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)
- Correct or replace claims

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

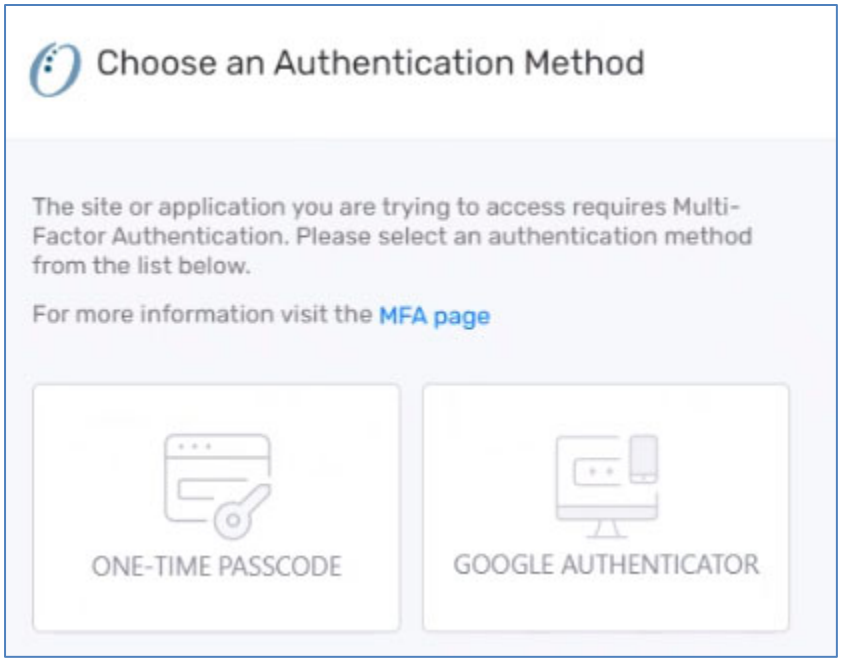
Login to the Portal

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.



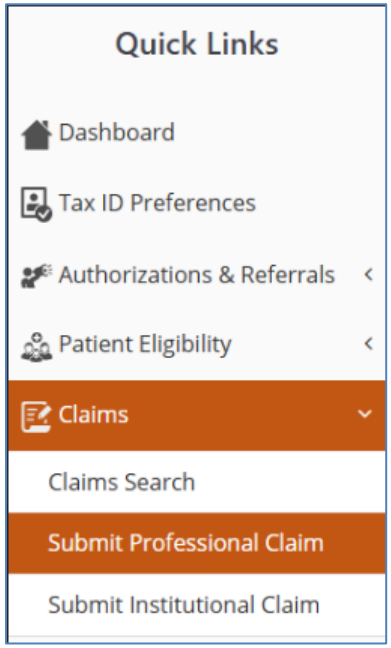
d. Follow the instructions on the OneHealthPort page to continue.
e. Click **Verify** when prompted.

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

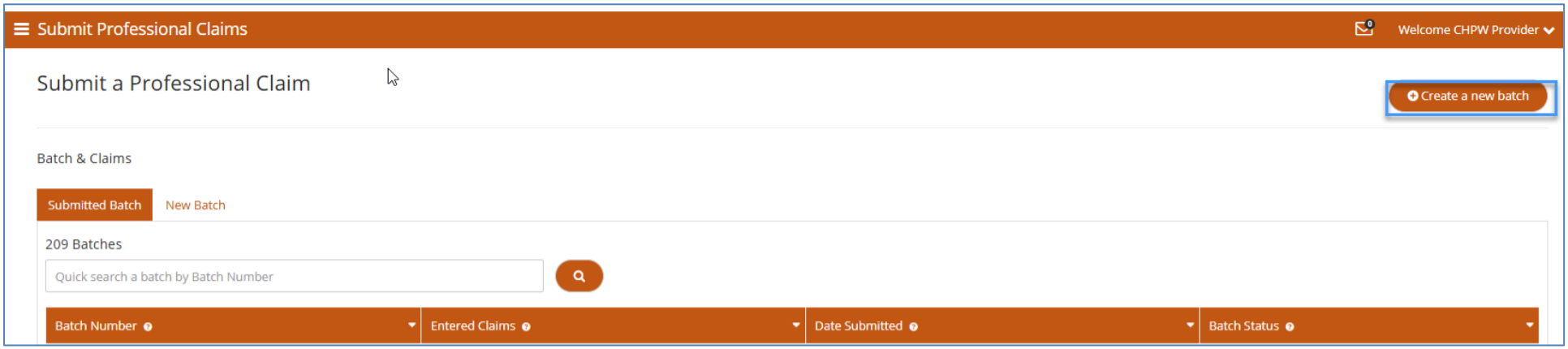
Enter Professional Claims

Follow these instructions.

