Entering AFH Invoices into CHPW's HealthMAPS 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:

- Log into the portal via OneHealthPort
- Enter Adult Family Home (AFH) invoices (claims)

If you need to enter corrected and replacement claims, please see CHPW's Claims Entry, Corrected Claims, and Viewing Prior Authorizations and Referrals training guide on our Provider Portal Training webpage.

If you have questions about HealthMAPS, email EDI.Support@chpw.org.

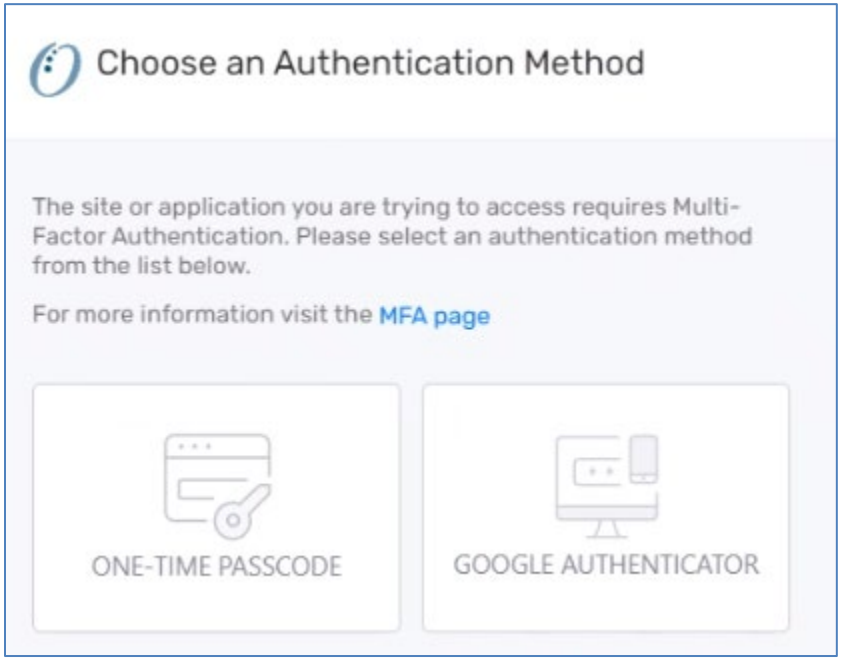
Log In to the Portal

Follow these instructions to sign in to the CHPW HealthMAPS portal through OneHealthPort.

1. Go to OneHealthPort for CHPW at https://www.onehealthport.com/sso-payer/community-health-plan-washington.

   a. Select the **HealthMAPS Login** button.
   b. Enter your OneHealthPort logon credentials.

c. Choose your authentication method.



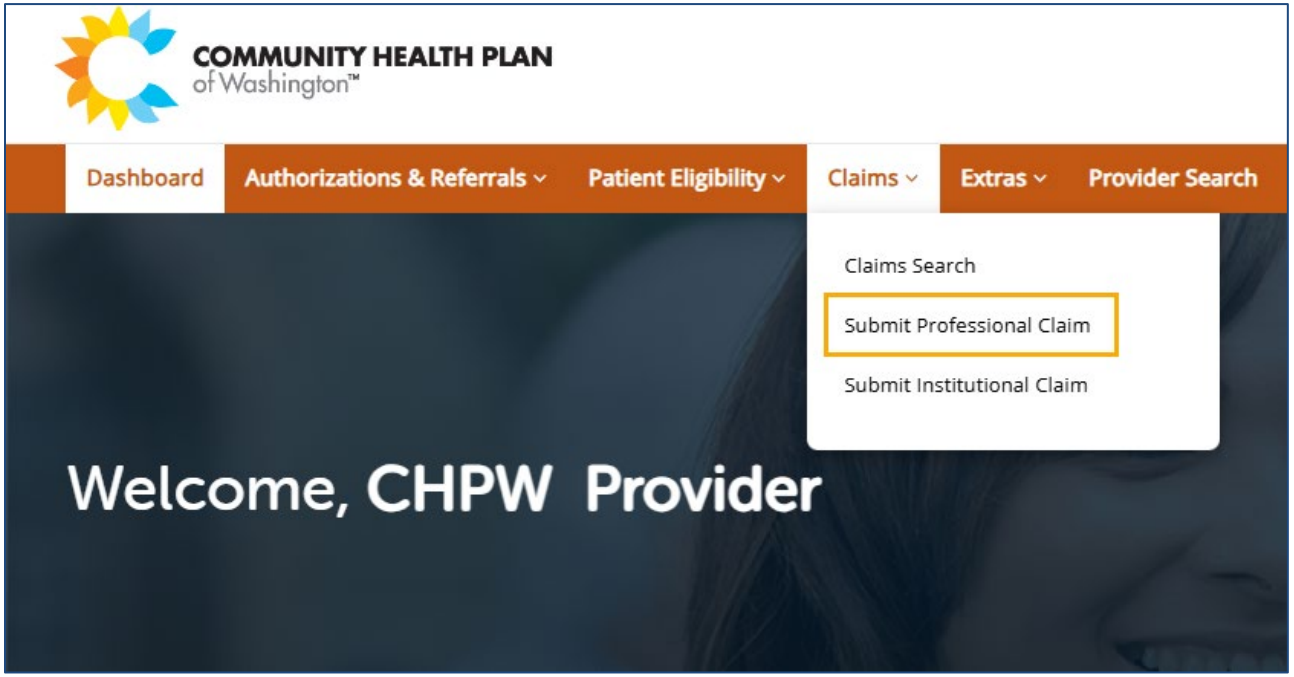
d. Follow the instructions on the OneHealthPort page to continue.
e. Click **Verify** when prompted.

