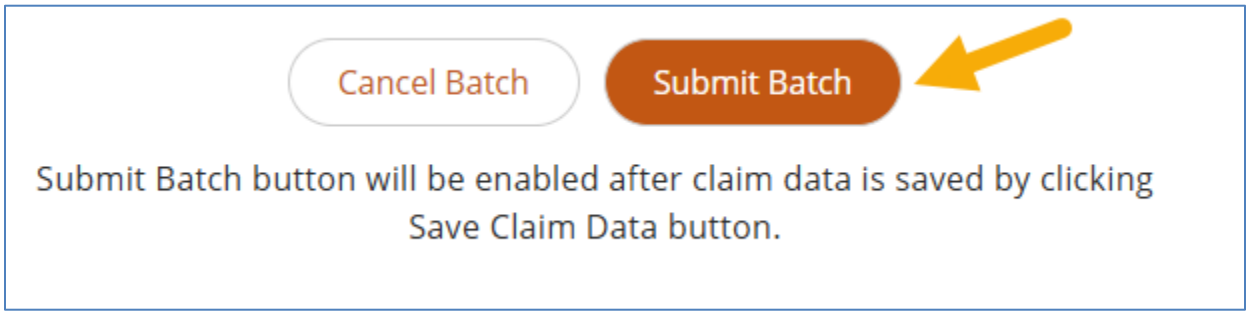
h. The third tab, **Additional claim attachment**, allows you to upload a document to attach to your claim. This is optional, it is not required to submit your claim. There are limitations in number of attachments and attachment size; the system will notify you if you reach the limit.



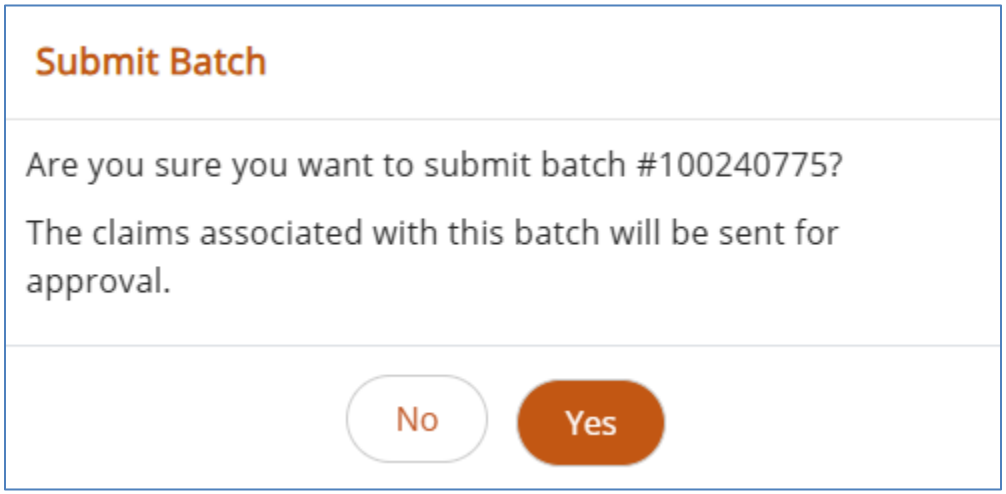
i. If you need to edit the claim prior to submitting the batch, click the **Batch Record #**.



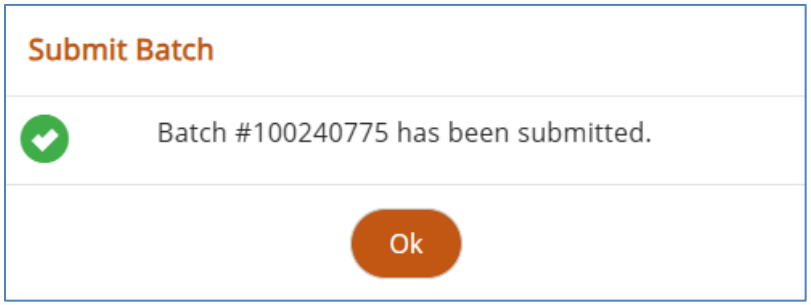
8. When you're ready to submit your batch of claims, click **Submit Batch**.