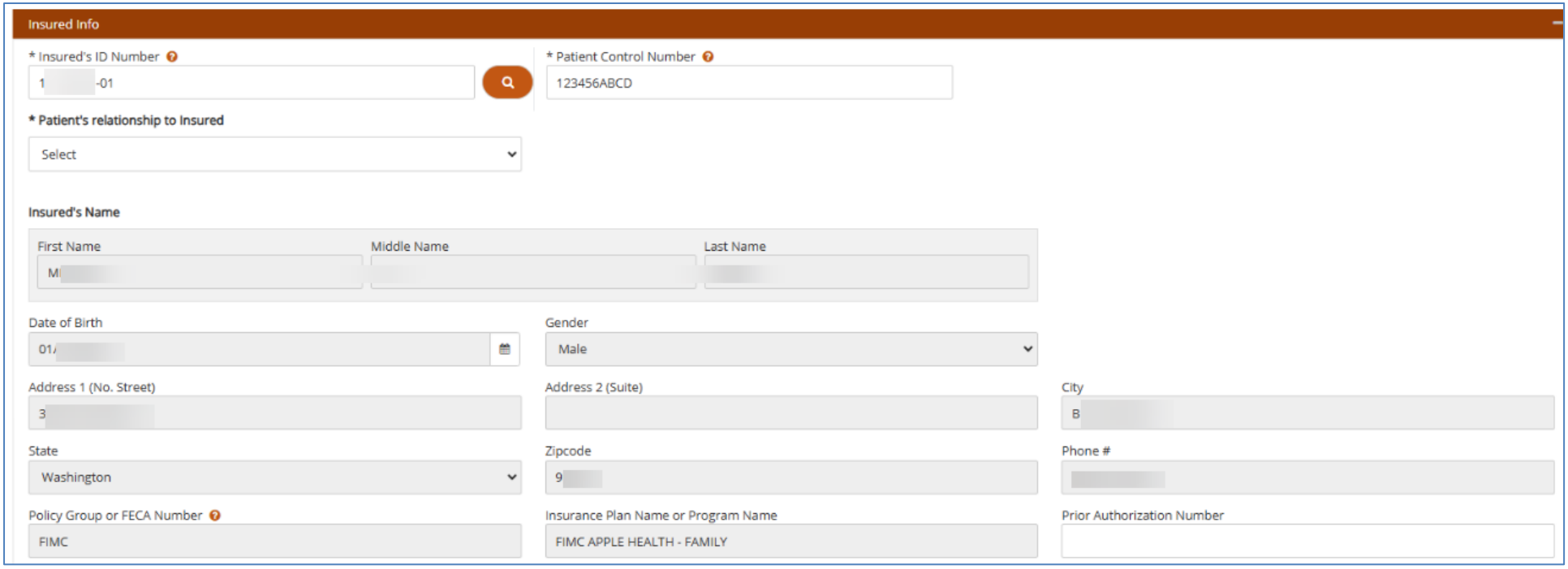
1. Log into HealthMAPS.
2. When ready to submit claims, choose the **Claims** drop down menu on the left of the Provider Dashboard and select **Submit Professional Claim**.



