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 and replacement claims

Community Health Plan of Washington (CHPW) offers a secondary submission option. Smart Data Solutions, a CHPW partner, provides the following solutions:

- Direct Data Entry (DDE) Claim Submission
- Portal Applications for Eligibility and Claim Status
- EMR Connection and Integration

Smart Data Solutions Registration: https://portal.smartdatastream.us/quickclaim/servlet/quickclaim/template/ClearingHouse,Login.vm

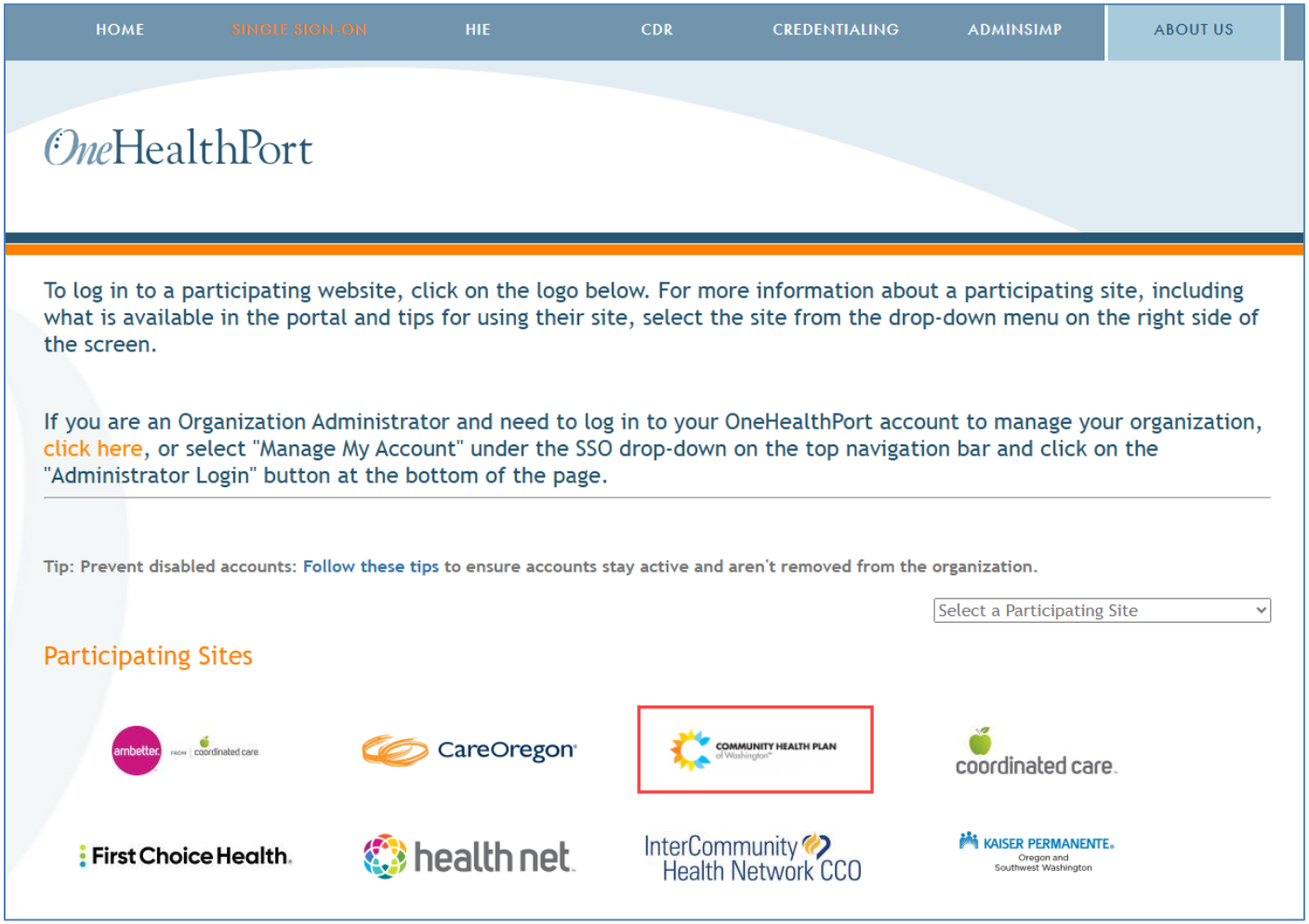
If you have questions about HealthMAPS, email our Customer Service Team at customercare@chpw.org. One of our Customer Care Representatives will contact you.

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.