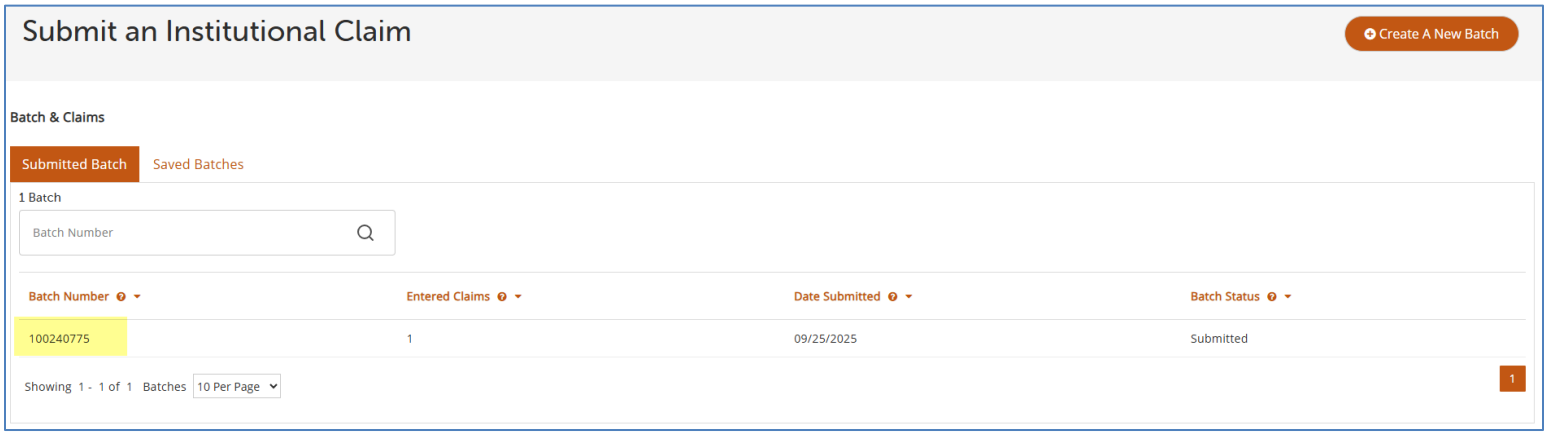
a. You'll be asked to confirm you want to submit. Click **Yes** to submit or **No** to return to creating/editing your batch.



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**.

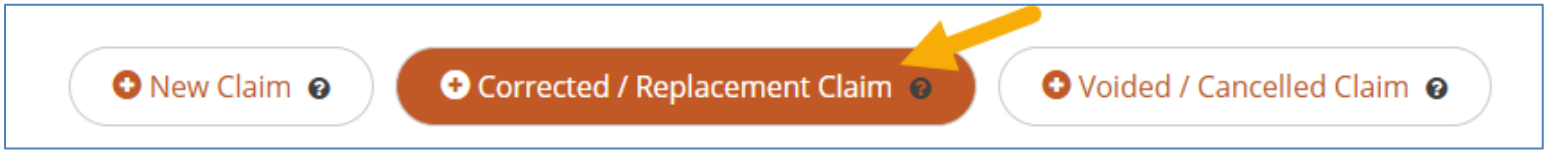


9. After a batch is submitted, the service processes and generates the X12 file that loads the claim into the processing system. The **Batch Status** then updates to **Generated**.

Enter Corrected and Replacement Claims

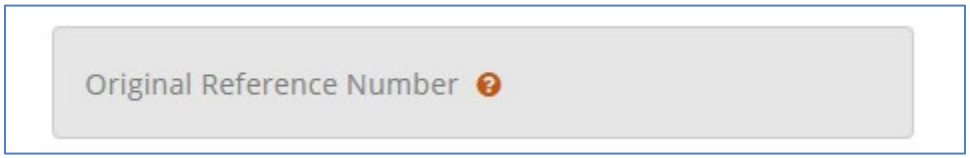
Follow these instructions to enter a corrected or replacement claim.

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



6. Scroll through the claim and change the information you want to correct.
   a. To remove 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	DOH License Number	Actions
I10	11	99213	1		1	$ 100.00		
I10	11	36415	1		1	$ 35.00		
					Total Amount Billed	$ 135.00		

The line disappears:

Add Line Item

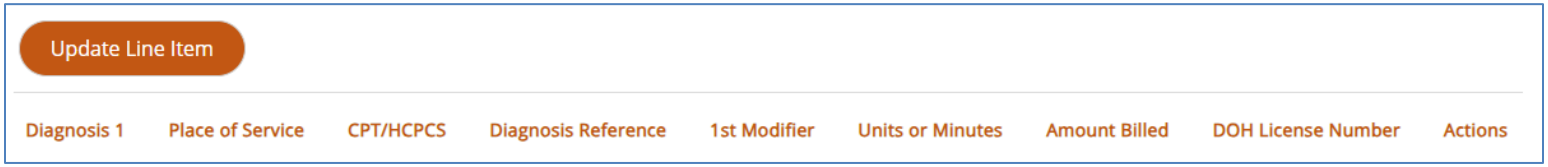
Diagnosis 1	Place of Service	CPT/HCPCS	Diagnosis Reference	1st Modifier	Units or Minutes	Amount Billed	DOH License Number	Actions
I10	11	99213	1		1	$ 100.00		
					Total Amount Billed	$ 100.00		

   b. To edit a billed detail line item, click the edit icon to the right of the line you want to correct.

