

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:

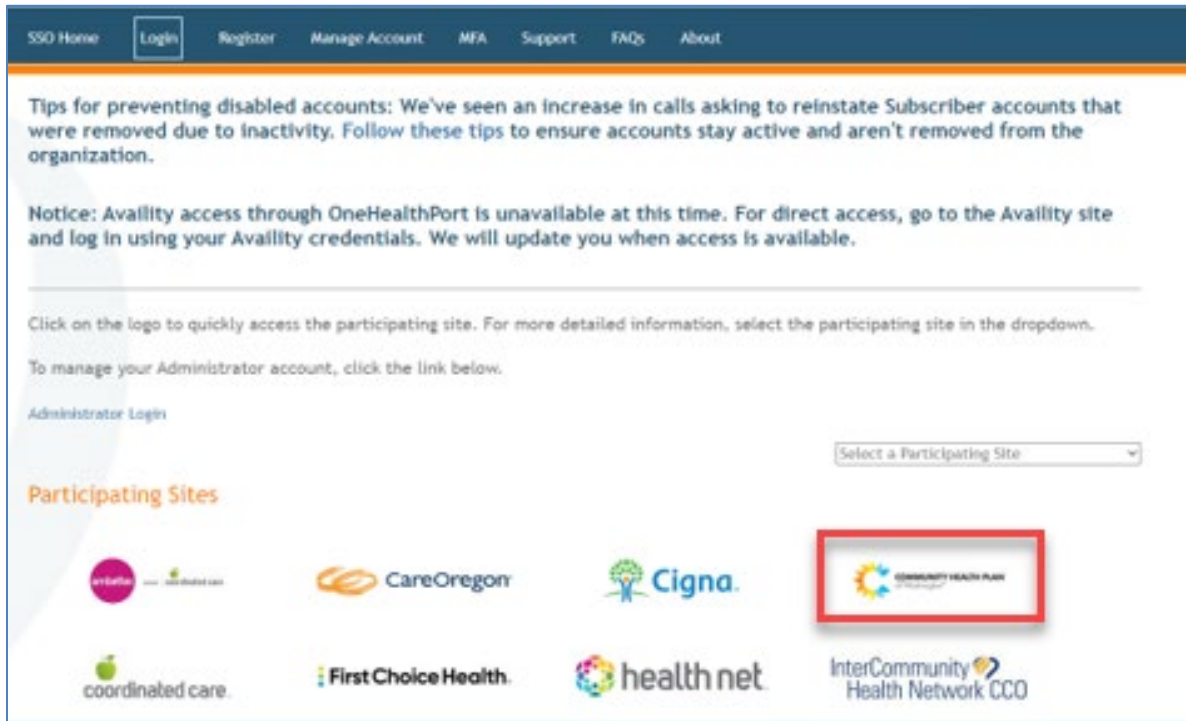
- [View prior authorizations and referrals](#)
- [Enter professional claims](#)
- [Enter institutional claims](#)
- [Enter corrected or replacement claims](#)

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.



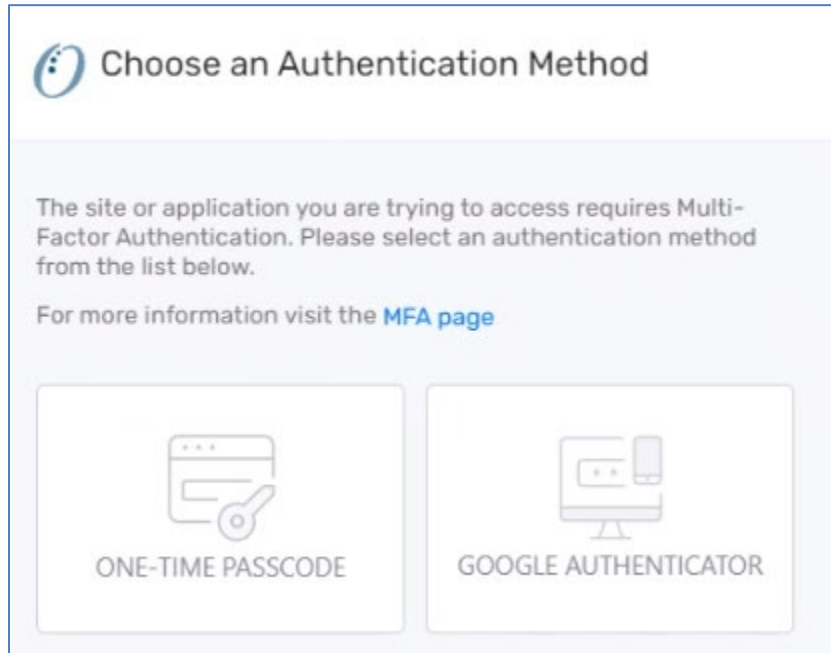
- The other option is to go directly to OneHealthPort for CHPW at <https://www.onehealthport.com/sso-payer/community-health-plan-washington>.

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.

