HealthMAPS Provider Portal Training Guide

This training guide explains how to:

- View prior authorizations and referrals
- Enter professional claims
- Enter institutional claims
- Enter corrected or replacement claims
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.

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. You also have the option to do a more advanced search: Click the **Advanced Search** button to the right of the search icon.

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

1. Claims Received EDI or Paper
   - EDI
   - Paper claims

2. Claim enters HIP
   - Is data valid?
     - Yes: Member Valid? (Yes)
     - No: Is the Claim complete?
       - Yes: EDI or Paper submission?
         - Paper: Paper Claim Printed & Returned to Provider
         - EDI: EDI Claim Rejected to Clearinghouse
       - No: Claim inserted Systems
         - Claim Holds?
           - Yes: Hold worked by Examiner to unposted status
           - No: APE Edits

3. Check run

Claim processes thru Mbr. Elig., Auths matching, Provider contracting, Pricing, duplicate logic rules timely filing benefits
To begin entering professional claims

Follow these instructions.

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 screen 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 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.
Example of an existing batch that hasn’t been submitted:

<table>
<thead>
<tr>
<th>Batch Record #</th>
<th>No. of claim lines</th>
<th>Total Amount Billed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>$360</td>
<td>Copy of Claim#180230A09989177</td>
</tr>
</tbody>
</table>

Appeals and Grievances Disputes Call Toll Free:
1 (206) 521-8930, 1 (800) 440-1501 or 1 (800) 418-1009
For IMC and SHSO Only in Clark and Skamania Counties
Fax: (206) 613-8964 (routine)
Fax: (206) 613-8893 (urgent)
You may also send a secure message to CHPW Customer Service department using the envelope icon above or by selecting secure messages from the left navigation menu.
Email: AppealGrievances@chpw.org
(mailto: AppealGrievances@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 (effective 01/01/2021) have 10 characters ( alphanumeric ).

b. Click on 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

* Patient's relationship to Insured
  - Self

* Select Type of Health Insurance applicable to this claim
  - Medicaid
  - 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 (effective 01/01/2021) Cascade Select.

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

   b. Provide your Contact name and Phone #:

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

Address 1 (No. Street)

Address 2 (Suite)

City

State

Select

Zip Code

Phone #

* Release Information Certification  
  ○ Yes  ○ No

* Assignment of Benefit Certification  
  ○ Yes  ○ No

* Signature of Physician or Supplier on file?  
  ○ Yes  ○ No

* Accept Assignment  
  ○ Yes  ○ No
e. Enter the **Referring Physician** information *if applicable*.

<table>
<thead>
<tr>
<th>Referring Physician NPI</th>
<th></th>
</tr>
</thead>
</table>

**Referring Physician Name**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address 1 (No. Street)</th>
<th>Address 2 (Suite)</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Status</th>
<th>Zip Code</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. **Claim Information**
   a. Provide the **Claim Header Information**.
      
      **Note:**
      You can click on both the **Claim Header Information** and **Claim Details Info.** tabs.
   b. **Total Amount Billed** auto-populates when the **Claim Details Info.** tab is completed.
   
   **Claim Information**
   
   a. **Claim Header Information**
      
      *Were the services provided emergency related?*
      
      [ ] Yes [ ] No
   
      *From Date of Service*
      
      [ ]
   
      *Place of Service*
      
      [ ]
   
      *Diagnosis 1*
      
      [ ]
   
   b. **Claim Details Info.**
      
      *Total Amount Billed*
      
      [ ]
      
      *Through Date of Service*
      
      [ ]
   
   **Add Additional Diagnoses**
   
   Only 12 diagnosis codes allowed.
   
   **Save Claim Data**
   
   If this button is not clicked, the claim data will be lost.
   
   b. Make sure to click **Save Claim Data** before leaving the claim form or you will need to re-enter the data.
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.
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.
If you need to come back to edit the claim prior to submitting the batch, click on the underlined number under **Batch Record #** at the top of the claim form.

## New Batch #10023719

<table>
<thead>
<tr>
<th>Batch Record #</th>
<th>No. of Claim lines</th>
<th>Total Amount Billed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>$360</td>
<td>Copy of Claim# A23456</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>$150</td>
<td></td>
</tr>
</tbody>
</table>

![Diagram of New Batch #10023719]

## Batch Record #7

<table>
<thead>
<tr>
<th>Batch Record #</th>
<th>No. of Claim lines</th>
<th>Total Amount Billed</th>
<th>Notes</th>
</tr>
</thead>
</table>

![Diagram of Batch Record #7]
8. When you are 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.

   ![Submit Batch Dialog]

   b. After you submit your batch, you will receive confirmation it has been submitted. Click **Ok**.

   ![Submit Batch Confirmation]

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c. You will 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.
To begin entering institutional claims

Follow these instructions.