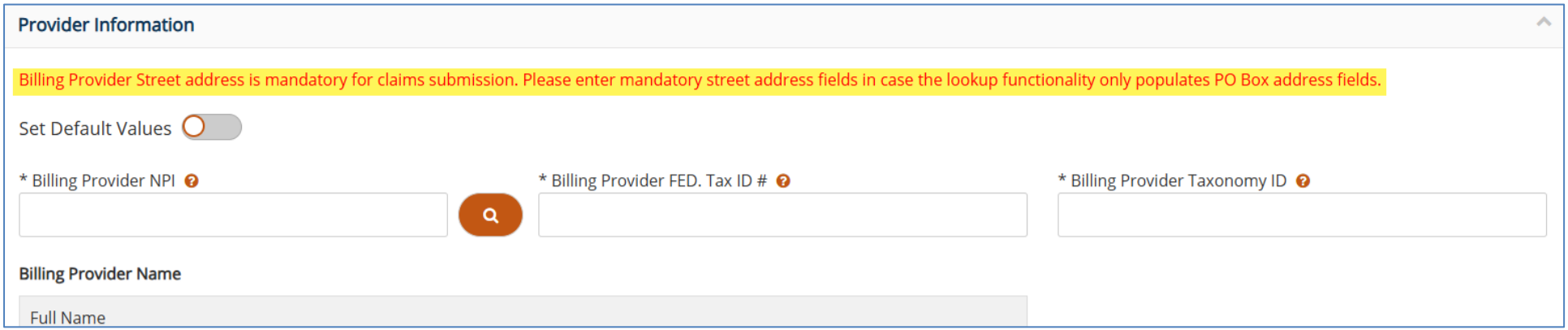
3. Click **Create a new batch.**



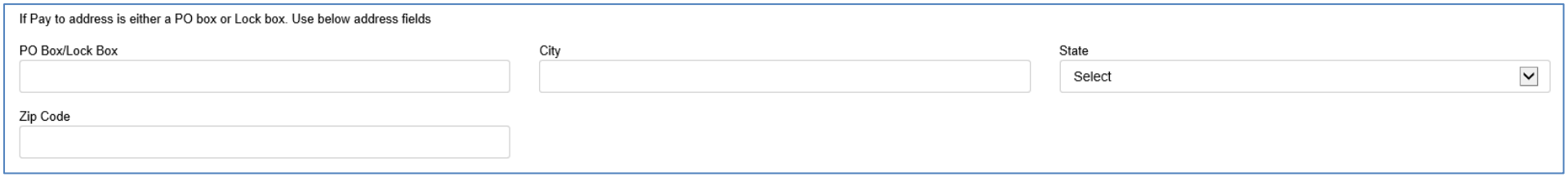
4. **Member Information.**
    a. **Insured's ID Number:** Enter the member's CHPW subscriber ID number or click the search icon (magnifying glass) to use the search function.
        i. If you used the search function, click the radio button to **Select Member Search Results**.
        ii. Once the member's ID number is entered or you selected the correct member in the search function, the member's information auto-populates on the screen.
    b. **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".
    c. Change the **Patient's relationship to Insured** to **Self**.
    d. The insured's **Address** auto-populates based on the member's information in CHPW's system. This may not match their AFH address and it cannot be changed or overwritten in HealthMAPS.



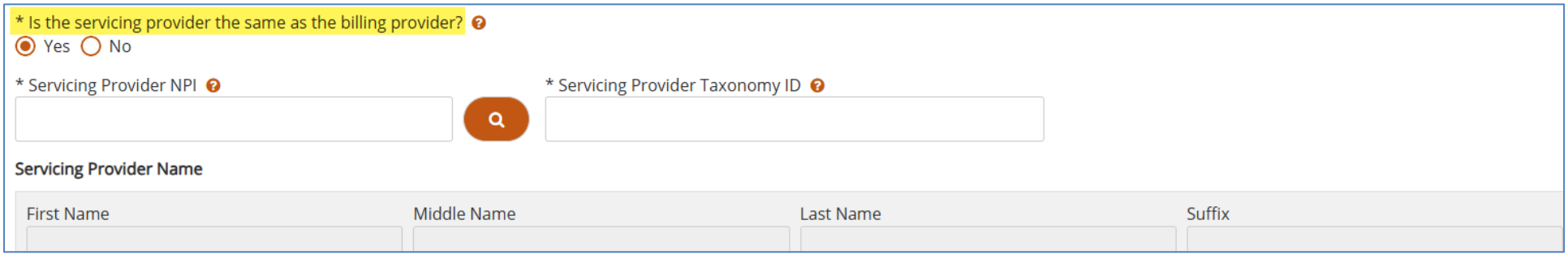
5. **Provider Information.** Required fields are marked with a *.
    a. Enter your API in the **Billing Provider NPI** field. If you don't have an API yet, enter **9999999999** (the number 9 entered 10 times). If you see a popup stating "Invalid NPI, do you want to proceed?", click **Yes** to continue.
    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.



    e. If there is a PO box or lockbox on file with us, that information will auto-populate in the **PO Box/Lock Box** field.