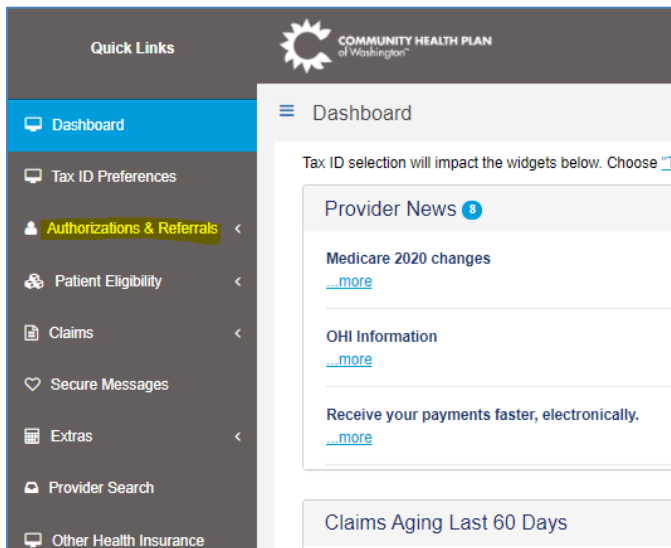
View Prior Authorizations and Referrals

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

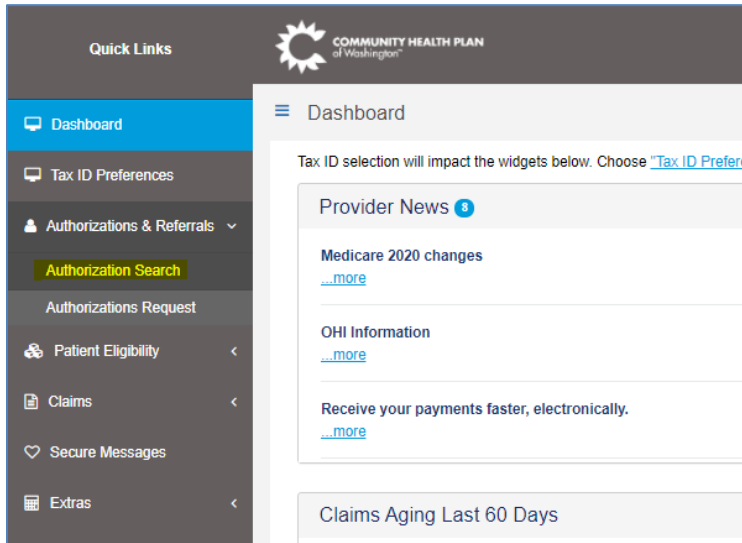
Important:

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:




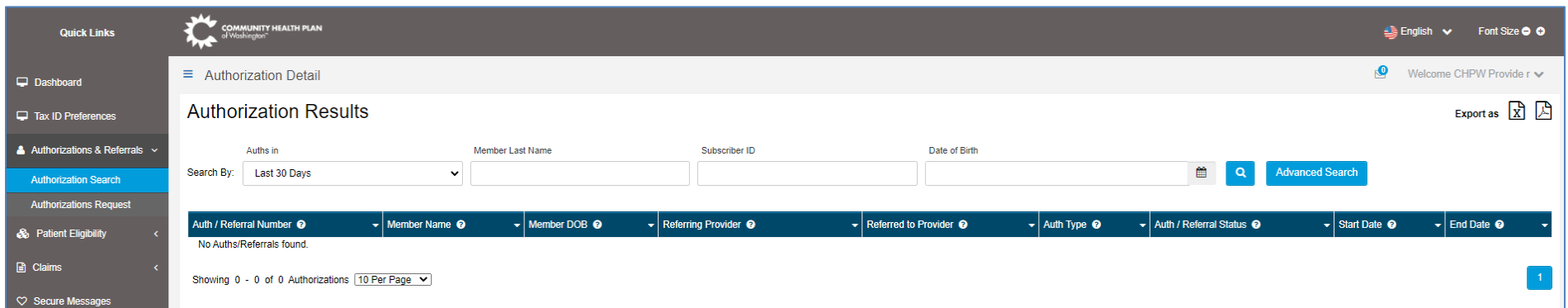
3. Click **Authorization Search**.



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.



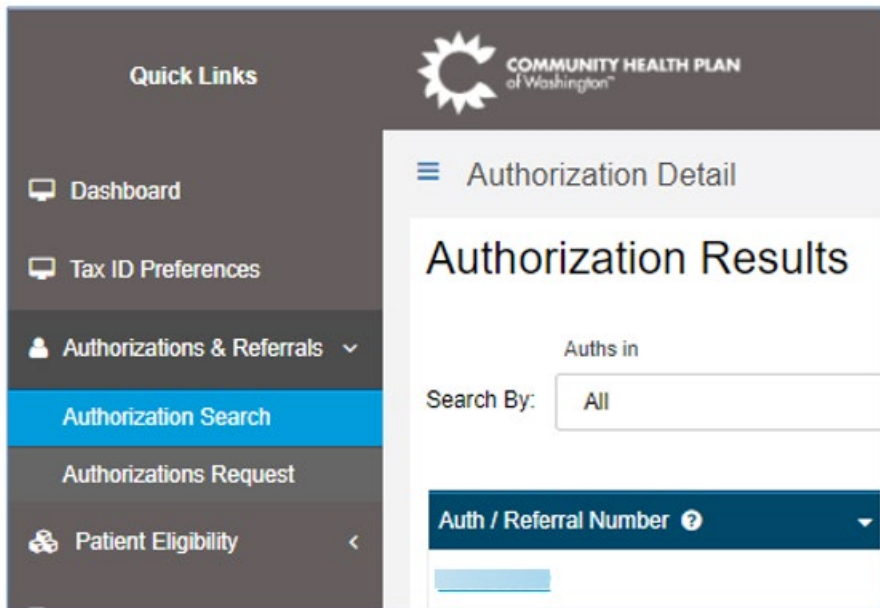
6. Optional: Click the **Advanced Search** button to the right of the search icon for additional search options.

The screenshot shows the 'Authorization Results' page. At the top, there is a search bar with the following fields: 'Auths in' (set to 'Last 30 Days'), 'Member Last Name', 'Subscriber ID', and 'Date of Birth'. To the right of these fields is a search icon and a yellow 'Advanced Search' button. Below the search bar is a dark blue navigation bar with several filter options: 'Auth / Referral Number', 'Member Name', 'Member DOB', 'Referring Provider', 'Referred to Provider', 'Auth Type', 'Auth / Referral Status', and 'Start Date'.

