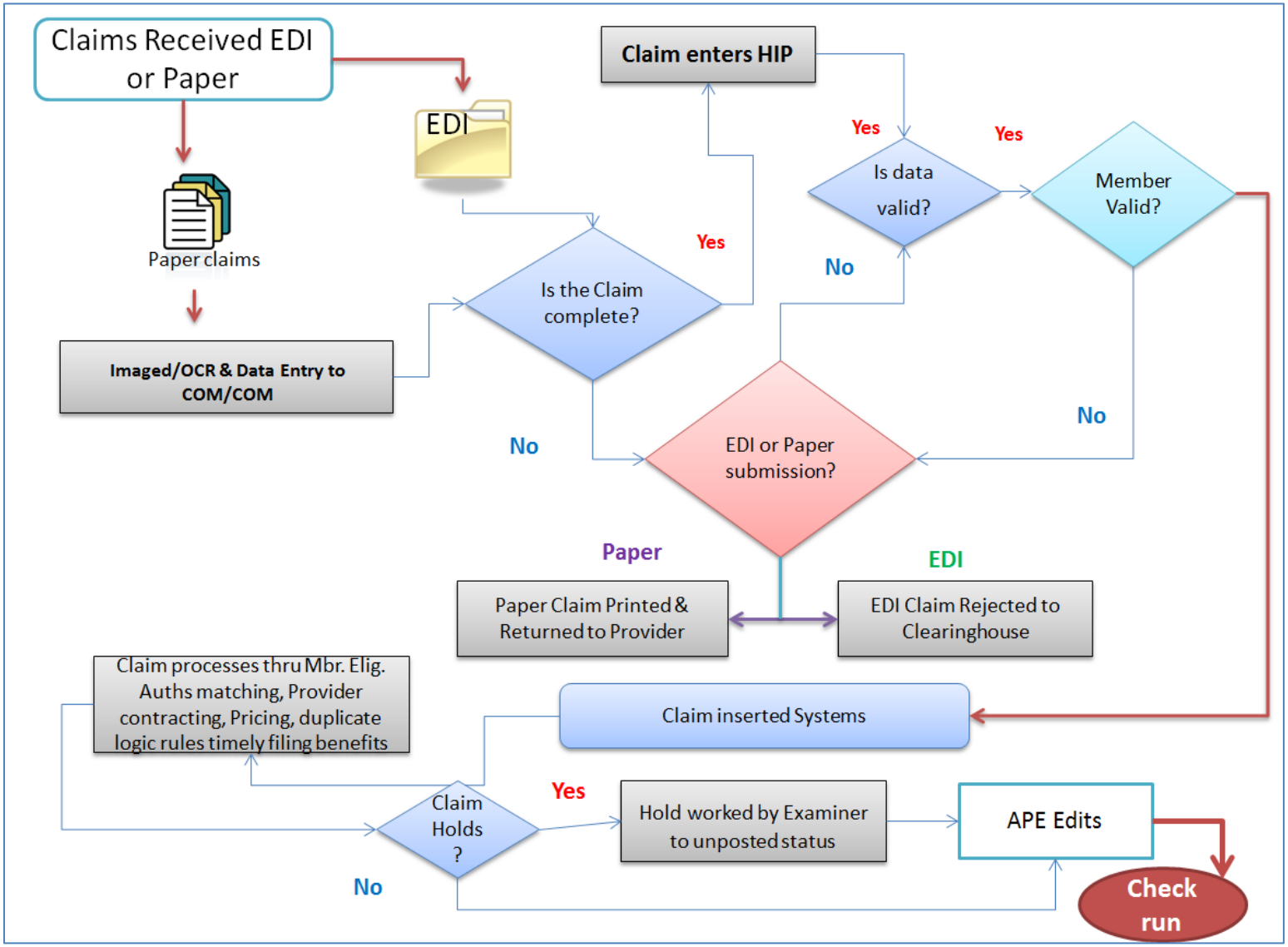
HealthMAPS Provider Portal Training Guide:

High Level Claim Flow Chart

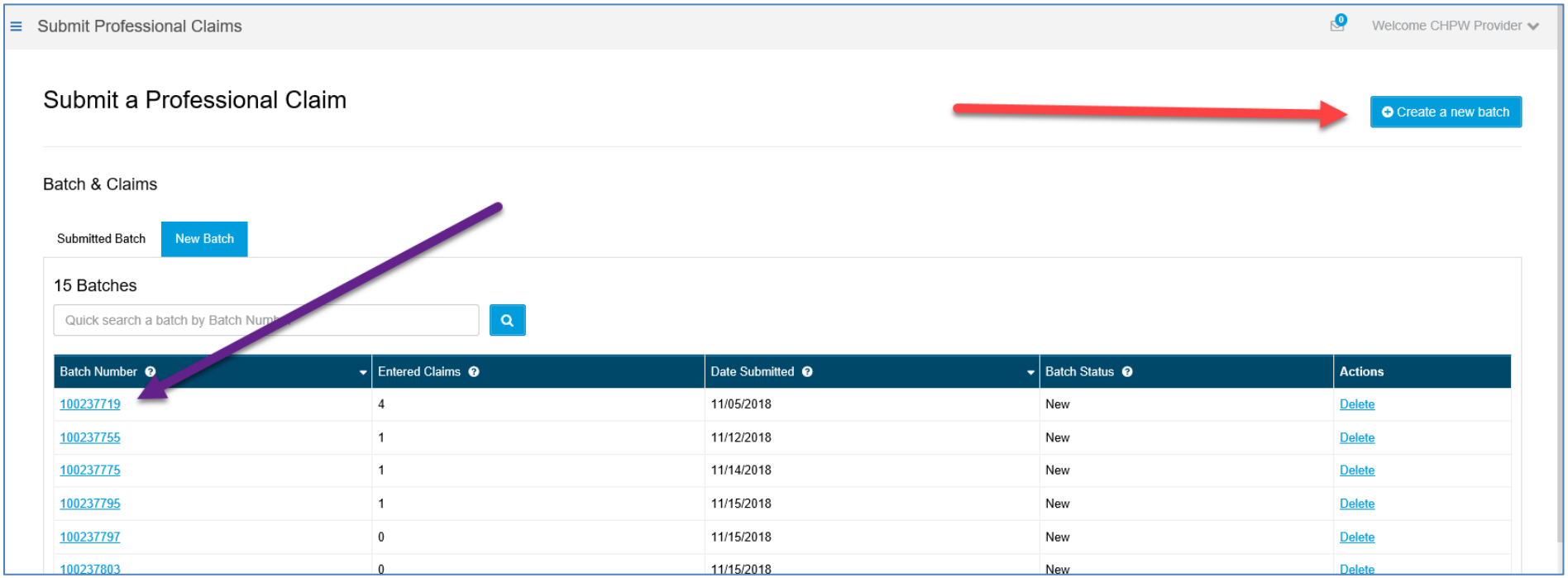


To Begin Entering Claims:

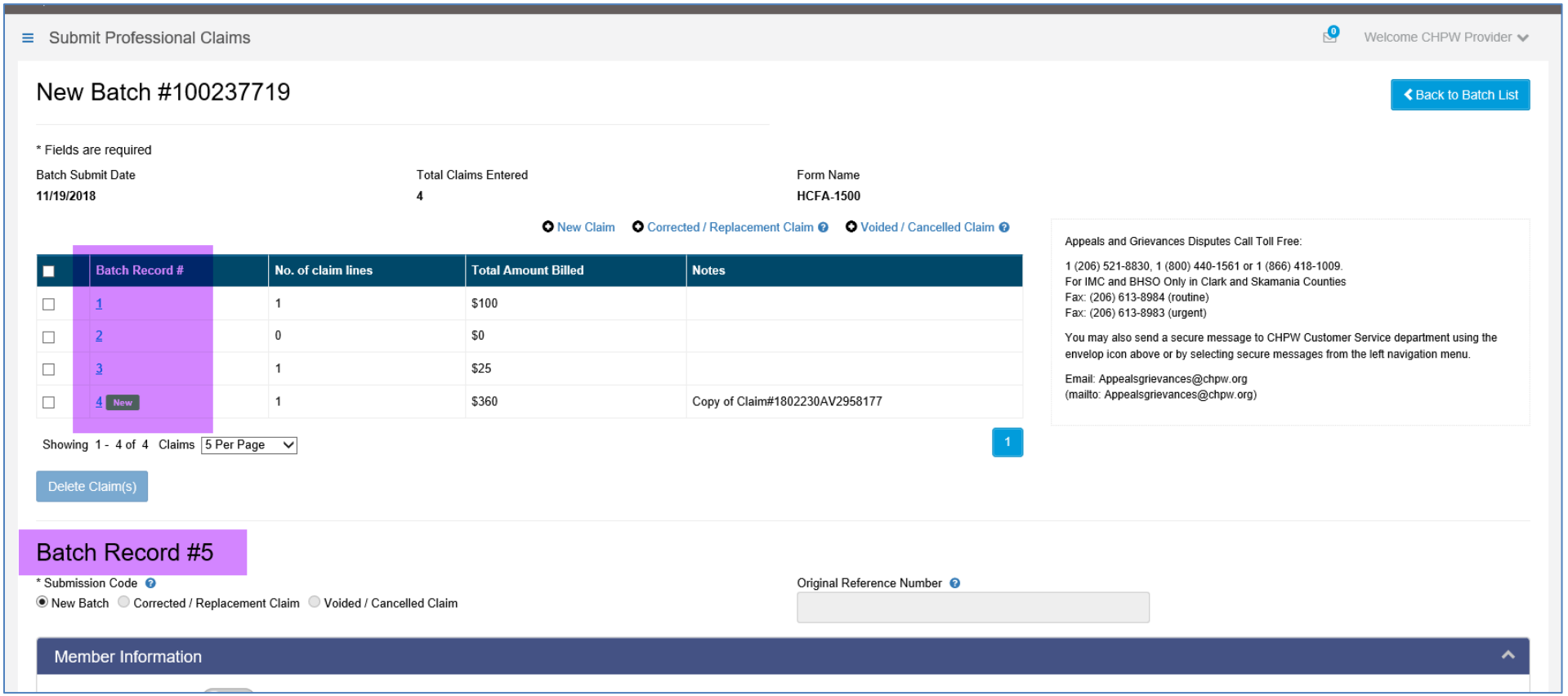
1. Log into the HealthMAPS Provider Portal at https://mychpw.chpw.org/en/provider.