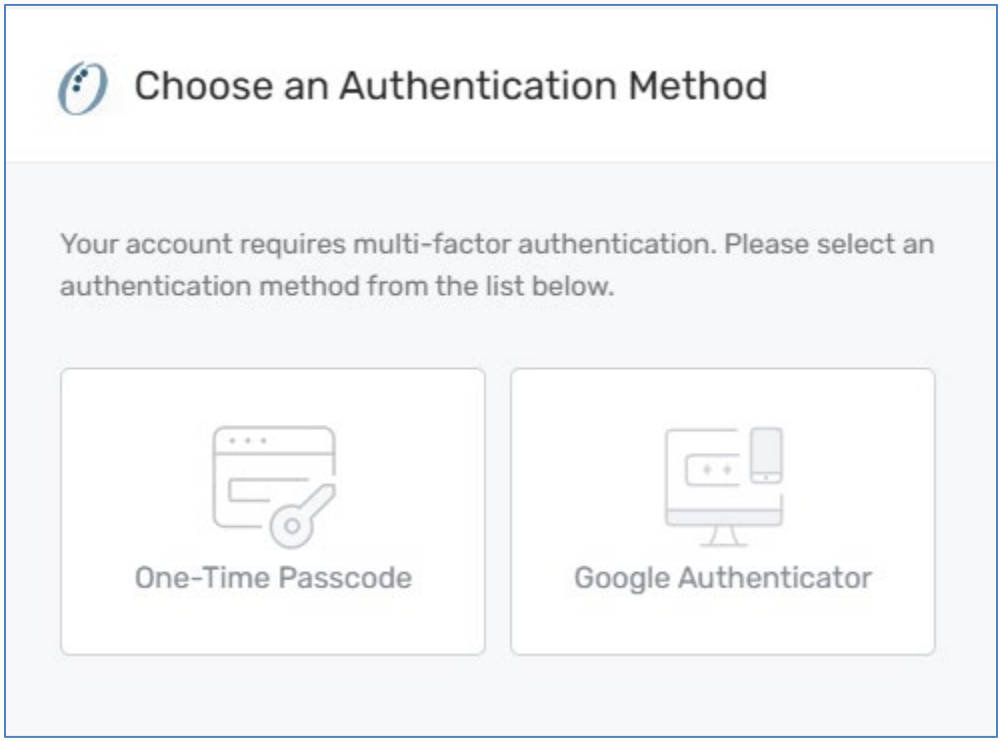


The other option is to go directly to OneHealthPort for CHPW at https://www.onehealthport.com/sso-payer/community-health-plan-washington.

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.

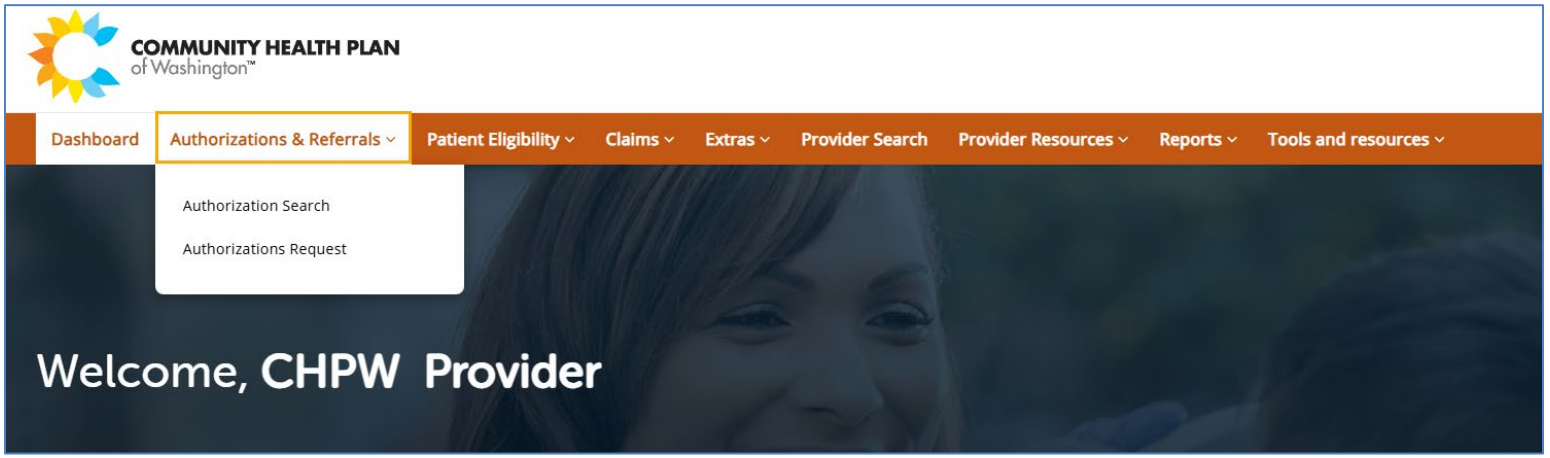
2. Once you have a OneHealthPort account, you'll have access to CHPW's HealthMAPS provider portal. The HealthMAPS Provider Dashboard will display after you log in through OneHealthPort.