2. The CHPW HealthMAPS **Provider Dashboard** displays.

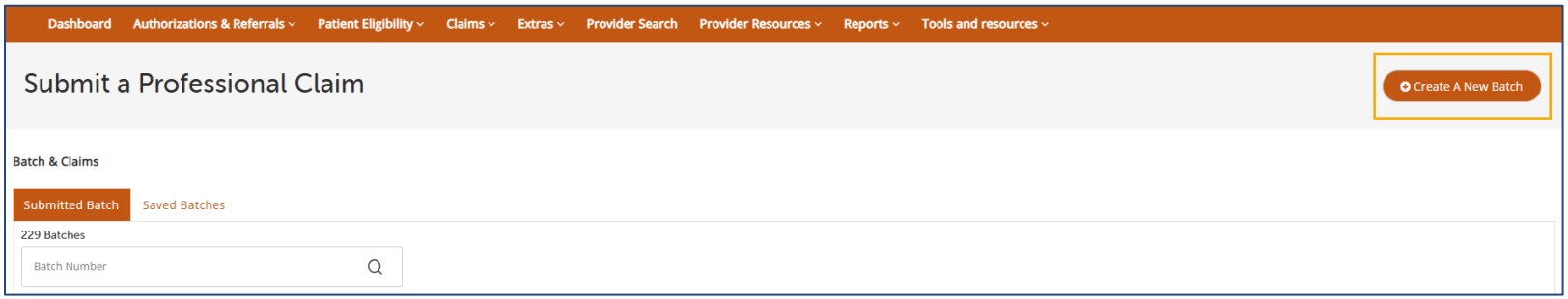
Enter Professional Claims

Follow these instructions.