2. On Left Margin – Choose "Claims" drop down menu and select either:
   - Submit Professional Claim

   -OR-
   - Submit Institutional Claim
3. Choose Create a New Batch or use an **existing New Batch** that hasn't been submitted yet if you wish to add another claim to that batch prior to batch submission. A batch can consist of one or more claims. You can submit more than one claim, but you are not required to.



Choosing an existing batch that hasn't been submitted; example:

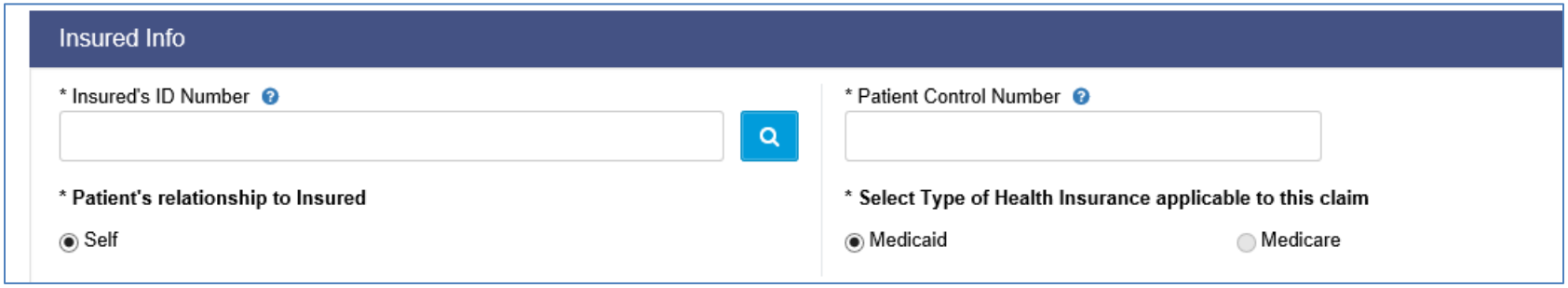


4. Member Information

- Insured's ID Number – please enter the Member's CHPW eight digit subscriber ID number or click on the  icon to use the Search menu.

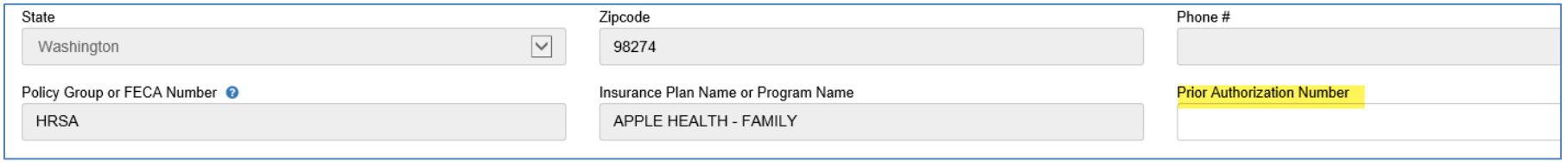
- Click on the radio button to Select Member Search Results. The members Name, DOB, Address, City, State, Zip, and Plan information will auto-populate.

- Enter Patient Control Number which is the number you've assigned the member as their patient ID. The space provided is Alphanumeric to accommodate your unique patient control numbering system.