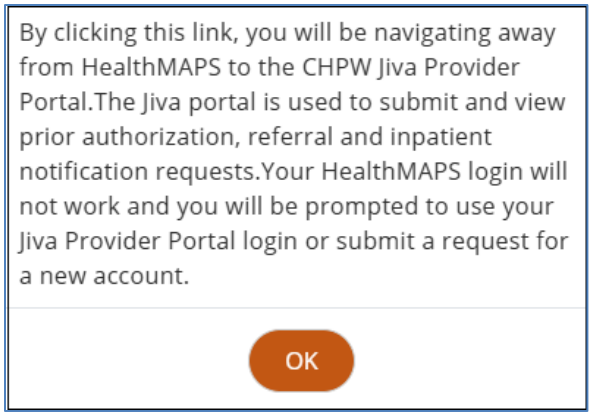
View Prior Authorizations and Referrals

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

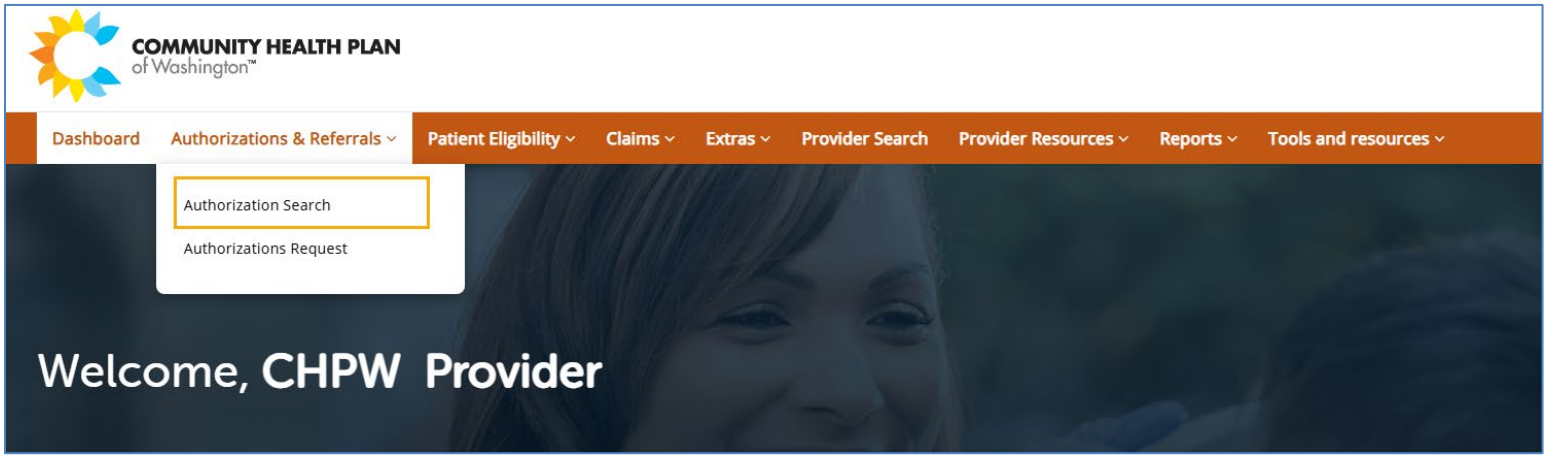
Important:
You can ***view*** authorizations and referrals in HealthMAPS. Please continue to use Jiva, CHPW's care management portal, to ***submit*** authorization requests, referral requests, and inpatient notifications. The **Authorizations Request** button in HealthMAPS links to Jiva.

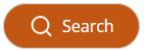
1. Log into HealthMAPS.
2. Click **Authorizations & Referrals** on your dashboard to expand the options:



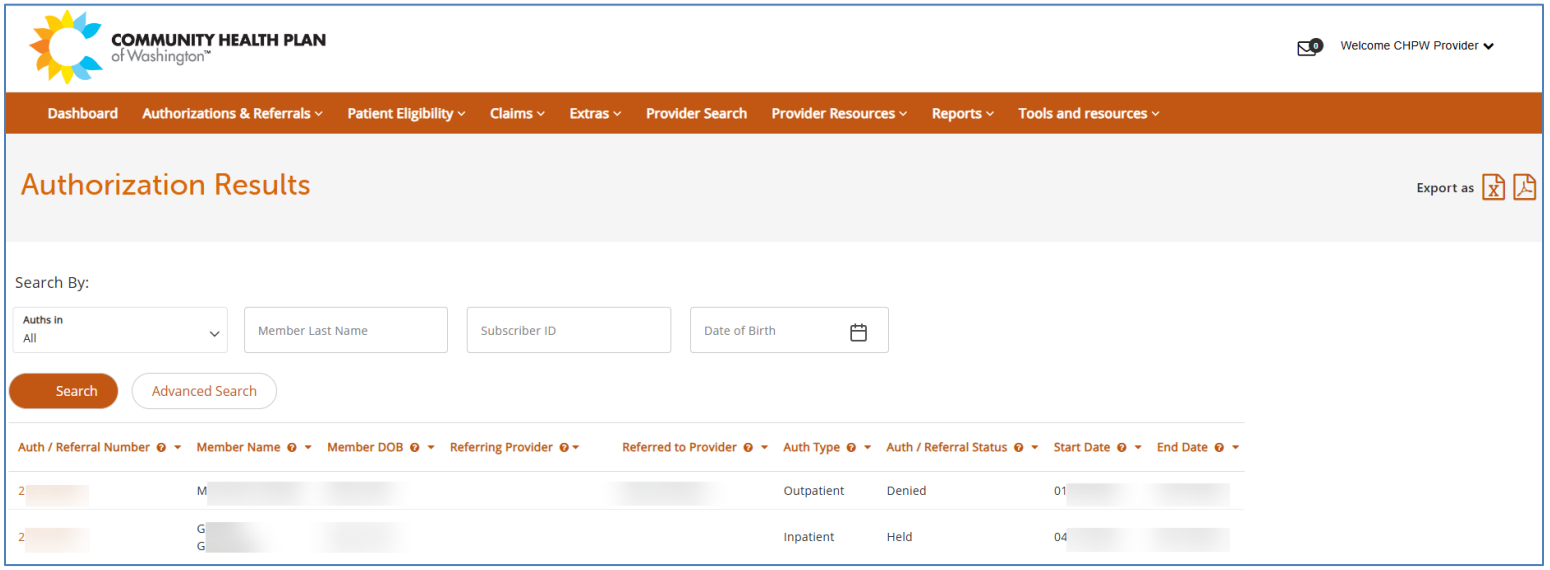


3. Click **Authorization Search**.

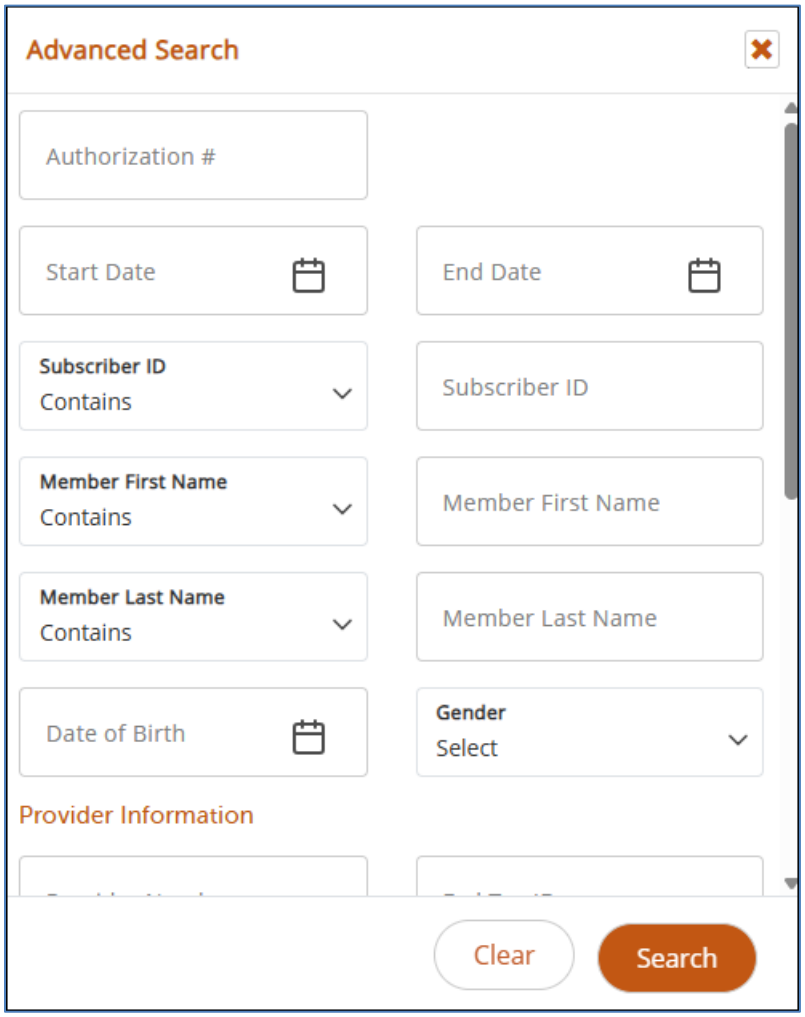


4. When the quick search option displays, you can search by **Member Last Name**, **Subscriber ID**, **Date of Birth**, or any combination of the three.
    - Use the **Auths in** filter to refine your search to: **All**, **Last 7 Days**, **Last 15 Days**, **Last 30 Days**, **Last 60 Days**, or **Last 90 Days**.
5. After entering your search details, click the search icon 

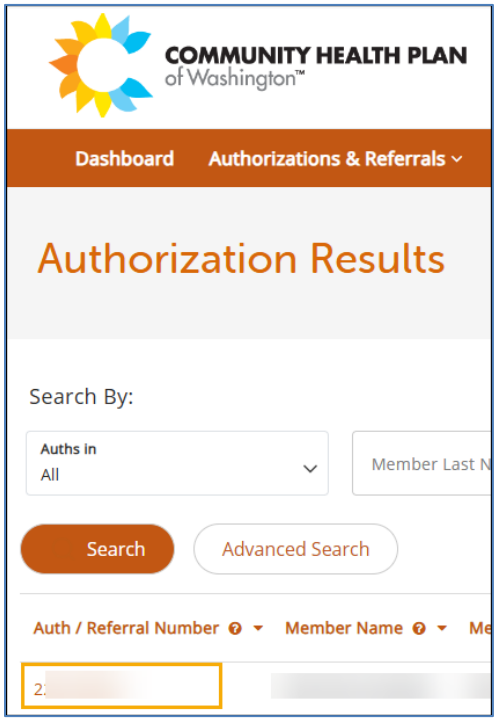
to search our database.
    - Optional: Click the **Advanced Search** button for additional search options.