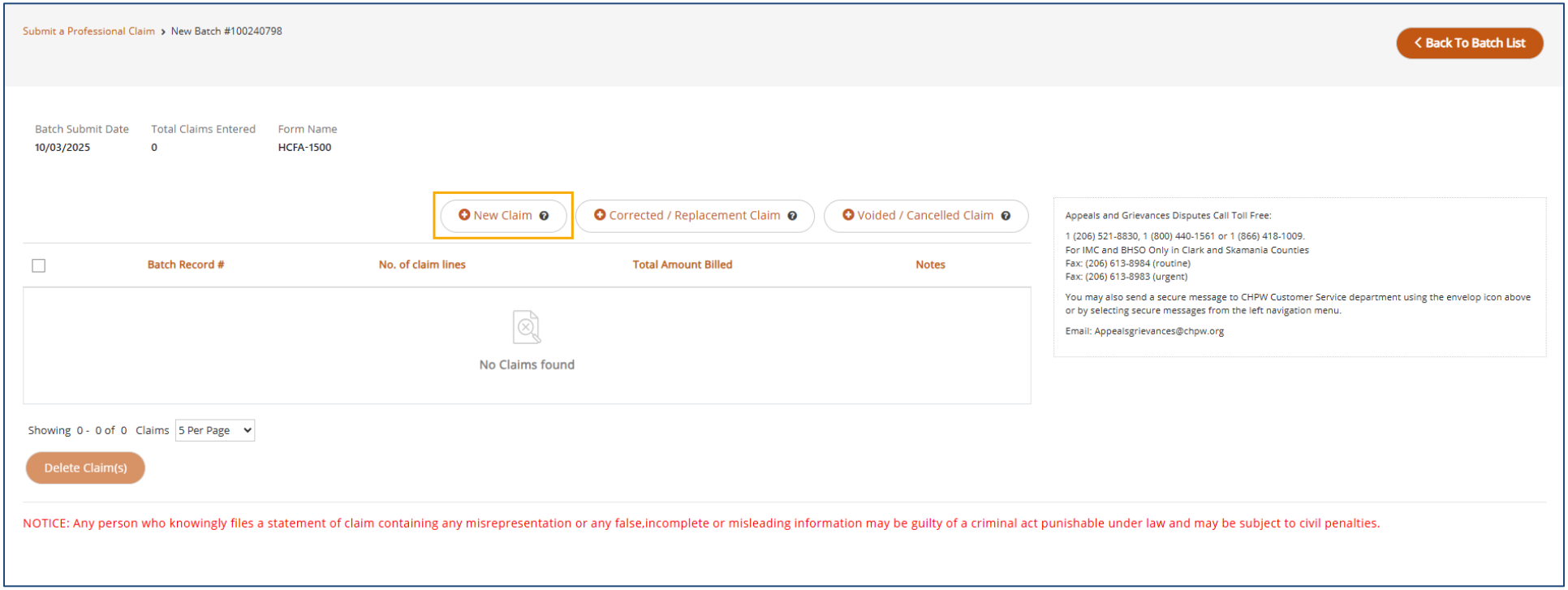
1. Log into HealthMAPS.
2. When ready to submit claims, choose the **Claims** drop down menu and select **Submit Professional Claim**.



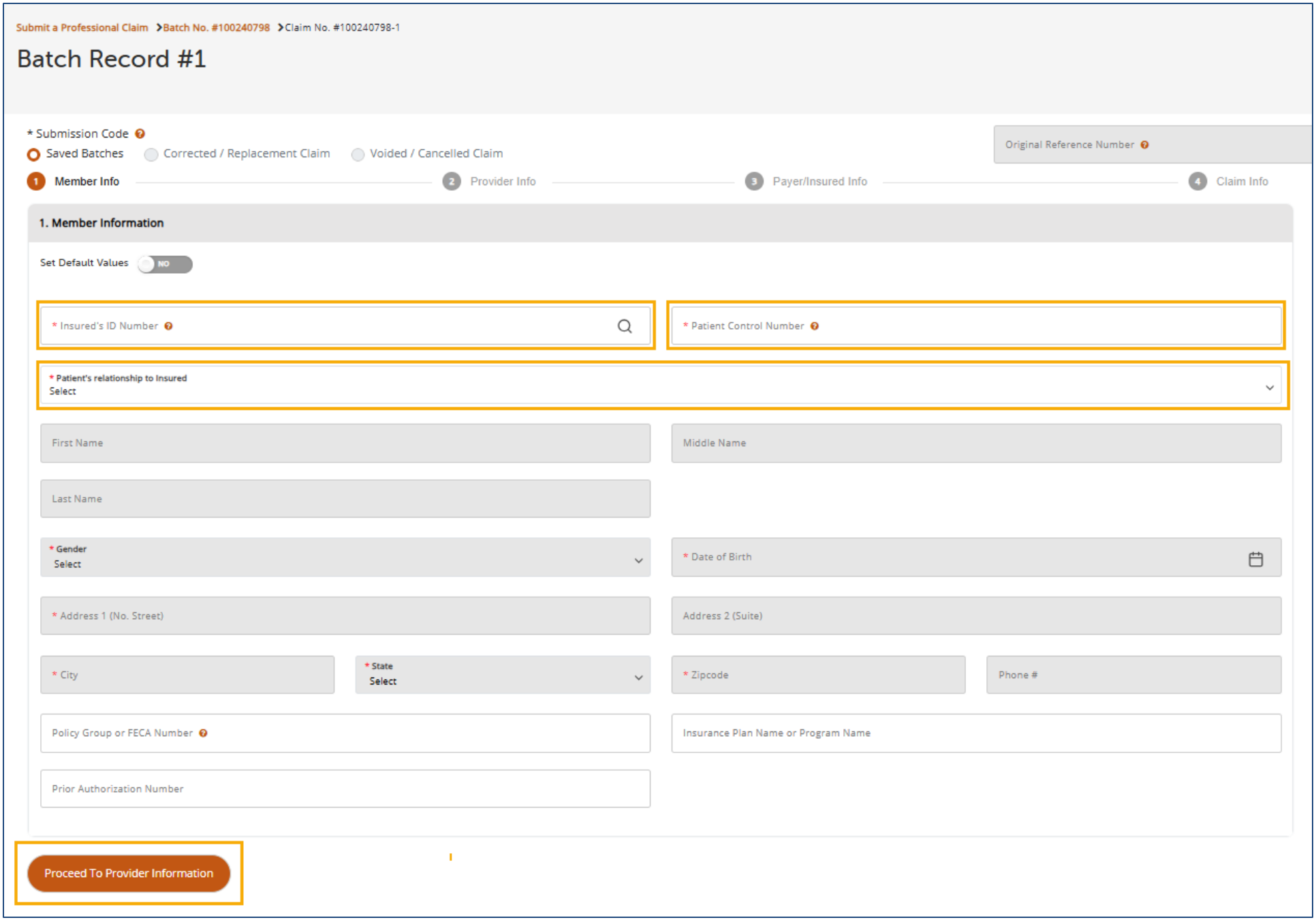
3. Click **Create A New Batch**.