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



6. You can skip the **Payer/Insured Information** section.

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

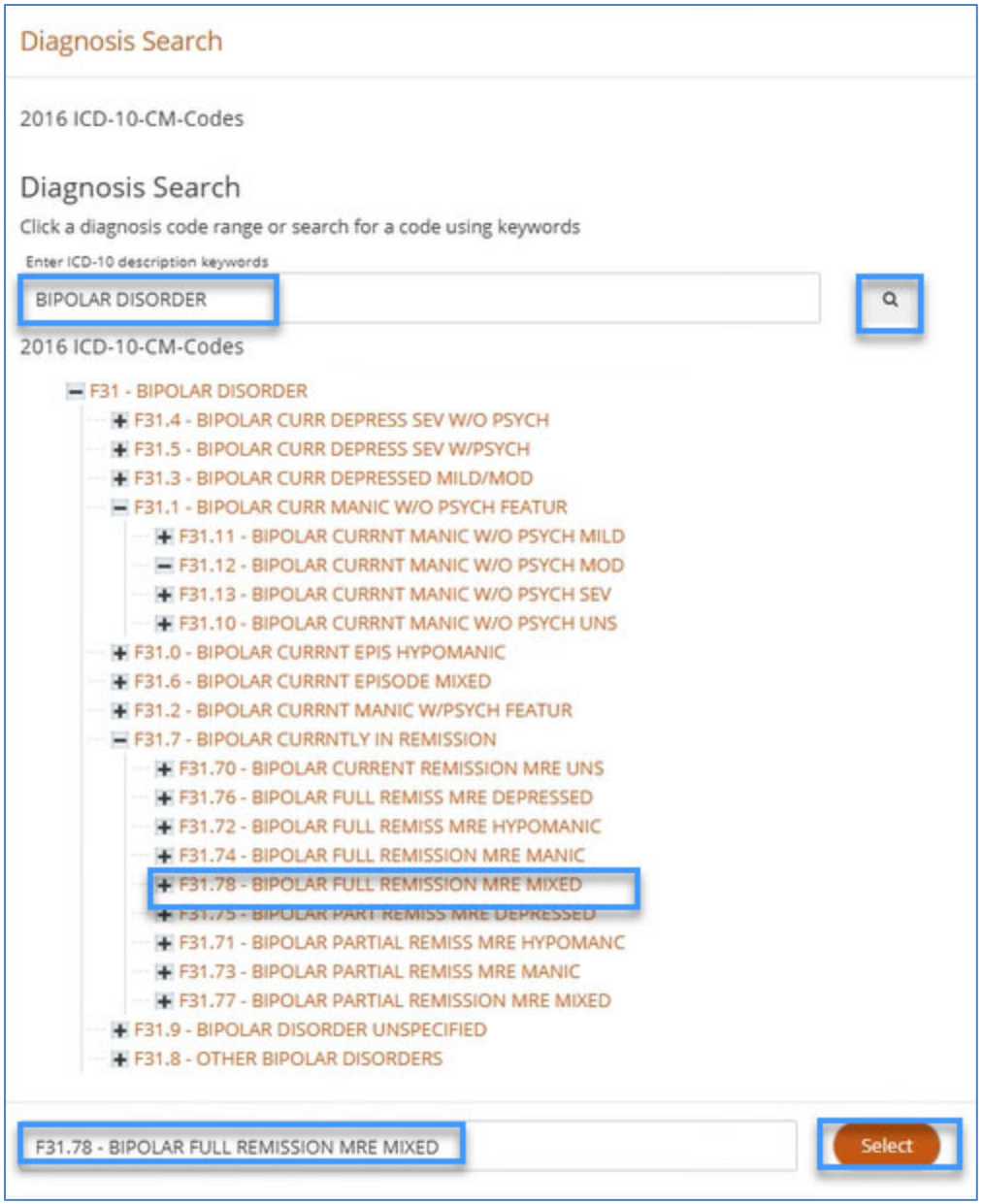
   Note:

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

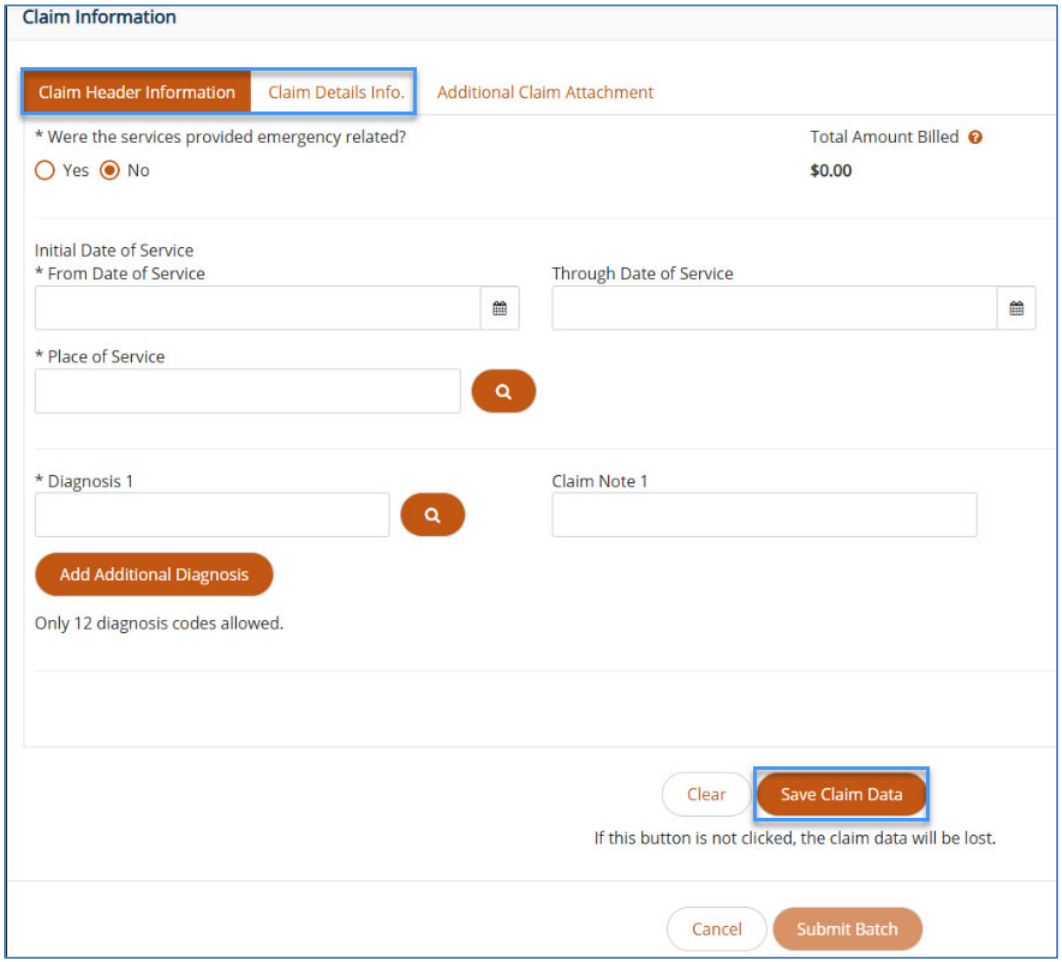
   a. **Initial Date of Service**: In the **From Date** field, enter the first day of the month you're billing for or the first day the patient arrived.
   b. **Through Date of Service**: Enter the last day of the month you're billing for or the date the patient left.
   c. **Place of Service:** Enter one of the following place of service codes
      - **Assisted Living Facility:** 13
      - **Group Home (community residential settings other than assisted living facilities):** 14
      - **Custodial care facility (community residential settings other than assisted living facilities) / Adult Family Home:** 33
   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.
      - You can click the search icon (magnifying glass) and type in keywords to find and select a diagnosis code or you can enter a specific alphanumeric code.
      - If you're entering a **code**: If there are four or more digits in your diagnosis code, always enter a decimal after the third character.
      - If you're entering **keywords**, when the results display, click the plus sign **+** to expand the list of diagnoses, click on the specific code you want, then the diagnosis code is auto-populated in the bottom field. Make sure to click **Select**.

      Example

      The example below shows the results of a keyword search for "bipolar disorder."


Diagnosis Search
2016 ICD-10-CM-Codes
Diagnosis Search
Click a diagnosis code range or search for a code using keywords
Enter ICD-10 description keywords
BIPOLAR DISORDER
2016 ICD-10-CM-Codes
F31 - BIPOLAR DISORDER
F31.4 - BIPOLAR CURR DEPRESS SEV W/O PSYCH
F31.5 - BIPOLAR CURR DEPRESS SEV W/PSYCH
F31.3 - BIPOLAR CURR DEPRESSED MILD/MOD
F31.1 - BIPOLAR CURR MANIC W/O PSYCH FEATUR
F31.11 - BIPOLAR CURRNT MANIC W/O PSYCH MILD
F31.12 - BIPOLAR CURRNT MANIC W/O PSYCH MOD
F31.13 - BIPOLAR CURRNT MANIC W/O PSYCH SEV
F31.10 - BIPOLAR CURRNT MANIC W/O PSYCH UNS
F31.0 - BIPOLAR CURRNT EPIS HYPOMANIC
F31.6 - BIPOLAR CURRNT EPISODE MIXED
F31.2 - BIPOLAR CURRNT MANIC W/PSYCH FEATUR
F31.7 - BIPOLAR CURRNTLY IN REMISSION
F31.70 - BIPOLAR CURRENT REMISSION MRE UNS
F31.76 - BIPOLAR FULL REMISS MRE DEPRESSED
F31.72 - BIPOLAR FULL REMISS MRE HYPOMANIC
F31.74 - BIPOLAR FULL REMISSION MRE MANIC
F31.78 - BIPOLAR FULL REMISSION MRE MIXED
F31.71 - BIPOLAR PARTIAL REMISS MRE HYPOMANC
F31.73 - BIPOLAR PARTIAL REMISS MRE MANIC
F31.77 - BIPOLAR PARTIAL REMISSION MRE MIXED
F31.9 - BIPOLAR DISORDER UNSPECIFIED
F31.8 - OTHER BIPOLAR DISORDERS
F31.78 - BIPOLAR FULL REMISSION MRE MIXED
Select