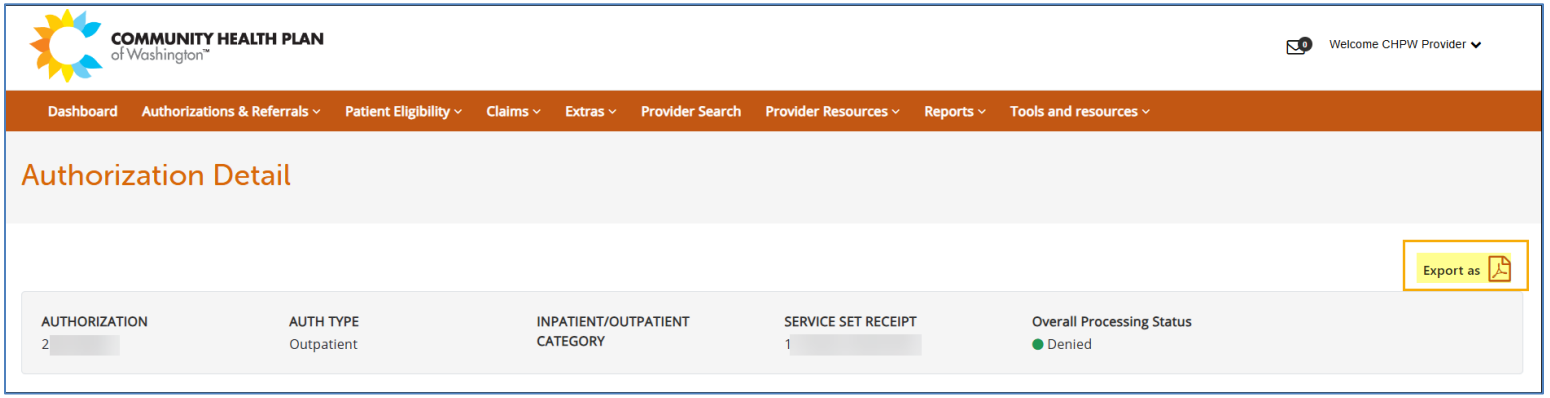
- When you click the **Advanced Search** button, a pop-up window opens that allows you to enter additional criteria for your search.



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



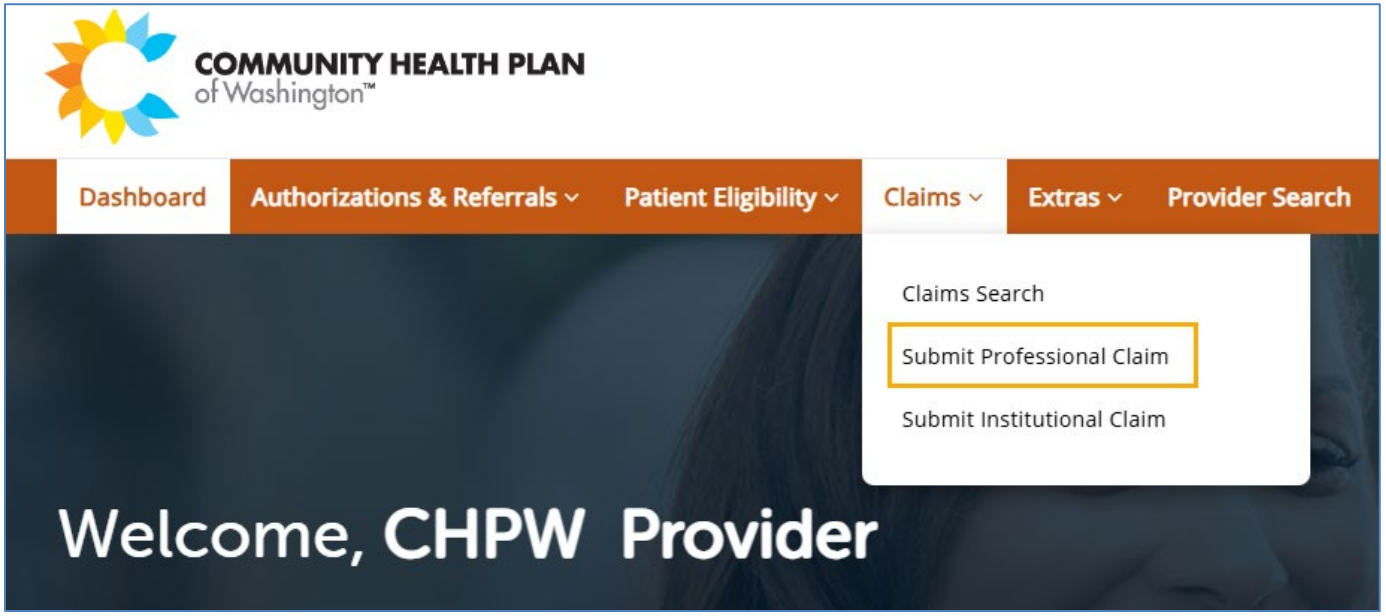
7. Optional: Click the **Export as** icon at the top right of the authorization details screen to export the details of the authorization into a PDF document.



Enter Professional Claims

Follow these instructions to enter professional claims.