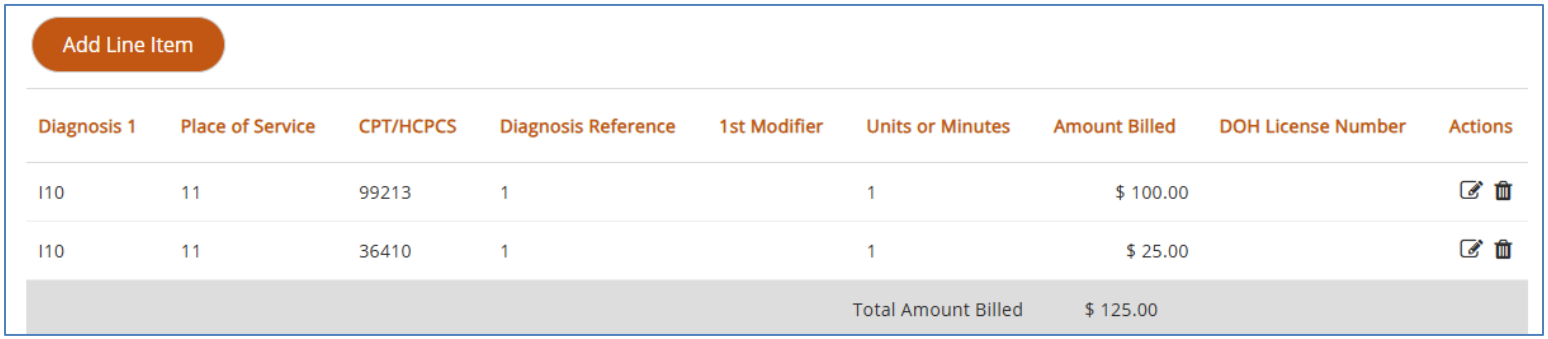
Add Line Item

Diagnosis 1	Place of Service	CPT/HCPCS	Diagnosis Reference	1st Modifier	Units or Minutes	Amount Billed	DOH License Number	Actions
I10	11	99213	1		1	$ 100.00		
I10	11	36415	1		1	$ 35.00		
					Total Amount Billed	$ 135.00		

c. Make the necessary corrections and click **Update Line Item**.



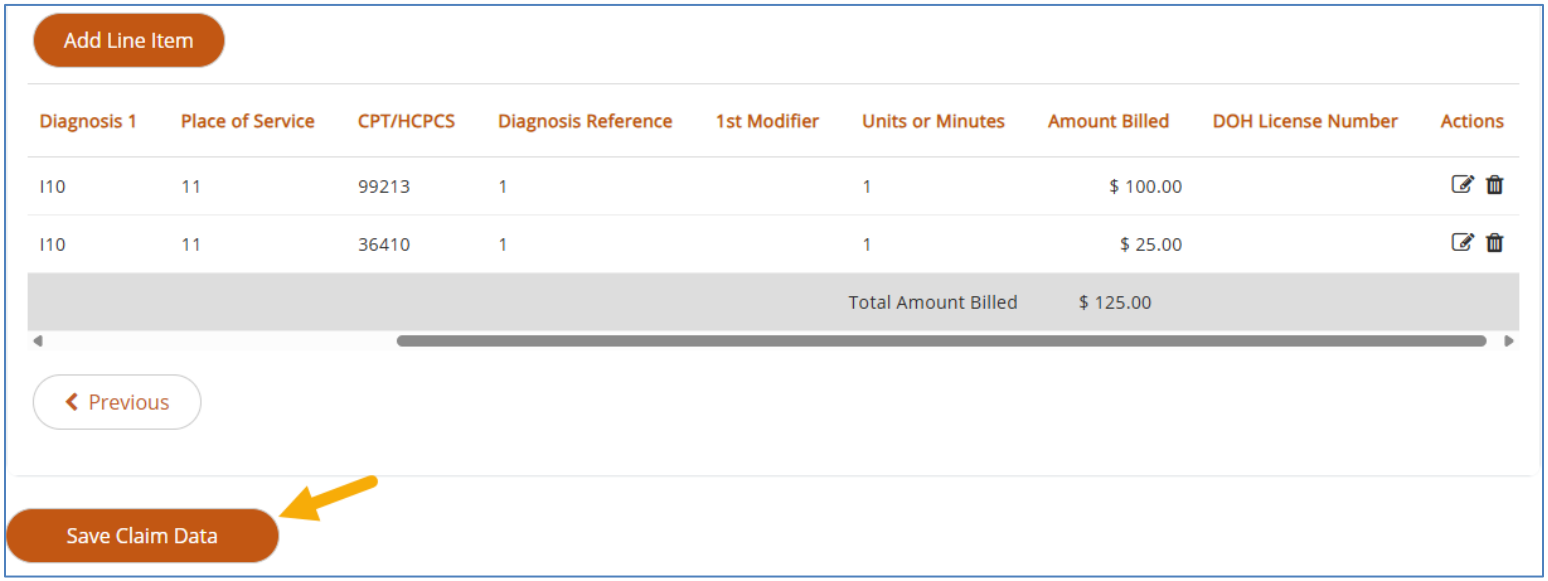
The changes are reflected after updating.