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 screen and select Submit Institutional Claim.
4. 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.
## Submit an Institutional Claim

### Batch & Claims

**Submitted Batch**: New Batch

#### 125 Batches

<table>
<thead>
<tr>
<th>Batch Number</th>
<th>Entered Claims</th>
<th>Date Submitted</th>
<th>Batch Status</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>300227960</td>
<td>1</td>
<td>12/18/2018</td>
<td>New</td>
<td></td>
</tr>
<tr>
<td>300227963</td>
<td>1</td>
<td>12/18/2018</td>
<td>New</td>
<td></td>
</tr>
<tr>
<td>300227960</td>
<td>1</td>
<td>12/18/2018</td>
<td>New</td>
<td></td>
</tr>
<tr>
<td>300227952</td>
<td>1</td>
<td>12/20/2018</td>
<td>New</td>
<td></td>
</tr>
<tr>
<td>300227954</td>
<td>1</td>
<td>12/20/2018</td>
<td>New</td>
<td></td>
</tr>
<tr>
<td>300227958</td>
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<td>12/20/2018</td>
<td>New</td>
<td></td>
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<tr>
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<td>1</td>
<td>12/20/2018</td>
<td>New</td>
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</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>300227966</td>
<td>0</td>
<td>12/20/2018</td>
<td>New</td>
<td></td>
</tr>
</tbody>
</table>

Showing 1 - 10 of 125 Batches | 10 Per Page
Clicking on an **existing new batch number** that has not been submitted yet allows you to sequentially add a new claim. In the example below **Batch Record #2** is displayed.
a. Enter the **From Date of Service** (admit date), **Through Date of Service** (discharge date), and **Type of Bill** 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).
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 on the search icon to use the search menu.
      
      **Note:**
      CHPW Medicaid or Medicare Advantage subscriber IDs have 8 digits. CHPW Cascade Select subscriber IDs (effective 01/01/2021) have 10 characters (alphanumeric).
   c. **Patient Control Number**: Enter the number you assigned the member as their patient ID. The space provided is alphanumeric to accommodate your unique patient control numbering system.
   d. The **Patient’s Name, Date of Birth, Gender, Address** and **Telephone** number should pre-populate when you entered 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**.

```
<table>
<thead>
<tr>
<th>Admission Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Admission Data</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>* Admission Hour</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>* Type of Admission</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>* Source of Admission</td>
</tr>
<tr>
<td>Select</td>
</tr>
<tr>
<td>Discharge Hour</td>
</tr>
<tr>
<td>Select</td>
</tr>
<tr>
<td>* Patient Discharge Status</td>
</tr>
<tr>
<td>Select</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accident State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
</tr>
</tbody>
</table>

- Responsibly Party Name & Address is same as Patient’s

<table>
<thead>
<tr>
<th>Responsible Party Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>* First Name</td>
</tr>
<tr>
<td>Middle Name</td>
</tr>
<tr>
<td>* Last Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address 1 (No. Street)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address 2 (Suite/Apartment)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone (Include Area code)</th>
</tr>
</thead>
</table>
```
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.
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 on the plus sign next to the **Attending/Operating/Other Provider Taxonomy ID1** box to add another taxonomy number box for these extra providers.
7. **Claim Information**: Note there are 3 tabs.
   a. Enter the requested information in the **Claim Header Info**, the first of the three tabs.
b. Make sure to click on **Save Claim Data** before leaving the claim form or you will need to re-enter the 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.

![Image of a claim details form]

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>Service Date</th>
<th>Non Covered Charges</th>
<th>Description</th>
<th>CPT/HCPCS</th>
<th>Days Or Units</th>
<th>Amount Billed</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

g. Remember to **Save Claim Data** before leaving the claim form or you will need to re-enter the data.
h. The third tab is Additional claim attachment. This 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 come back to edit the claim prior to submitting the batch, click on the underlined number under **Batch Record #** at the top of the claim form.
8. When you are ready to submit your batch of claims, click on **Submit Batch**.

   ![Submit Batch button]

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

   ![Submit Batch confirmation]

   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 will receive confirmation it has been submitted. Click **Ok**.

c. You will 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

To enter a corrected or replacement claim

Follow these instructions.

1. Have ready the number of the claim you want to correct or replace.
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 on Corrected / Replacement Claim.
5. Enter the claim number you want to correct or replace, then click the search button. Click on Corrected / Replacement Claim.
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 wish to correct.
   
a. To change a billed detail line item, click on the trash can icon to the right of the line you wish to correct.

<table>
<thead>
<tr>
<th>Diagnosis 1</th>
<th>Place of Service</th>
<th>CPT/HCPCS</th>
<th>Diagnosis Reference</th>
<th>1st Modifier</th>
<th>Units or Minutes</th>
<th>Amount Billed</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.12</td>
<td>11</td>
<td>97140</td>
<td>1</td>
<td>GP</td>
<td>1.0</td>
<td>$ 54.10</td>
<td></td>
</tr>
<tr>
<td>4.12</td>
<td>11</td>
<td>97161</td>
<td>1</td>
<td>GP</td>
<td>1.0</td>
<td>$ 225.54</td>
<td></td>
</tr>
<tr>
<td>4.12</td>
<td>11</td>
<td>97530</td>
<td>1</td>
<td>59</td>
<td>1.0</td>
<td>$ 69.19</td>
<td></td>
</tr>
</tbody>
</table>

The line disappears:

<table>
<thead>
<tr>
<th>Diagnosis 1</th>
<th>Place of Service</th>
<th>CPT/HCPCS</th>
<th>Diagnosis Reference</th>
<th>1st Modifier</th>
<th>Units or Minutes</th>
<th>Amount Billed</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>97161</td>
<td>1</td>
<td>GP</td>
<td>1.0</td>
<td>$ 225.54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>97530</td>
<td>1</td>
<td>59</td>
<td>1.0</td>
<td>$ 69.19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Amount Billed $ 348.83
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.

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

**Note:**
If you do not click the save button, 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**:
d. 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 are ready to submit your batch.

![Submit Batch](image)

**Submit Batch**

Are you sure you want to submit batch #100238236?
The claims associated with this batch will be sent for approval.

- [No]
- [Yes]

---

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

![Submit Batch](image)

**Submit Batch**

- [✓] Batch #100238236 has been submitted.

- [Ok]
7. Verify the batch you just entered shows **Batch Status** of **Submitted**.

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**.

Revised 03/31/2021