4. Click **New Claim**.



5. **Member Information.**
    a. **Insured's ID Number:** Enter the member's CHPW ID number (Ex: 1234567801) or click the search icon (magnifying glass) to use the search function, if you do not have the CHPW ID number handy.
    b. Click the radio button to **Select your resident** and click **Continue**.
    c. Once your resident is selected, their information auto-populates on the screen. Please note the address displayed is the address CHPW has in their system. This may not match their current AFH address and it cannot be changed or overwritten in HealthMAPS. That's okay!
    d. **Patient Control Number:** This field must not be left blank. Enter the number you assigned the member as their patient ID. If you don't have one, enter an "X".
    e. Change the **Patient's relationship to Insured** to **Self**.
    f. Click **Proceed To Provider Information**.


Submit a Professional Claim >Batch No. #100240798 >Claim No. #100240798-1
Batch Record #1
* Submission Code
Saved Batches
Corrected / Replacement Claim
Voided / Cancelled Claim
Original Reference Number
1 Member Info
2 Provider Info
3 Payer/Insured Info
4 Claim Info
1. Member Information
Set Default Values
NO
* Insured's ID Number
* Patient Control Number
* Patient's relationship to Insured
Select
First Name
Middle Name
Last Name
* Gender
Select
* Date of Birth
* Address 1 (No. Street)
Address 2 (Suite)
* City
* State
Select
* Zipcode
Phone #
Policy Group or FECA Number
Insurance Plan Name or Program Name
Prior Authorization Number
Proceed To Provider Information

6. **Provider Information.** Required fields are marked with a *.
    a. Enter your API in the **Billing Provider NPI** field.
        i. If you don't have an API yet or If you see a popup stating "Provider NPI doesn't exist. Would you like to continue?" click **No**, then enter **9999999999** (the number 9 entered 10 times) in this field instead of your API.
    b. Enter your Tax ID number in the **Billing Provider FED.** [federal] **Tax ID #** field.
    c. Enter one of the following taxonomies in the **Billing Provider Taxonomy ID** field.
        - **AFH:** 311ZA0620X
        - **ALF/ARC/EARC:** 310400000X
        - **ESF:** 3104A0625X
    d. Provider name, address, city, state, and zip code auto-populate.
    e. Verify that the ***physical address*** populated. Enter the physical address if needed.
    f. If there is a PO box or lockbox on file with us, that information auto-populates in the **PO Box/Lock Box** field.