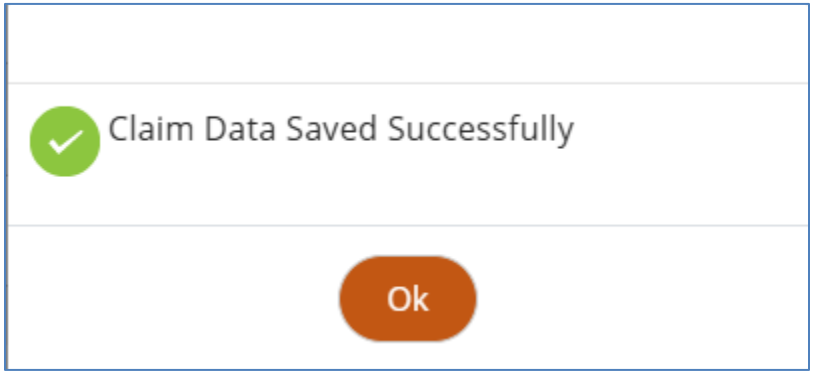
d. Make additional corrections as needed and then click **Save Claim Data**.

Note:

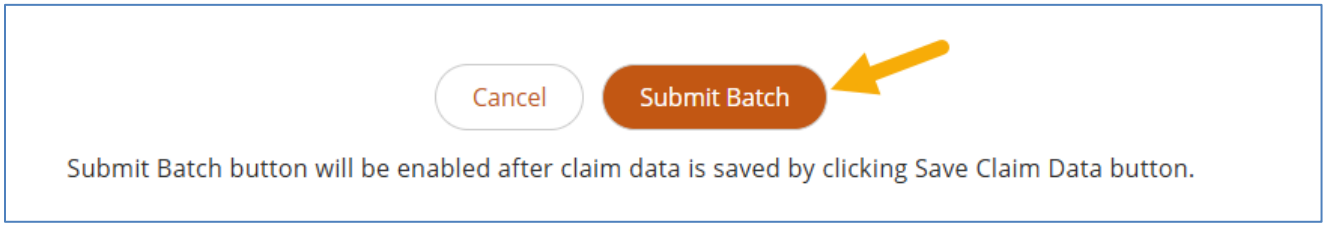
Make sure to click **Save Claim Data** or the claim data will be lost.



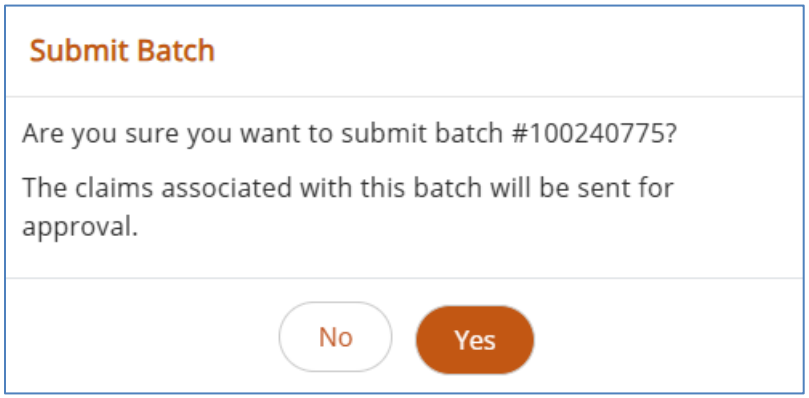
e. When you receive a confirmation message, click **OK**. The system returns you to the top of the form.