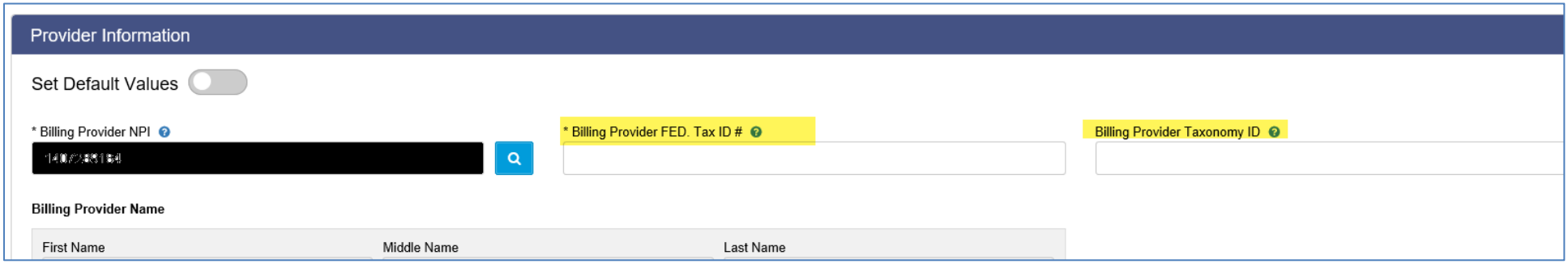
Note: selecting the Member Search Results will auto-populate the Patient's relationship to "Self" and whether the member is Medicaid or Medicare.

- If you have a Prior Authorization Number for this member please enter it in the indicated field:

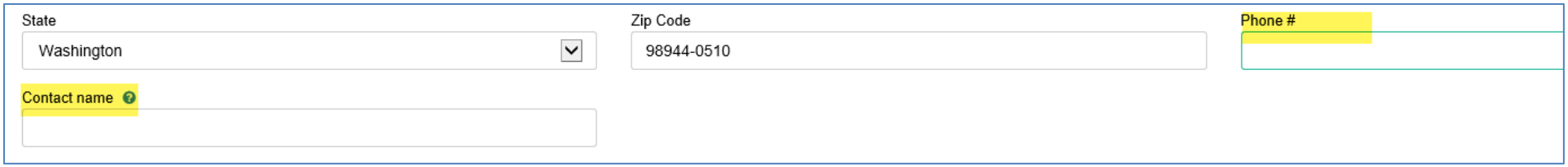


5. Provider Information

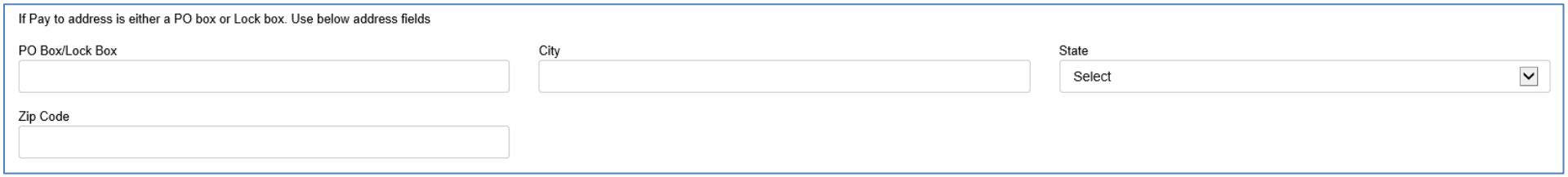
- Search by Billing Provider NPI and select Provider Search Result
- Provider Name, Address, City, State and Zip Code will auto-populate.
- Please ensure you type in the Billing Provider Federal Tax ID (TIN) and Federal Taxonomy ID



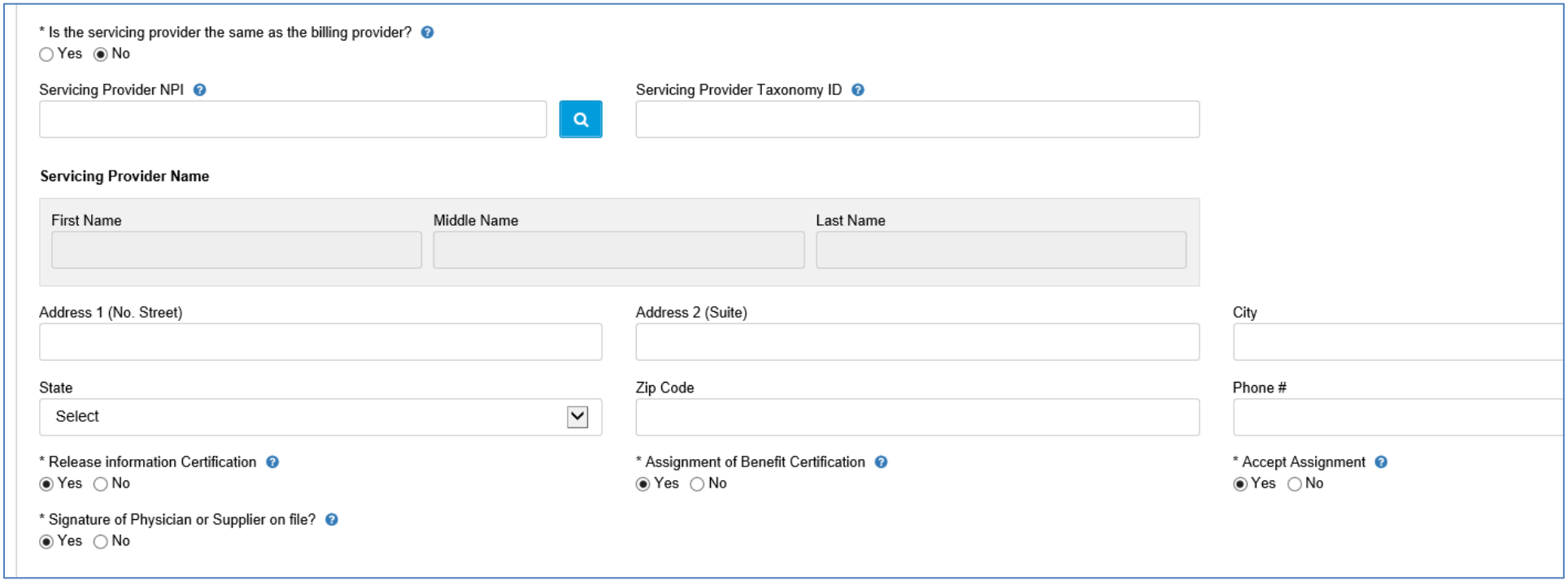
- Please provide your contact name and phone number:



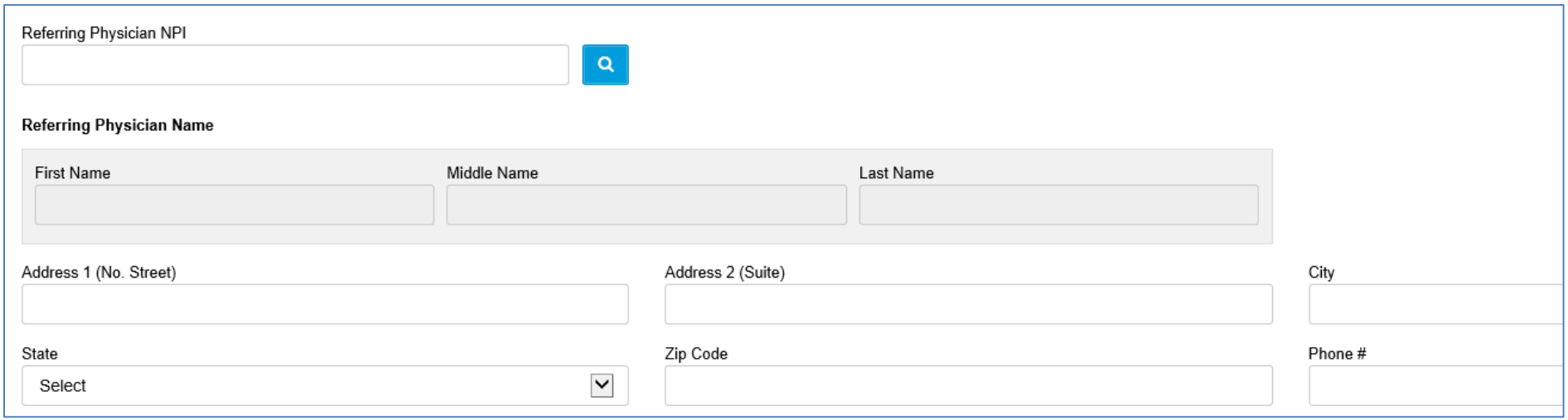
- If your Pay to address is either a PO box or Lock box, fill out the address fields:



- If the servicing provider is the same as the billing provider select “Yes” if not, please fill out the Servicing Provider information:

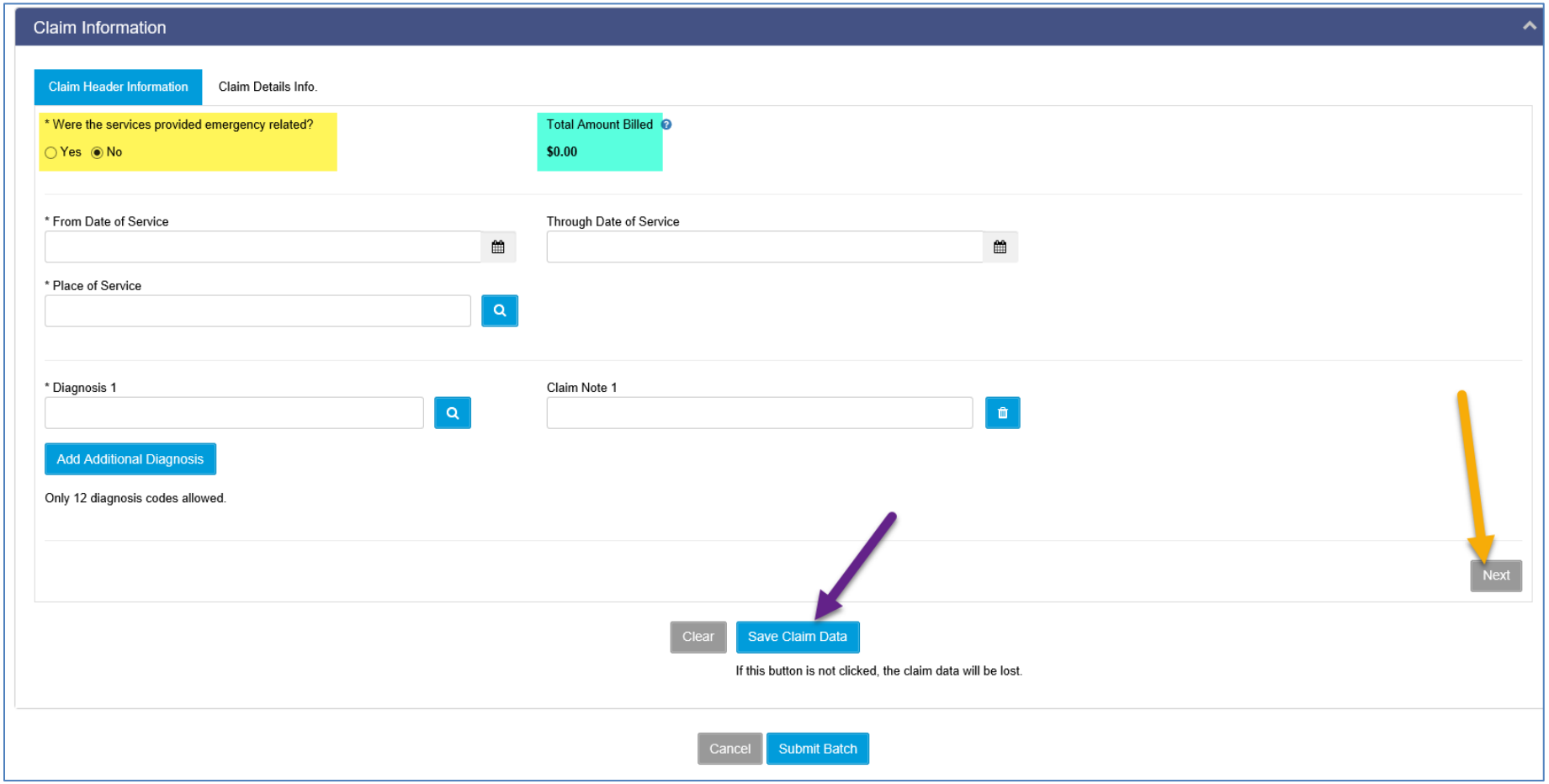


- Please enter the Referring Provider information **if applicable**:



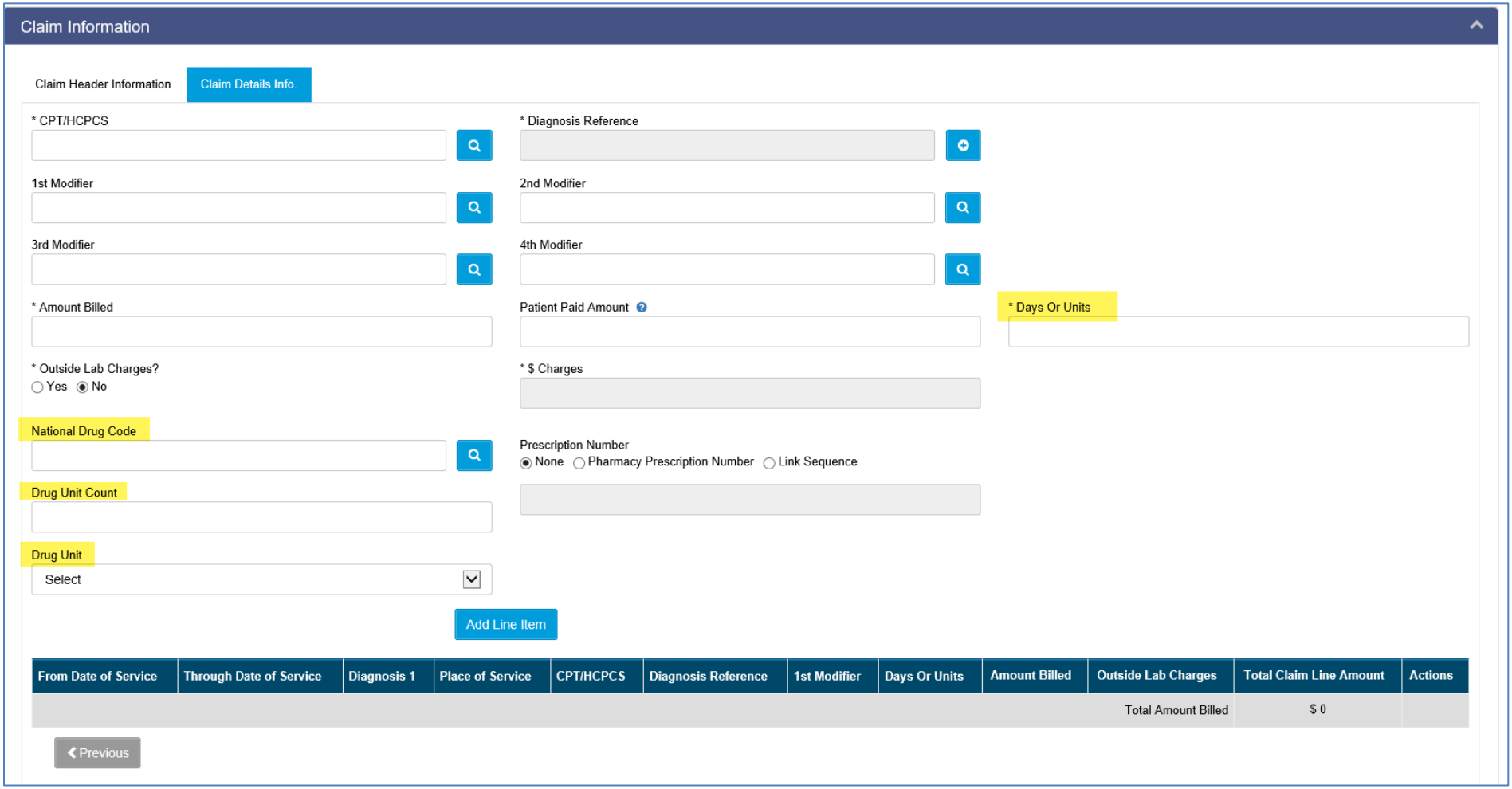
6. Claim Information

- Please provide the Claim Header information NOTE – Claim Header Information and Claim Detail Information are both clickable tabs.
- Total Amount Billed will be auto-populated when Claim Detail Info is completed.