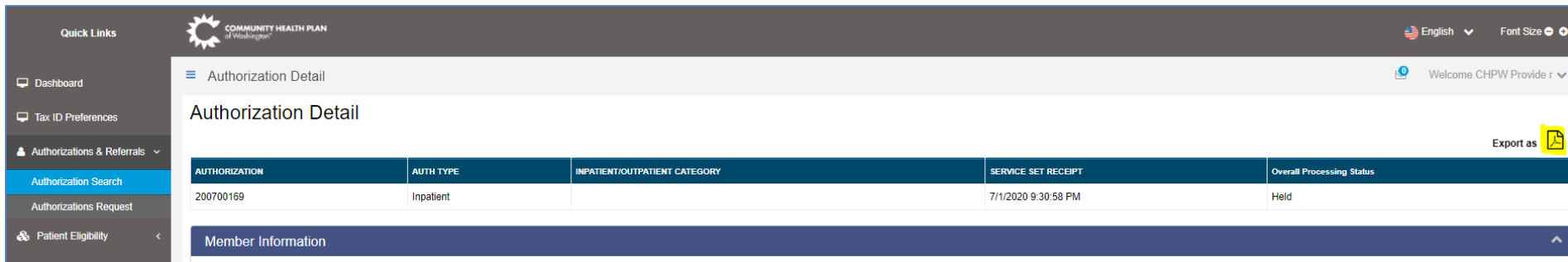
- When you click this button, a pop-up window opens that allows you to enter additional criteria for your search.

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

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

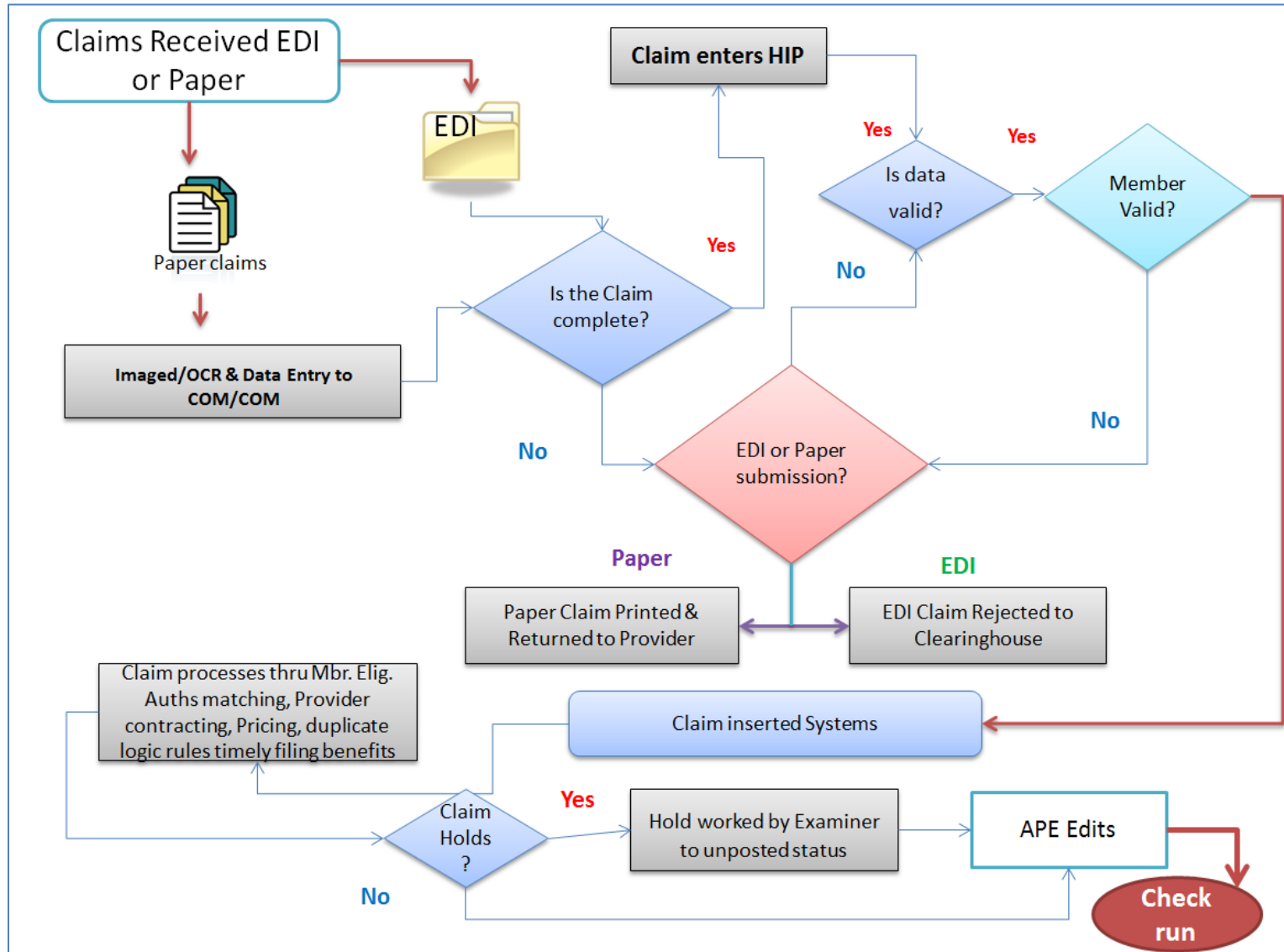


8. Optional: Click the **Export as** icon at the top right of the authorization details screen to export the details of the authorization into a PDF document.



Enter Professional Claims

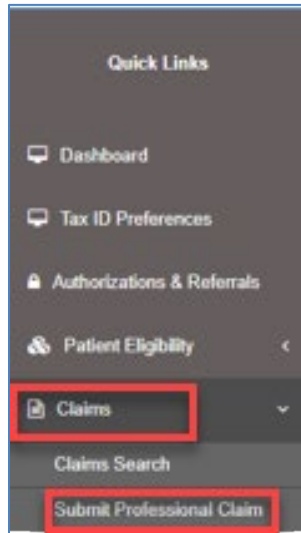
High level claim flowchart



Enter professional claims

Follow these instructions.