e. Click **Add Additional Diagnosis** if needed.



f. Click the **Claim Details Info.** tab or the **Next** button in the bottom right corner.

g. **Claim Details Info.** screen.

   i. **From Date of Service**: Enter the first day of the month you're billing for or the first day the patient arrived.

   ii. **Through Date of Service**: Enter the last day of the month you're billing for or the date the patient left.

   iii. **CPT/HCPCS**: Enter **S5126**.

   iv. **Diagnosis Reference**: If only one diagnosis is entered, this will auto-populate. If multiple diagnosis codes are entered, click the plus button **+** and select all applicable diagnosis codes.

v. **1st Modifier** and **2nd Modifier**: Complete these fields only as applicable for your billed tier.

vi. **Amount Billed**:

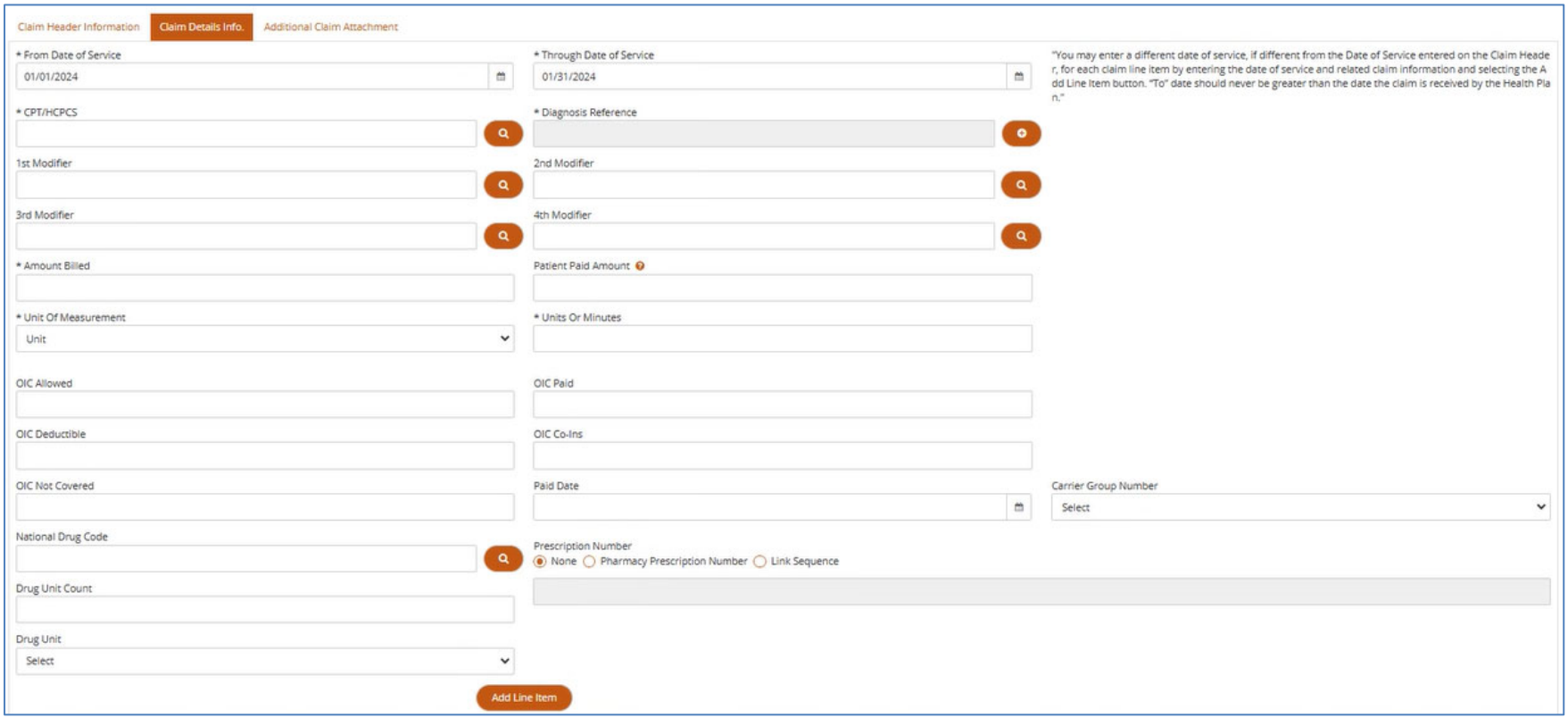
- The **Unit Amount by Tier** is also populated in the invoice template. If the amounts in this training guide don't match the detail in the invoice template, make sure to ***use the amounts in the invoice template***.