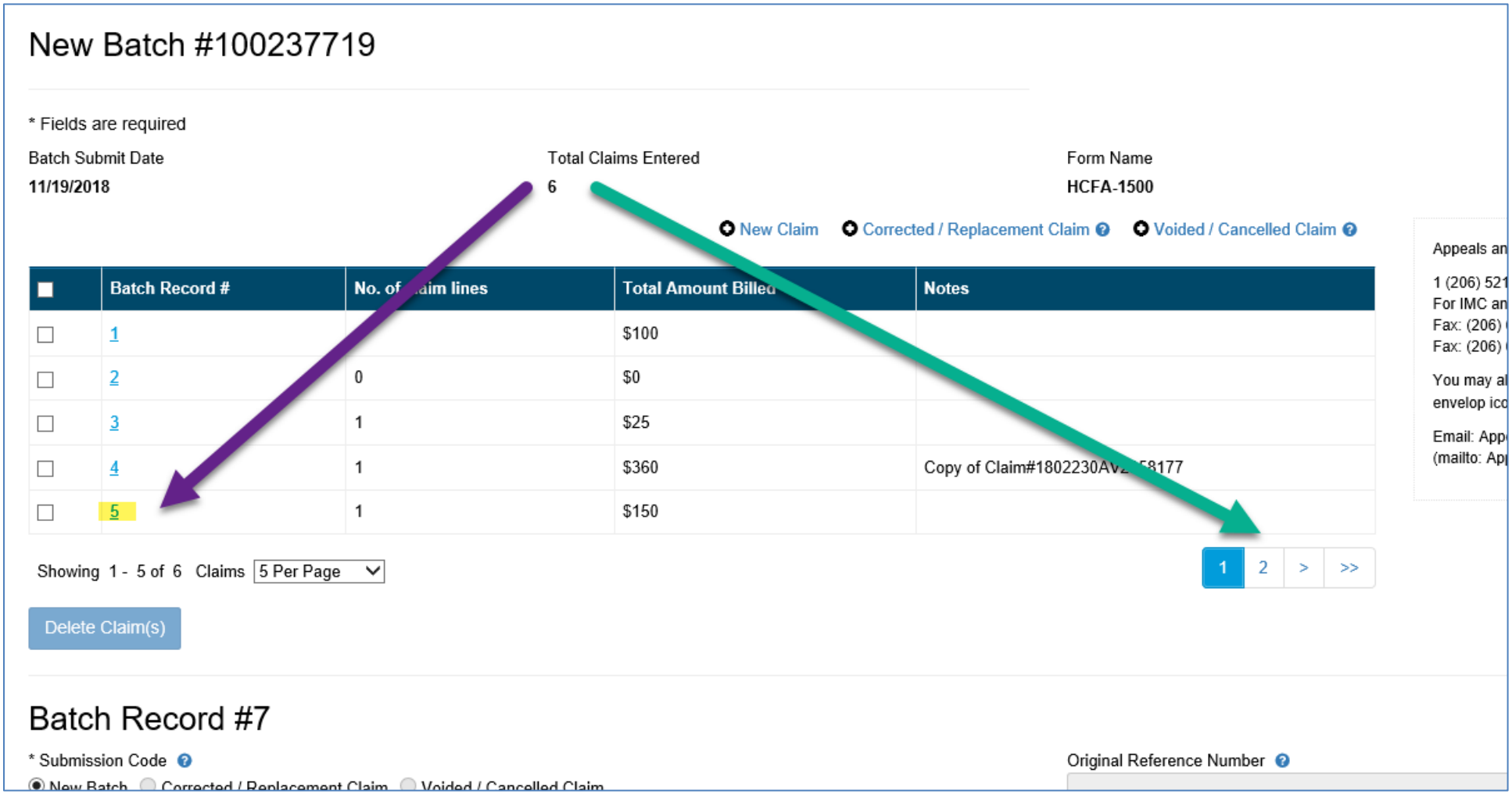


Note: before leaving the claim form make sure to click on **"Save Claim Data"** or you will need to re-enter the data.

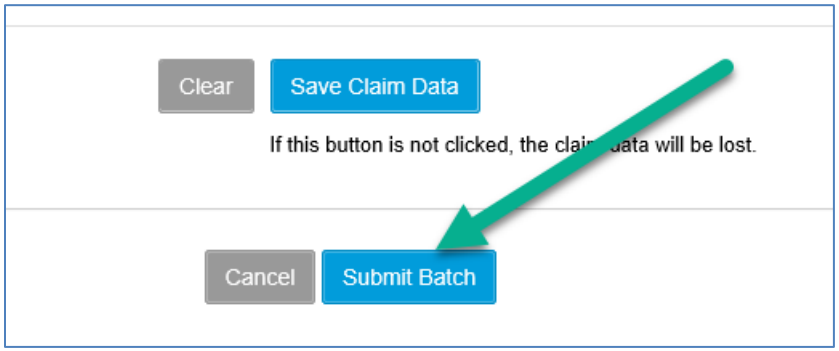
Note that the Claim Detail information has a field for the NDC. The **NDC** must be included for all outpatient medications/injections and consist of **11 digits with no spaces or hyphens**, in the 5-4-2 format.



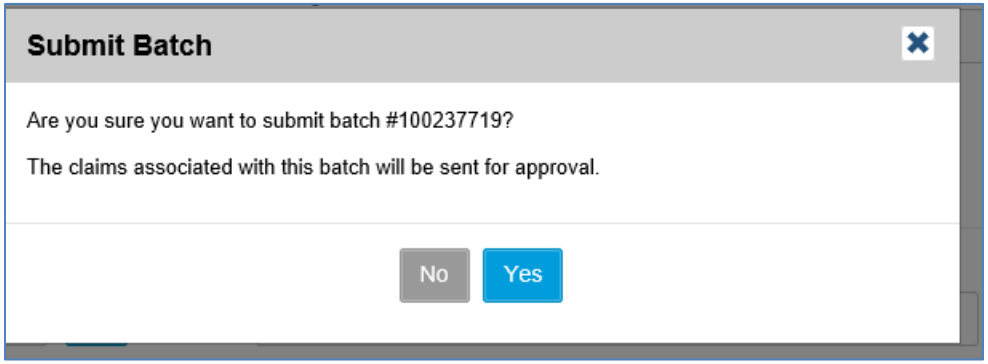
If you need to come back to edit the claim prior to submitting batch, you can do so by clicking on the underlined number under Batch Record # at top of claim form.



When you are ready to submit your batch of claims, click on “Submit Batch”

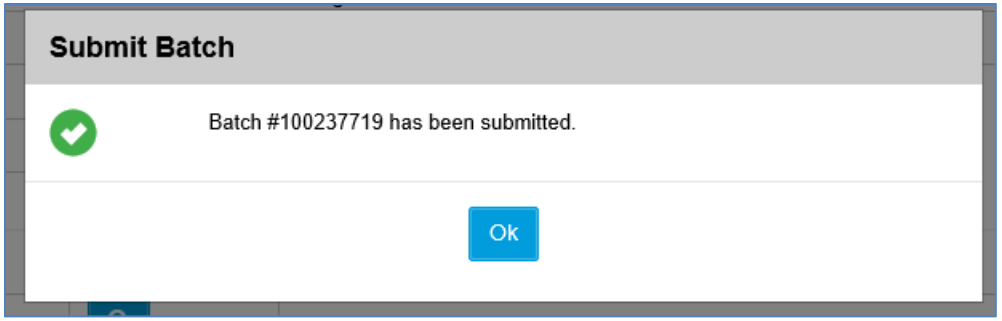


You’ll be asked if you’re sure you want to submit:



Click “Yes” to Submit or “No” to return to creating/editing your batch.

After you click “Yes” to submit your batch you will receive confirmation it has been submitted. Click Ok.



The process will take you back to the Batch & Claims screen where you'll see your Batch number has been submitted, with the Number of Claims within your batch and the Submission date.