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. Choose **Create a New Batch** or use an **existing New 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 Professional Claims Welcome CHPW Provider

Submit a Professional Claim

[+ Create a new batch](#)

Batch & Claims

Submitted Batch [New Batch](#)

15 Batches

Quick search a batch by Batch Number

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

Example of an existing, unsubmitted batch:

Submit Professional Claims
Welcome CHPW Provider

New Batch #100237719

[← Back to Batch List](#)

* Fields are required

Batch Submit Date
11/19/2018

Total Claims Entered
4

Form Name
HCFA-1500

↻ New Claim ↻ Corrected / Replacement Claim ↻ Voided / Cancelled Claim

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

Showing 1 - 4 of 4 Claims 5 Per Page

1

Delete Claim(s)

Batch Record #5

* Submission Code

New Batch
 Corrected / Replacement Claim
 Voided / Cancelled Claim

Original Reference Number


Member Information ^

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

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

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



5. Member Information.

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

Note:

CHPW Medicaid or Medicare Advantage subscriber IDs have 8 digits. CHPW Cascade Select subscriber IDs 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.

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

Note:

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

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

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

6. Provider Information.

- 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

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

State Zip Code Phone #

Contact name

- f. 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

g. 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

h. 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 application window titled "Claim Information". It features two tabs: "Claim Header Information" (active) and "Claim Details Info.". The form contains several fields and buttons:

- A yellow highlighted field: "* Were the services provided emergency related?" with radio buttons for "Yes" and "No".
- A cyan highlighted field: "Total Amount Billed" showing "\$0.00".
- Two date pickers: "* From Date of Service" and "Through Date of Service".
- A search field: "* Place of Service" with a magnifying glass icon.
- Two search fields: "* Diagnosis 1" and "Claim Note 1", both with magnifying glass icons.
- A blue button: "Add Additional Diagnosis".
- A warning: "Only 12 diagnosis codes allowed.".
- At the bottom, there are buttons for "Clear", "Save Claim Data" (highlighted with a purple arrow), and "Next" (highlighted with an orange arrow).
- A warning below the buttons: "If this button is not clicked, the claim data will be lost.".
- At the very bottom, there are buttons for "Cancel" and "Submit Batch".

- 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.

Claim Information ^

Claim Header Information
Claim Details Info.

* CPT/HCPCS Q

1st Modifier Q

3rd Modifier Q

* Amount Billed

* Outside Lab Charges?
 Yes No

National Drug Code

 Q

Drug Unit Count

Drug Unit

Select v

* Diagnosis Reference +

2nd Modifier Q

4th Modifier Q

Patient Paid Amount ?

* \$ Charges

Prescription Number
 None Pharmacy Prescription Number Link Sequence

* Days Or Units

Add Line Item

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

← Previous

- e. 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 the 'Claim Information' interface. At the top, there is a dark blue header with the text 'Claim Information'. Below the header, there are three tabs: 'Claim Header Information', 'Claim Details Info.', and 'Additional Claim Attachment'. The 'Additional Claim Attachment' tab is highlighted in blue and has a red arrow pointing to it. Below the tabs, there is a section titled 'Additional Claim Attachment'. This section contains a dropdown menu labeled 'Choose document type' with the text 'Select' and a downward arrow. To the right of the dropdown is the 'Upload File' section, which includes a 'Choose File' button, the text 'No file chosen', and a blue 'Upload' button.

f. 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 ?](#)

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

Showing 1 - 5 of 6 Claims

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

1 2 > >>

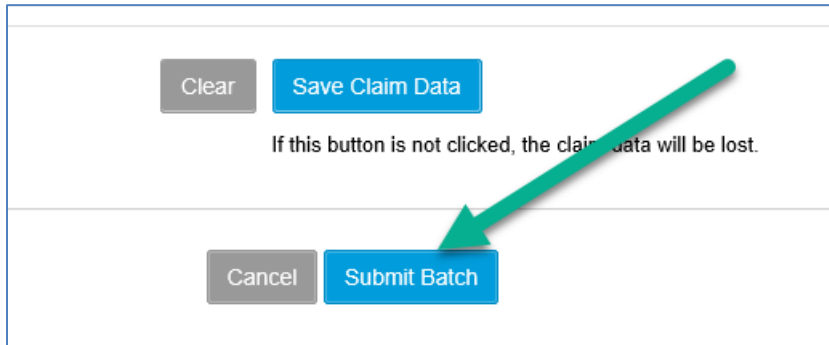
Batch Record #7

* Submission Code ?

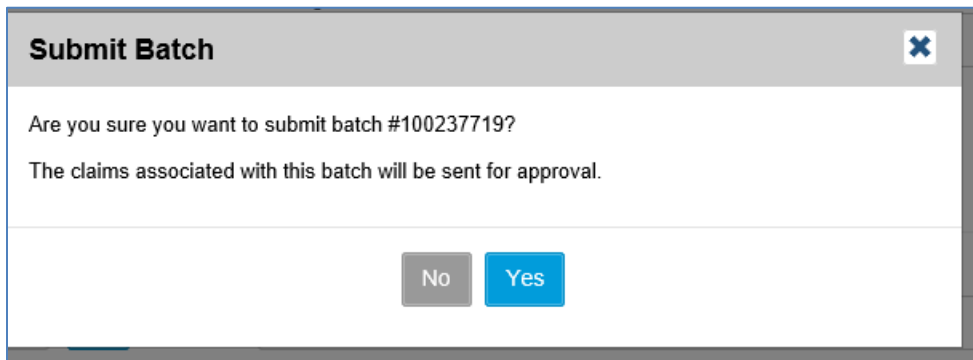
New Batch Corrected / Replacement Claim Voided / Cancelled Claim

Original Reference Number ?

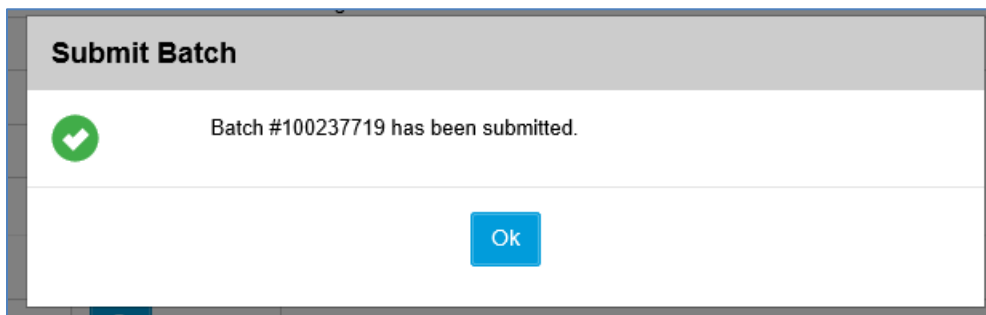
8. When you're ready to submit your batch of claims, click **Submit Batch**.