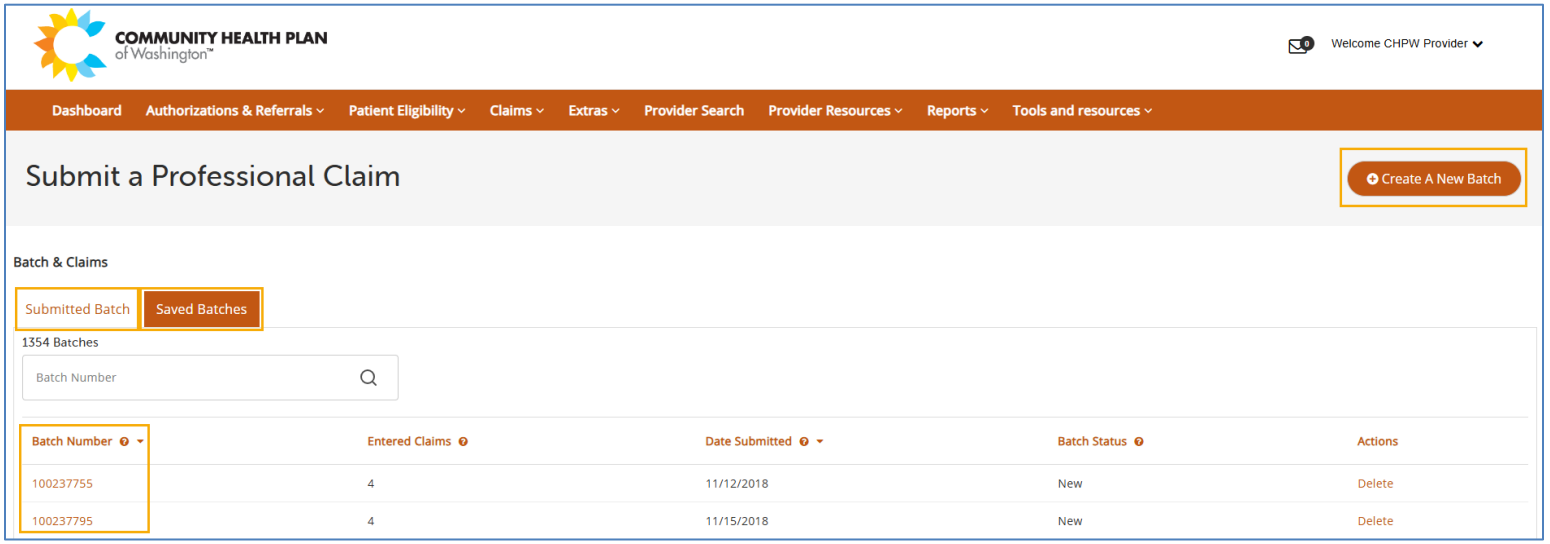
1. Log into HealthMAPS.
2. If you need to verify authorization details before submitting your claim, see the View Prior Authorizations and Referrals section of this guide.
3. When ready to submit claims, choose the **Claims** drop down menu and select **Submit Professional Claim**.



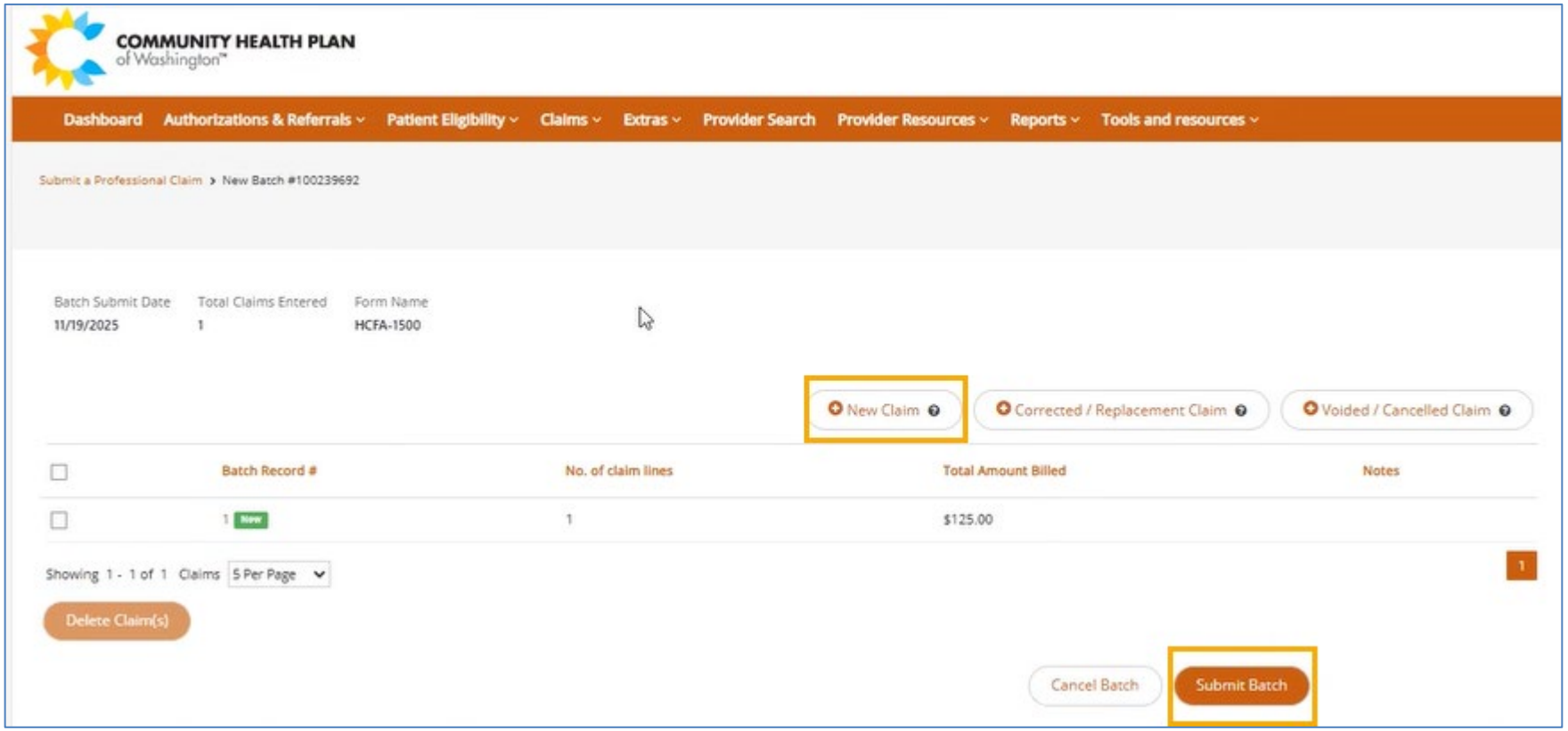
4. Click the **Create A New Batch** button at the far right to create a new batch, or click the **Saved Batches** tab to edit batches that have been previously saved but have not been submitted.