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.

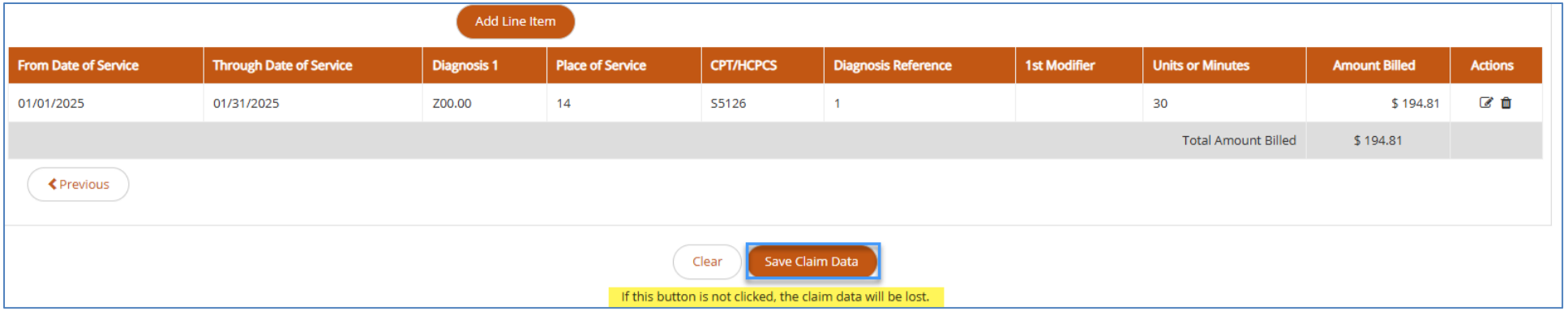
vii. **Units Or Minutes:** Enter the number of days you're billing for.

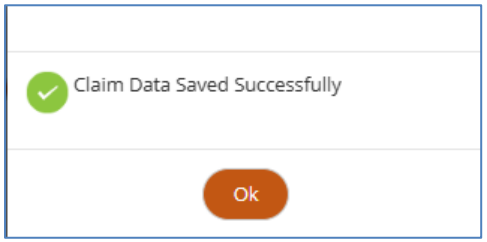
viii. Click **Add Line Item** at the bottom of the screen.



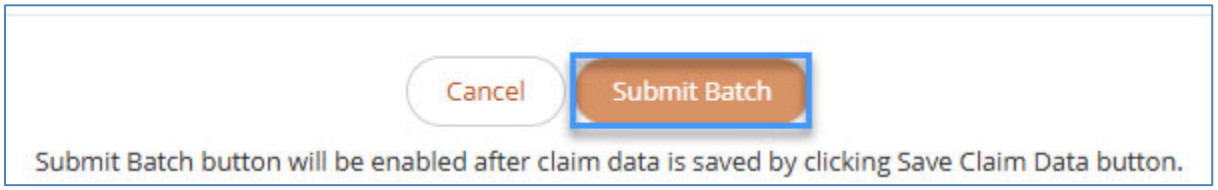
h. Once you've successfully added your details, your invoice (claim) information will display as shown below. Make sure to click **Save Claim Data** before leaving the claim form or you'll need to re-enter the information.