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**.

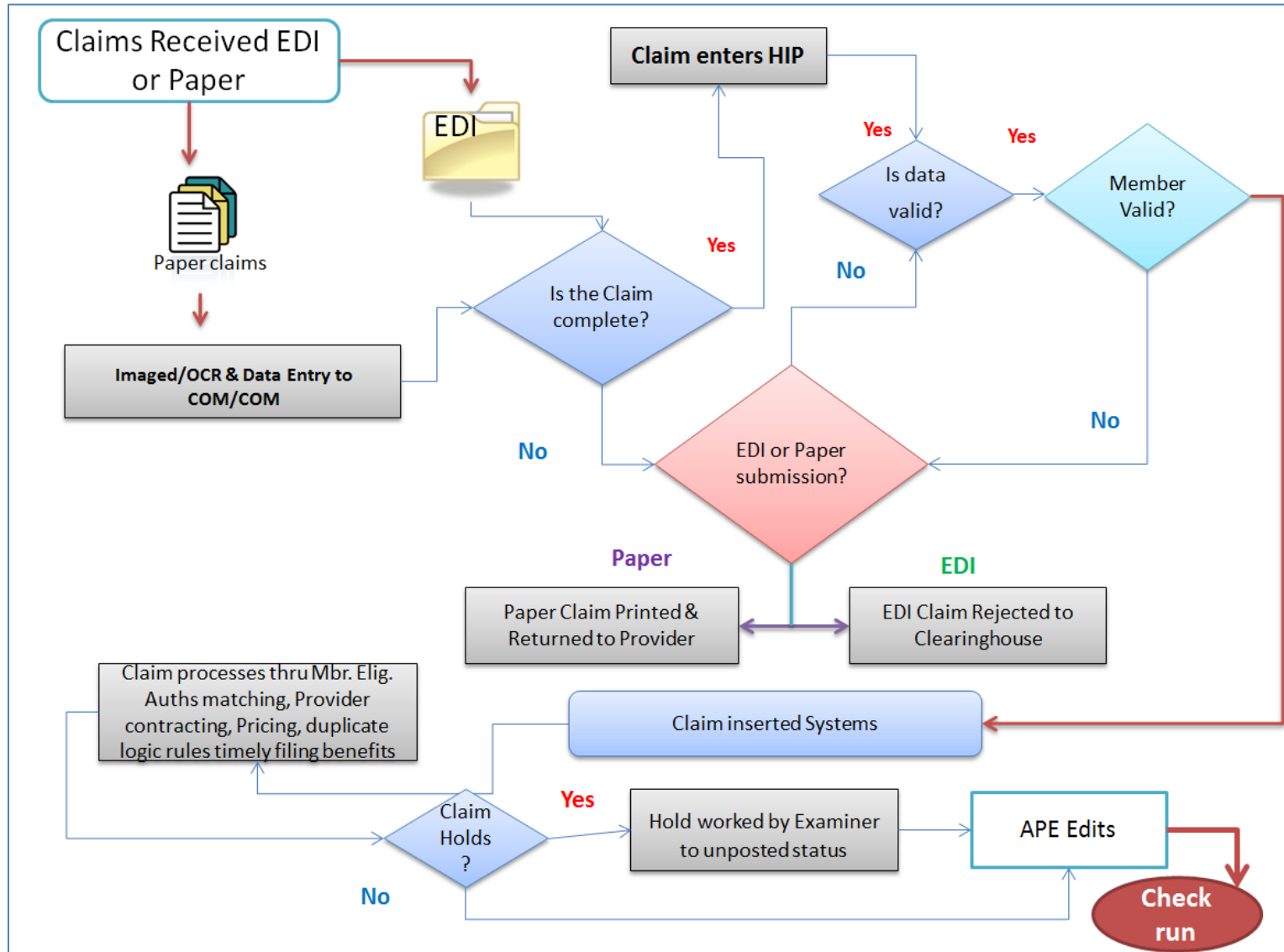
The screenshot shows the 'Submit Professional Claims' interface. At the top, there is a navigation bar with 'Submit Professional Claims' on the left and 'Welcome CHPW Provider' on the right. Below this is a section titled 'Submit a Professional Claim' with a 'Create a new batch' button. Underneath is the 'Batch & Claims' section, which has two tabs: 'Submitted Batch' (selected) and 'New Batch'. Below the tabs, it says '16 Batches' and has a search box labeled 'Quick search a batch by Batch number'. A table follows with the following columns: 'Batch Number', 'Entered Claims', 'Date Submitted', and 'Batch Status'. The first row of the table has a yellow highlight on the 'Submitted' status. A purple arrow points to the 'Batch Number' column header.

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

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

Enter Institutional Claims

High level claim flowchart



Enter institutional claims

Follow these instructions.

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, and a 'Batch & Claims' section. A table lists 16 batches with columns for Batch Number, Entered Claims, Date Submitted, and Batch Status. Red arrows highlight the 'Create a new batch' button and the 'New Batch' tab.

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

1 2 > >>

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

Submit an Institutional Claim

Welcome CHPW Provider

Submit an Institutional Claim

Create a new batch

Batch & Claims

Submitted Batch **New Batch**

125 Batches

Quick search a batch by Batch Number

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

Showing 1 - 10 of 125 Batches 10 Per Page

1 2 3 4 5 > >>

Clicking on an **existing, 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

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

Submit an Institutional Claim

Welcome CHPW Provider

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](#) [Voiced / 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 Voiced / 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

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)

- 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**.