Submit a Professional Claim > Batch No. #100240798 > Claim No. #100240798-1

1 Member Info — 2 Provider Info — 3 Payer/Insured Info — 4 Claim Info

2. Provider 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: NO

* Billing Provider NPI

* Billing Provider FED. Tax ID #

* Billing Provider Taxonomy ID

Billing Provider Name

Full Name

* Address 1 (No. Street)

Address 2 (Suite)

* City

* State
Select

* Zip Code

Phone #

Contact name

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

g. **Is the servicing provider the same as the billing provider?** Select **Yes**. These fields auto-populate.

7. You can skip the **Referring Provider** section.
8. Click **Proceed To Payer/Insured Information**.

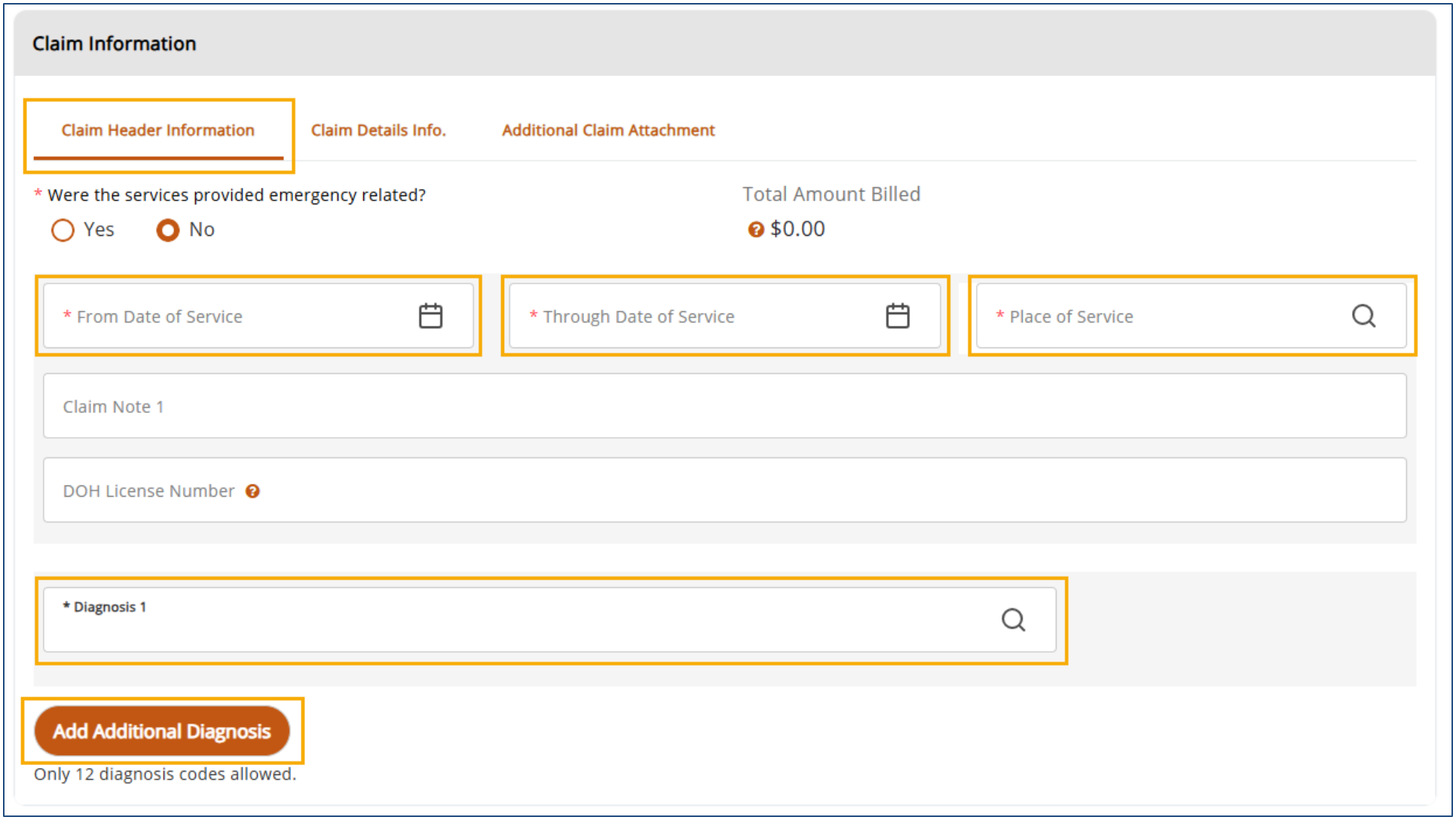
9. You can skip the **Payer/Insured Information** section.
10. **Click Proceed To Claim Information**.