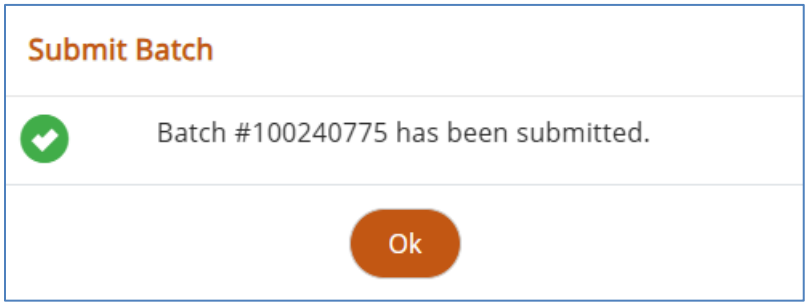
f. Scroll through to review and ensure all your changes are made and all information is now correct.
g. When ready to submit the corrected claim, click **Submit Batch**.



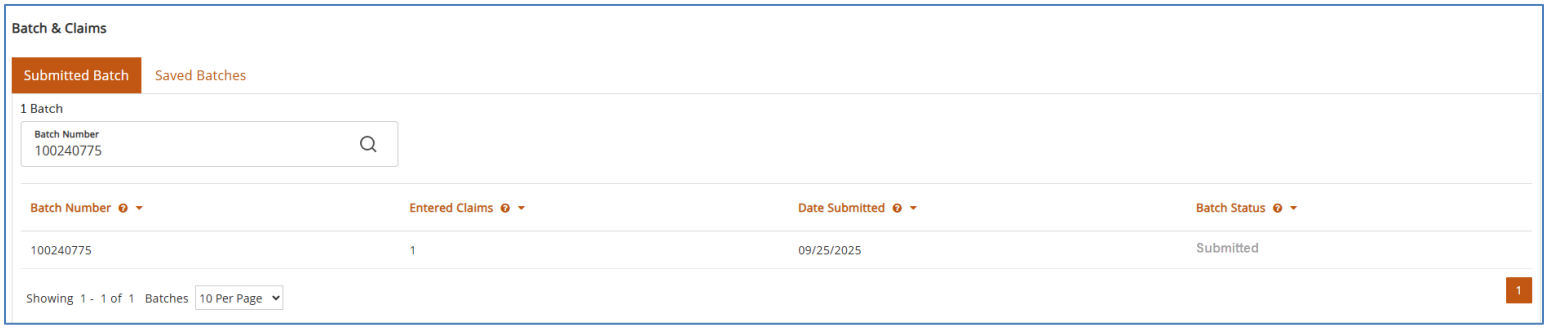
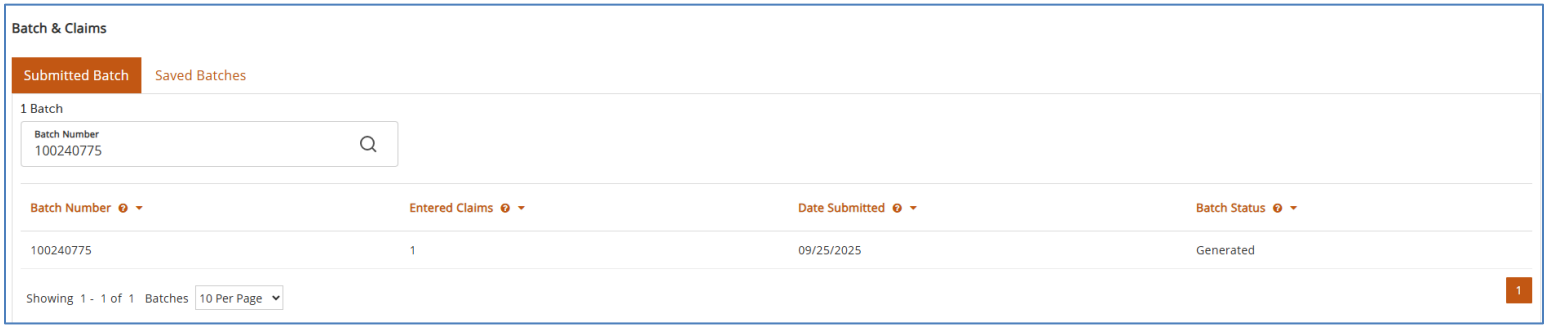
h. You'll be asked to confirm you want to submit. Click **No** if you need to return to the form to make more changes. Click **Yes** if you're ready to submit your batch.



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



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



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**.