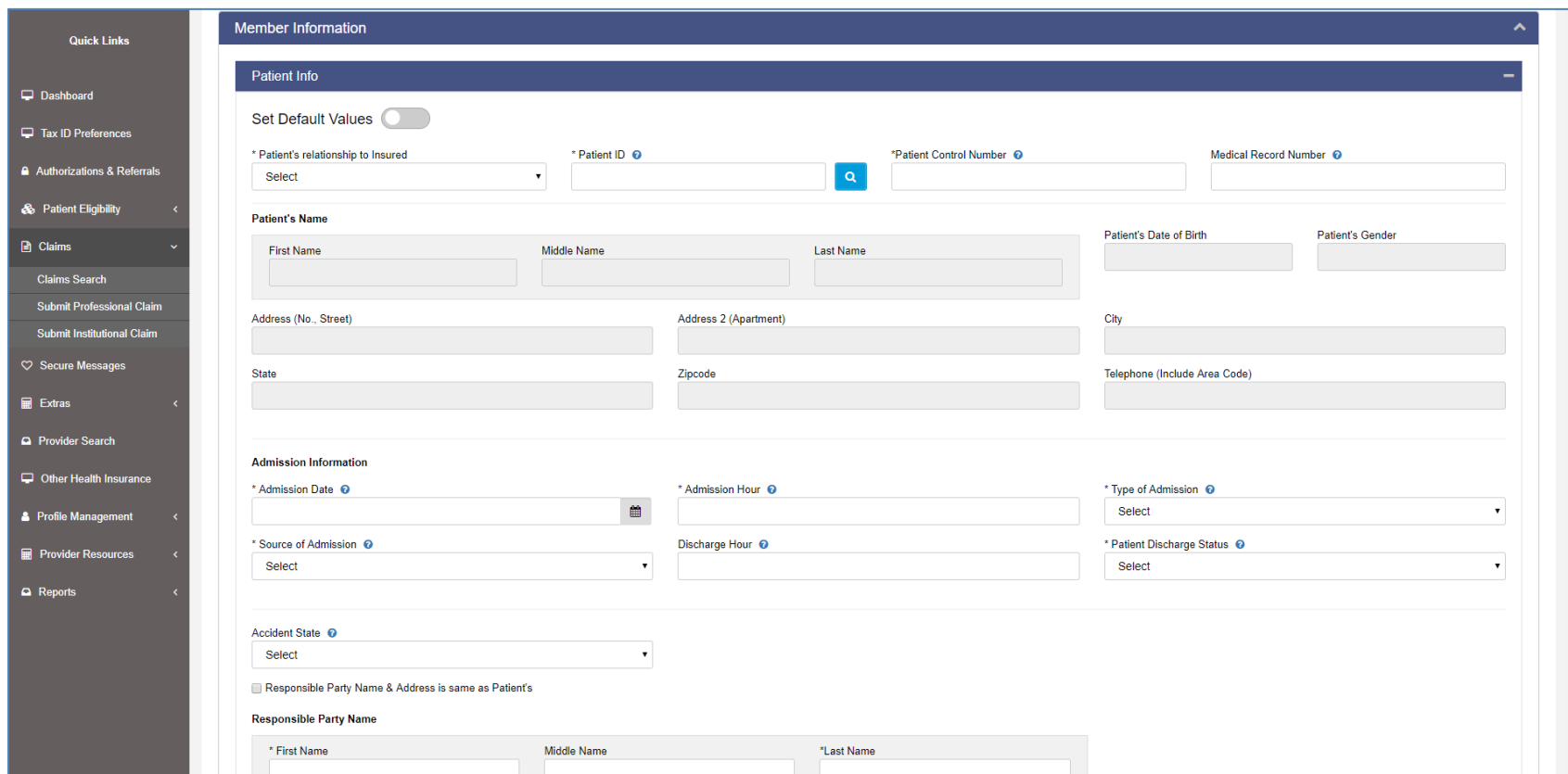
b. Enter the member's CHPW subscriber ID in the **Patient ID** box or click the search icon  to use the search menu.

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 entering member information. On the left is a dark sidebar with 'Quick Links' and a list of navigation items: 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 three text boxes for 'First Name', 'Middle Name', and 'Last Name', and two more for '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 six fields: '* 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 and a checkbox for 'Responsible Party Name & Address is same as Patient's'. The 'Responsible Party Name' section at the bottom has three text boxes 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 ?
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="Select"/>
* Source of Admission ?	Discharge Hour ?	* Patient Discharge Status ?
<input type="text" value="Select"/>	<input type="text" value=""/>	<input type="text" value="Select"/>

Accident State [?](#)

Responsible Party Name & Address is same as Patient's

Responsible Party Name

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

Address 1 (No. Street)	Address 2 (Suite/Apartment)	City
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
State	Zip Code	Telephone(Include Area code)
<input type="text" value="Select"/>	<input type="text" value=""/>	<input type="text" value=""/>


- 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 ⓘ

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   


*Principal Diagnosis Code   *Admitting Diagnosis Code 


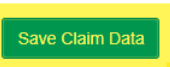
* Diagnosis 1  Patient's Reason for Visit Code  

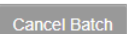

Add Additional Diagnosis

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**
 Unit ▼

OIC Allowed

OIC Deductible

OIC Not Covered

National Drug Code
 Q

Drug Unit Count

Drug Unit
 Select ▼

Add Line Item

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

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

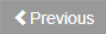
Add Line Item



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.