11. **Claim Header Information** and **Claim Details Info.**

    Note:

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

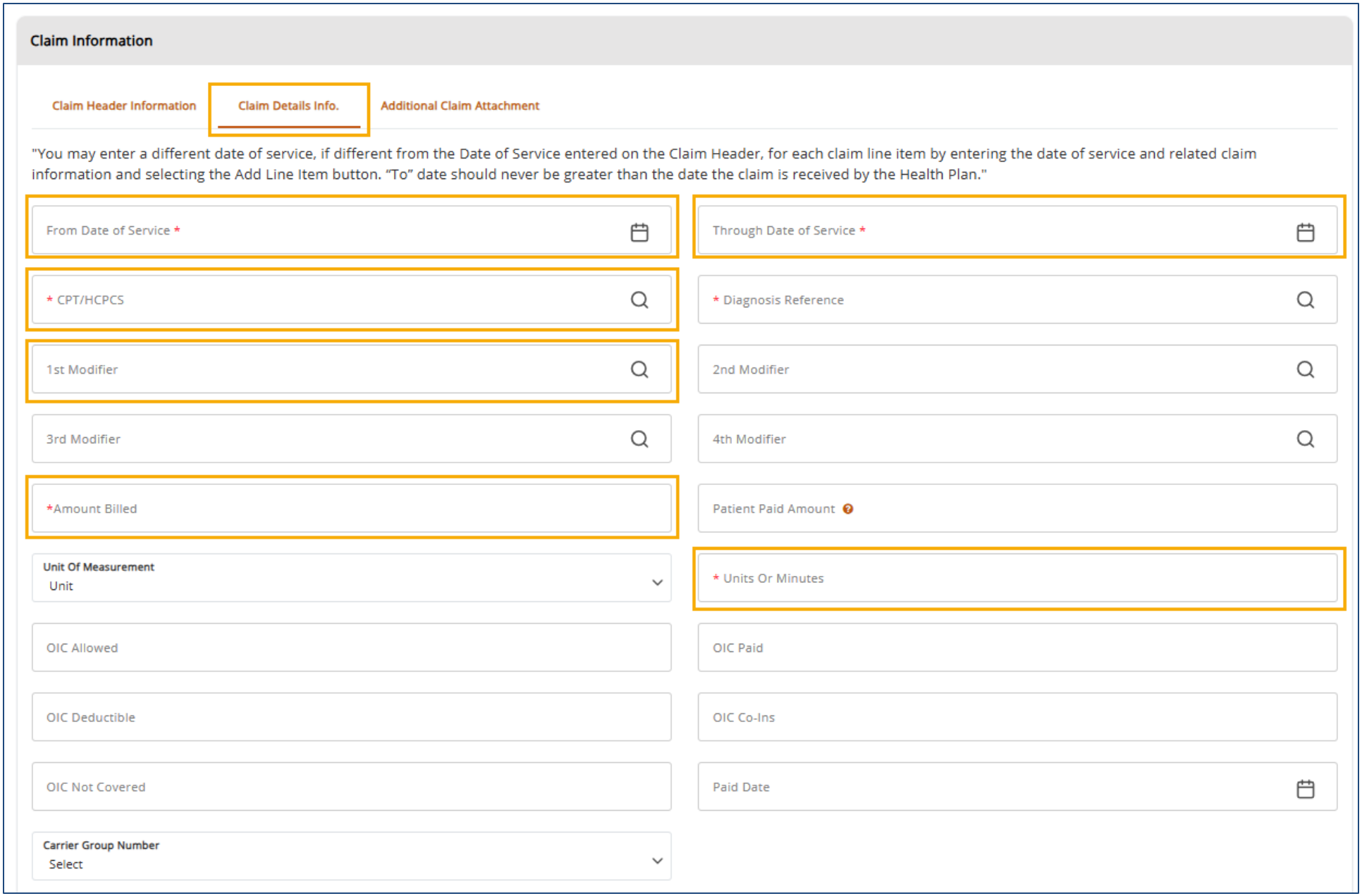
    a. **Initial Date of Service**: In the **From Date** field, enter the first day of the month you're billing for or the first day the patient arrived.
    b. **Through Date of Service**: Enter the last day of the month you're billing for or the date the patient left.
    c. **Place of Service:** Enter one of the following place of service codes.
        - **13** for Assisted Living Facility
        - **14** for Group Home (community residential settings other than assisted living facilities)
        - **33** for Custodial care facility (community residential settings other than assisted living facilities) / Adult Family Home
    d. **Diagnosis 1:** Enter the patient's diagnosis code, which is on your referral document for your patient. It may be labeled as "Dx code."
        - A diagnosis code is also known as an ICD-10 code. These codes are used to describe the patient's specific medical diagnosis.
        - Diagnosis codes are alphanumeric, consisting of up to seven characters, beginning with one letter, two numbers and a decimal, and can be followed by up to four more numbers.
    e. Click **Add Additional Diagnosis** if needed.