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
01/01/2024	01/31/2024	Z00.00	13	S5126	1	TF	30	$ 2940.30	
							Total Amount Billed	$ 2,940.30	

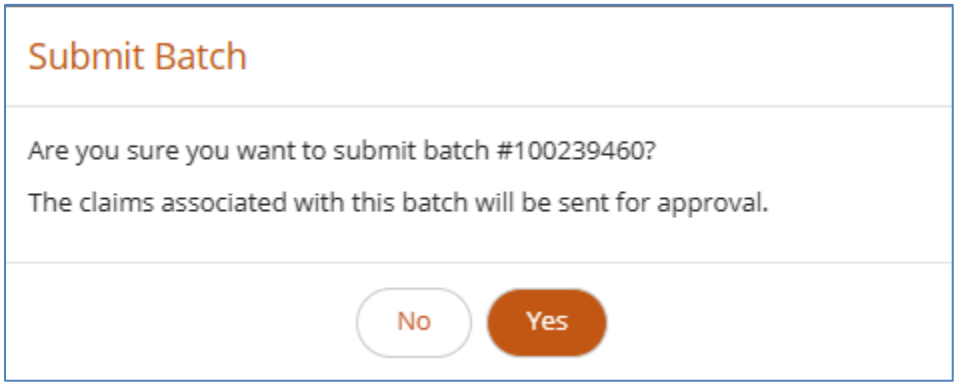




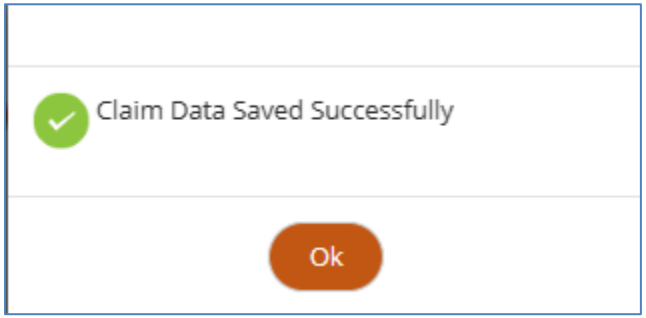
8. Scroll down to the bottom of the screen and click **Submit Batch**.



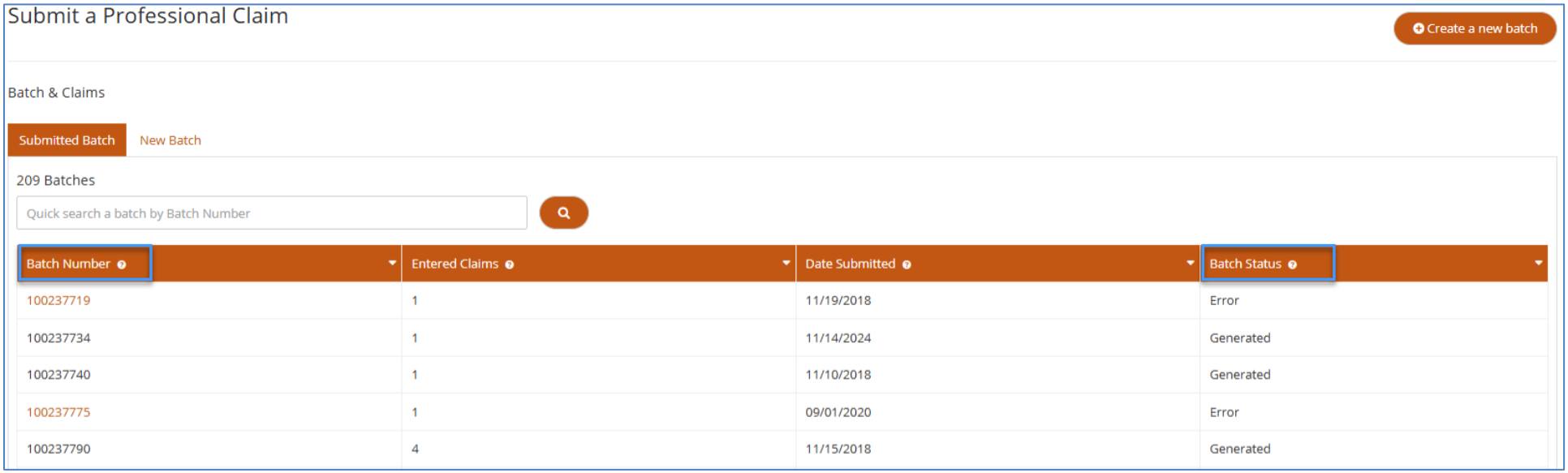
a. You'll be asked to confirm you want to submit. Click **Yes**.



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**, the number of **Entered Claims** within your batch, the **Date Submitted**, and the **Batch Status**.



d. 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**.

Enter Corrected and Replacement 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.

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