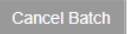

Add Line Item

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"/>	2	0	\$0	
<input type="checkbox"/>	3	1	\$25	
<input type="checkbox"/>	4	1	\$360	Copy of Claim#1.....AV.....
<input type="checkbox"/>	5	1	\$150	

Showing 1 - 5 of 6 Claims | 5 Per Page

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

1 2 > >>

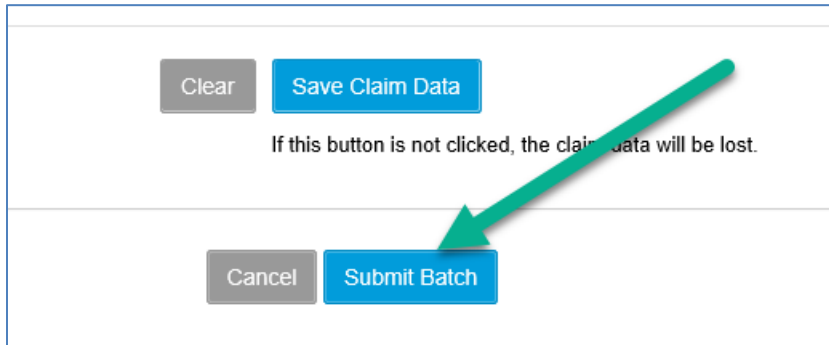
Batch Record #7

* Submission Code [?](#)

New Batch Corrected / Replacement Claim Voiced / Cancelled Claim

Original Reference Number [?](#)

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



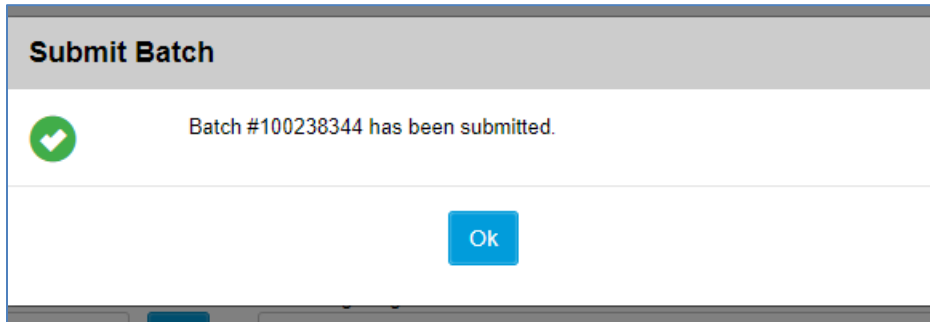
a. You'll be asked to confirm you want to submit. Click **Yes** to submit or **No** to return to creating/editing your batch.

A screenshot of a software interface. A modal dialog box titled 'Submit Batch' is centered on the screen. The dialog 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 data:

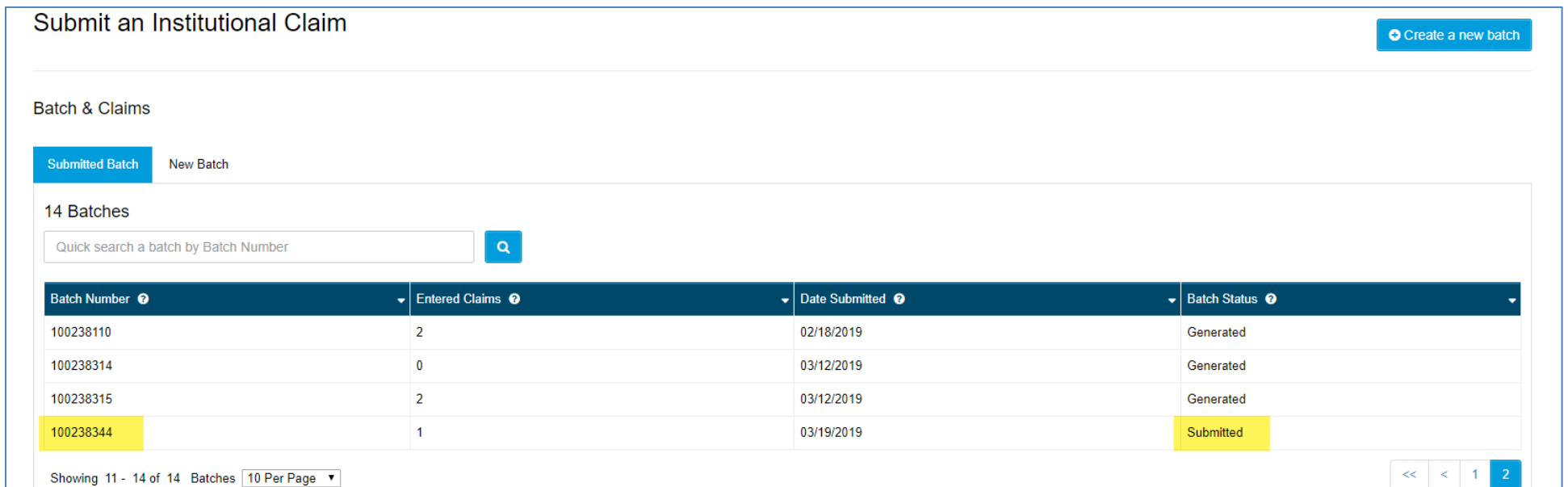
Service Date	Non Covered Charges	Description	CPT/HCPCS	Days Or Units
03/2019	0.00	FACILITY/ER/EMERGENCY ROOM	99213	1

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', along with the warning: 'If this button is not clicked, the claim data will be lost.'

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 "Batch & Claims" screen displays a table of 14 batches. The table has columns for Batch Number, Entered Claims, Date Submitted, and Batch Status. The batch 100238344 is highlighted in yellow and has a status of "Submitted".

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

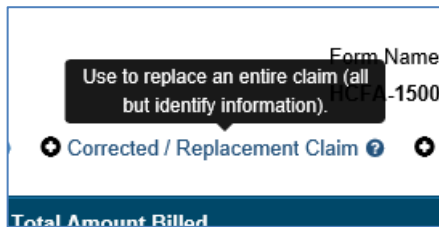
9. After a batch is submitted, the service processes and generates the X12 file that loads the claim into the processing system. The **Batch Status** then updates to **Generated**.