Claim Information
Claim Header Information
Claim Details Info.
Additional Claim Attachment
* Were the services provided emergency related?
Yes
No
Total Amount Billed
$0.00
* From Date of Service
* Through Date of Service
* Place of Service
Claim Note 1
DOH License Number
* Diagnosis 1
Add Additional Diagnosis
Only 12 diagnosis codes allowed.

12. Click the **Claim Details Info.** tab.
    a. **From Date of Service**: Double check that this date auto-populated to the start date you are currently billing for.
    b. **Through Date of Service**: Double check that this date auto-populated to the end date you are currently billing for.
    c. **CPT/HCPCS**: Enter **S5126**.
    d. **Diagnosis Reference**: If only one diagnosis is entered, this auto-populates. If multiple diagnosis codes are entered, click the magnifying glass button and select all applicable diagnosis codes.
    e. **1st Modifier** and **2nd Modifier**: Complete these fields only as applicable for your billed tier.
    f. **Amount Billed**:
        - The **Unit Amount by Tier** is also populated in the invoice template. If the amounts in this training guide don't match the detail in the invoice template, make sure to ***use the amounts in the invoice template***.

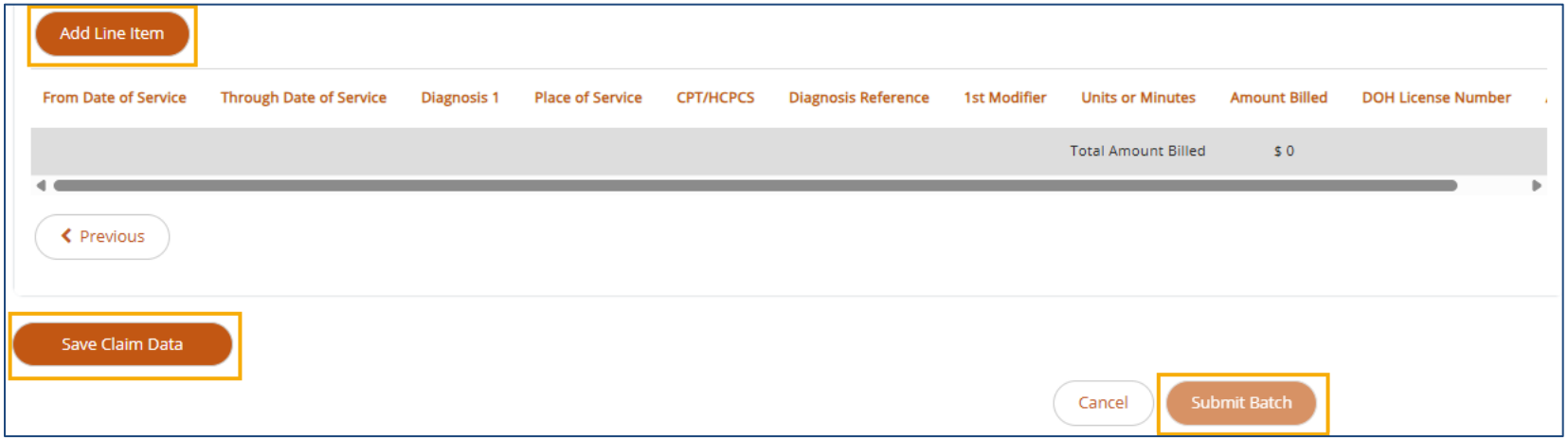
Tier Hours	**Tier 1**	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**
	.5-2	2.1-6	6.1-10	10.1-15	15.1-20	20.1-24
Unit Amount by Tier (billed amount)	$36.30	$98.01	$194.81	$303.71	$424.71	$528.00
Modifiers for lower level tiers	N/A	TF	HE	TG	HK	HI
Modifiers for In Lieu of Service (ILOS)	SE	TF & SE	HE & SE	TG & SE	HK & SE	HI & SE

        - The **Amount Billed** equals the **Tier Unit Amount *manually*** multiplied by the number of days the patient was at your facility for the billing period.
        - Billed amount example: $98.01 x 30 days = $2,940.30.
    g. **Units Or Minutes:** Enter the number of days you're billing for.