Enter Corrected and Replacement Claims

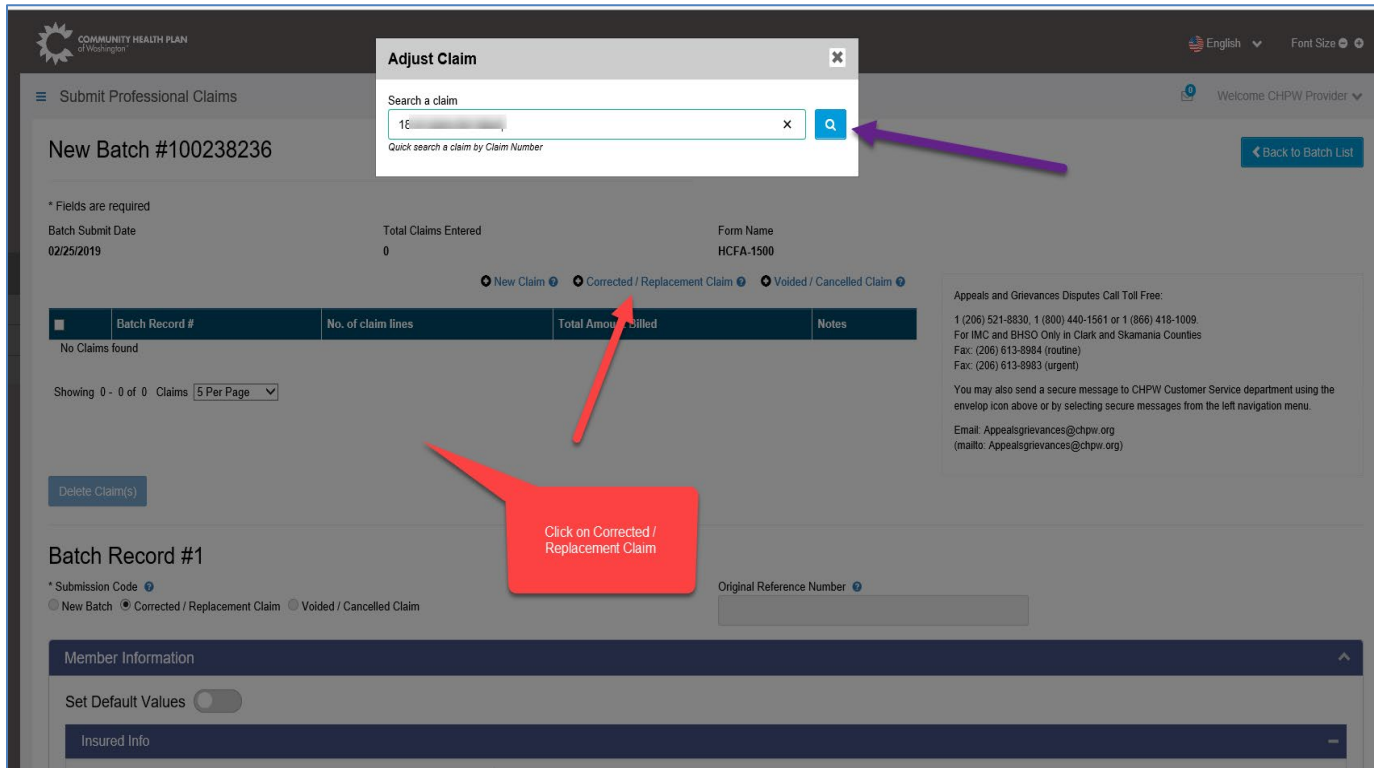
Enter a corrected or replacement claim

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' window in the Community Health Plan of Washington system. A search bar contains the number '10' and a search button with a magnifying glass icon. A purple arrow points to this search button. Below the search bar, there are radio buttons for 'New Claim', 'Corrected / Replacement Claim', and 'Voiced / Cancelled Claim'. A red arrow points to the 'Corrected / Replacement Claim' option, with a red callout box containing the text 'Click on Corrected / Replacement Claim'. The main interface shows a table with columns for 'Batch Record #', 'No. of claim lines', 'Total Amount Billed', and 'Notes'. The table is currently empty, displaying 'No Claims found'. Other elements include a 'Delete Claim(s)' button, 'Batch Record #1' section, and 'Member Information' section.

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

Appeals ar
1 (206) 52
For IMC ar
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
0/11/2018	10/11/2018	M54.12	11	97161	1	GP	1.0	\$ 225.54	 
0/11/2018	10/11/2018	M54.12	11	97530	1	59	1.0	\$ 69.19	 
0/11/2018	10/11/2018	M54.12	11	97140	2		1	\$ 85.53	 
								Total Amount Billed	\$ 380.26

< Previous







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

- 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

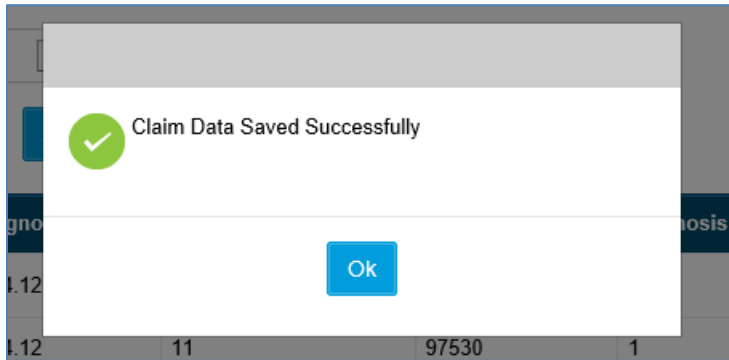
From Date of Service	Through Date of Service	Diagnosis 1	Place of Service	CPT/HCPCS	Diagnosis Reference	1st Modifier	Units or Minutes	Amount Billed	Actions
10/11/2018	10/11/2018	M54.12	11	97161	1	GP	1.0	\$ 225.54	 
10/11/2018	10/11/2018	M54.12	11	97530	1	59	1.0	\$ 69.19	 
10/11/2018	10/11/2018	M54.12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

< Previous



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

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



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

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

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

Clear Save Claim Data

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

Cancel Submit Batch

A purple arrow originates from the top right of the screenshot and points diagonally down and to the left, ending with its arrowhead pointing directly at the 'Submit Batch' button.


- 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

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**.