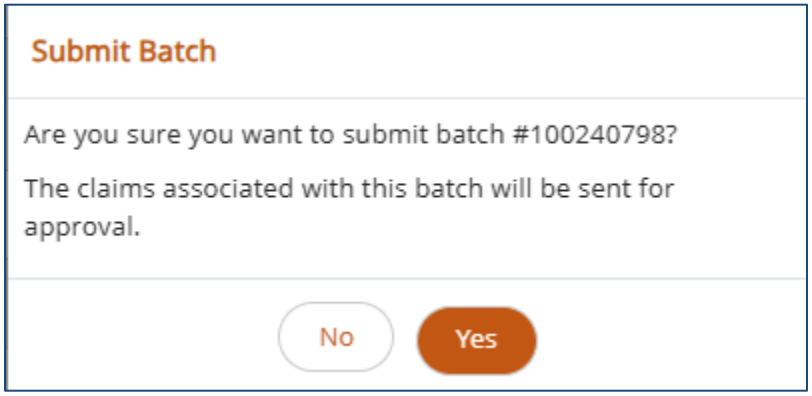

Claim Information
Claim Header Information
Claim Details Info.
Additional Claim Attachment
"You may enter a different date of service, if different from the Date of Service entered on the Claim Header, for each claim line item by entering the date of service and related claim information and selecting 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

h. Click **Add Line Item** at the bottom of the claim form.

13. Once you've successfully added your details, your invoice (claim) information will display as shown below. Make sure to click **Save Claim Data** before leaving the claim form or you'll need to re-enter the information.
14. Scroll down to the bottom of the screen and click **Submit Batch**.

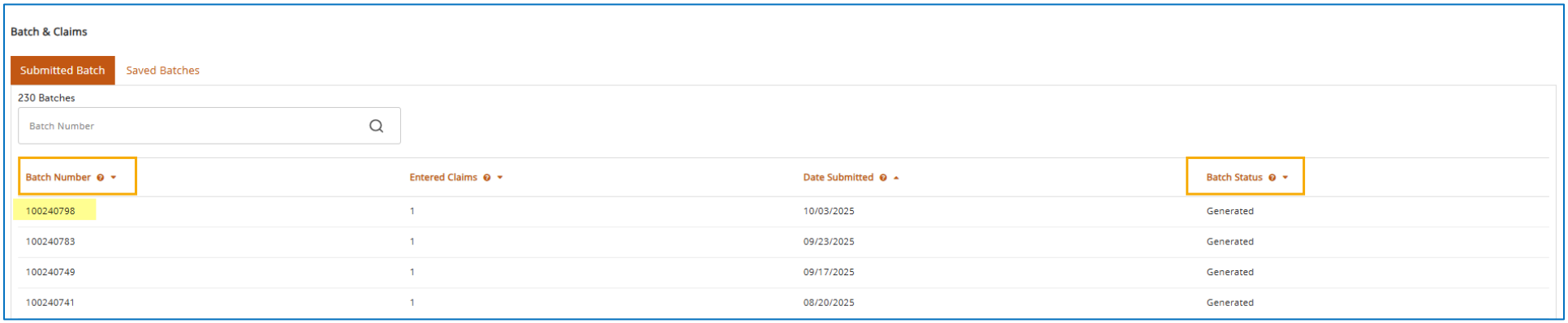


15. Once you click submit, you'll receive a pop-up message asking you in you want to submit your batch. Click **Yes**.



16. You'll receive confirmation it has been submitted. Click **Ok**.

    a. You'll be returned to the **Batch & Claims** screen where you'll see your **Batch Number**, the number of **Entered Claims** within your batch, the **Date Submitted**, and the **Batch Status**.



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

Revised 10/7/2025