Note:

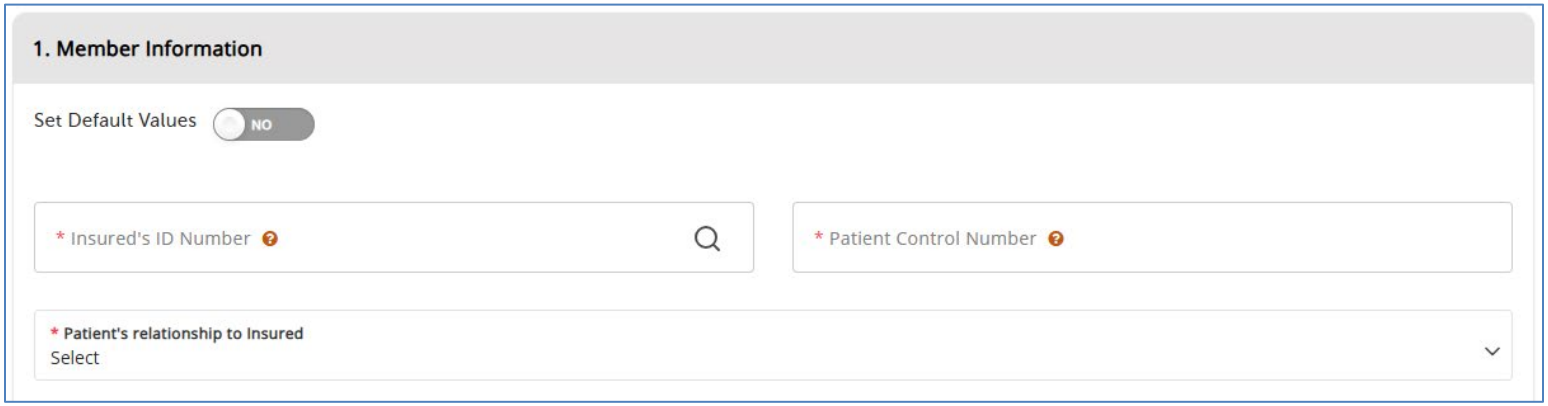
A batch can consist of one or more claims. You can submit more than one claim, but you aren't required to.



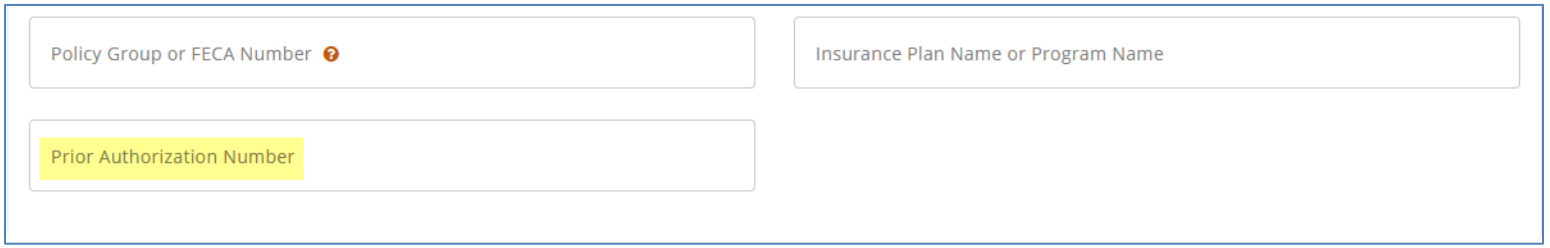
Example of an existing, unsubmitted batch:



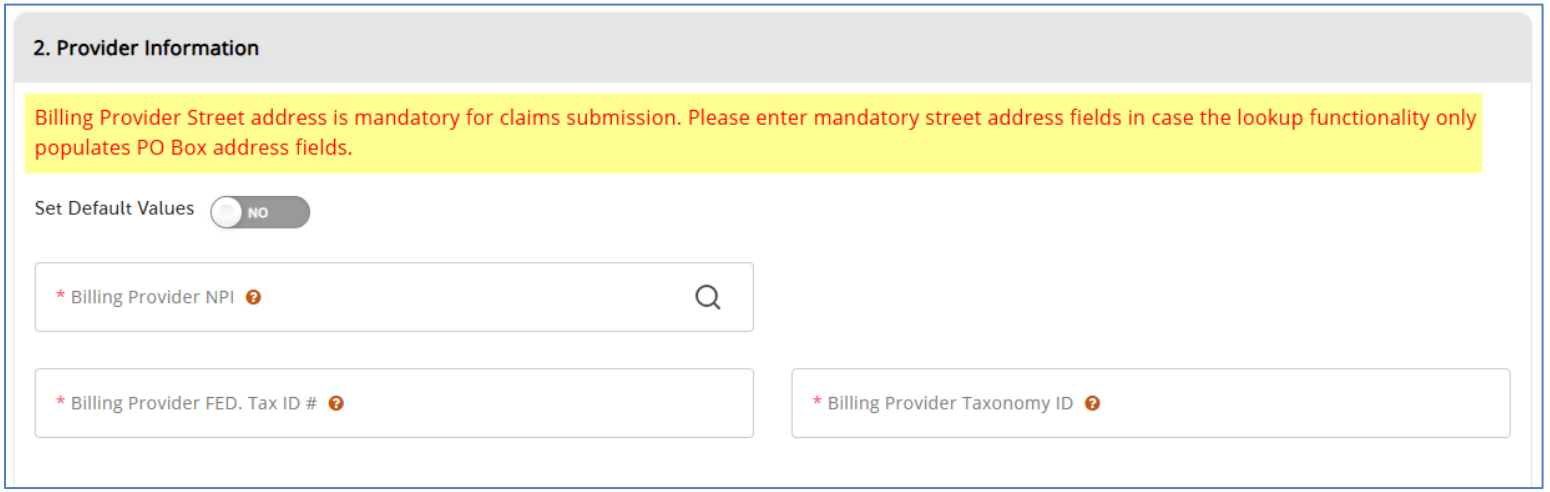
5. To add claims to an existing, unsubmitted batch, click **New Claim**.
6. **Member Information**.
    a. **Insured's ID Number**–enter the member's CHPW subscriber ID number or click the search icon to use the search menu.
        Note:
        CHPW Medicaid or Medicare Advantage subscriber IDs have 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:** This field must not be left blank. Enter the number you assigned the member as their patient ID. This field is alphanumeric to accommodate your unique patient control numbering system; however, special characters (such as $-!.#% etc.) are not allowed.
    d. Make sure to complete the **Patient's relationship to Insured** field.



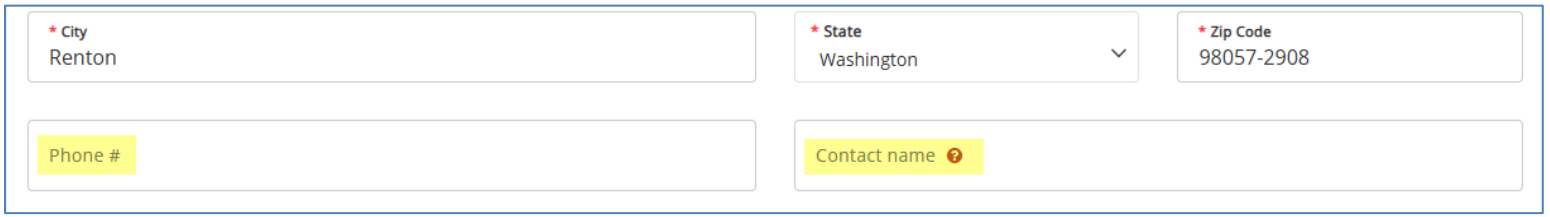
e. If you have a **Prior Authorization Number** for this member, enter it where indicated.



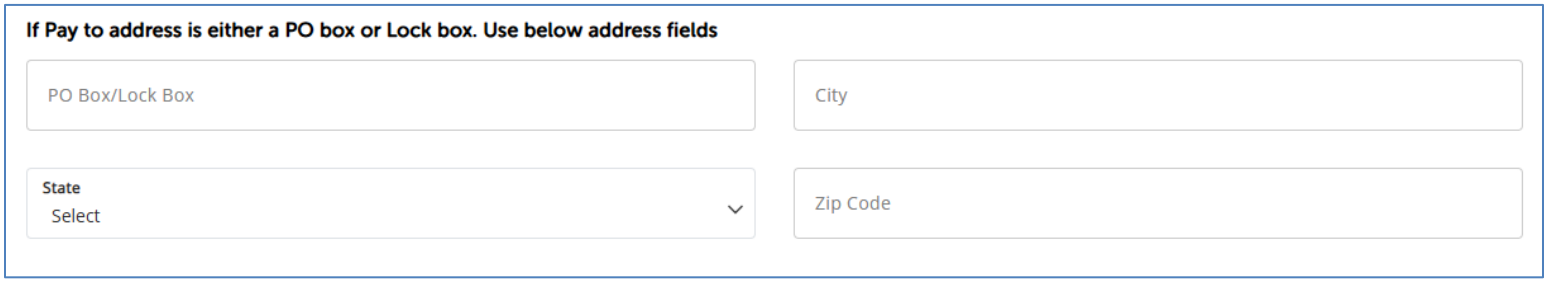
7. **Provider Information.**
   a. Search by **Billing Provider NPI** and select **Provider Search Result**.
   b. Provider name, address, city, state, and zip code auto-populate.
   c. Verify that the ***physical address*** populated. Enter the physical address if needed.
   d. Ensure you type in the **Billing Provider FED.** [federal] **Tax ID #** (TIN) and **required**, 10-character **Billing Provider** [federal] **Taxonomy ID**. See our [Taxonomy Requirements] page for more information.



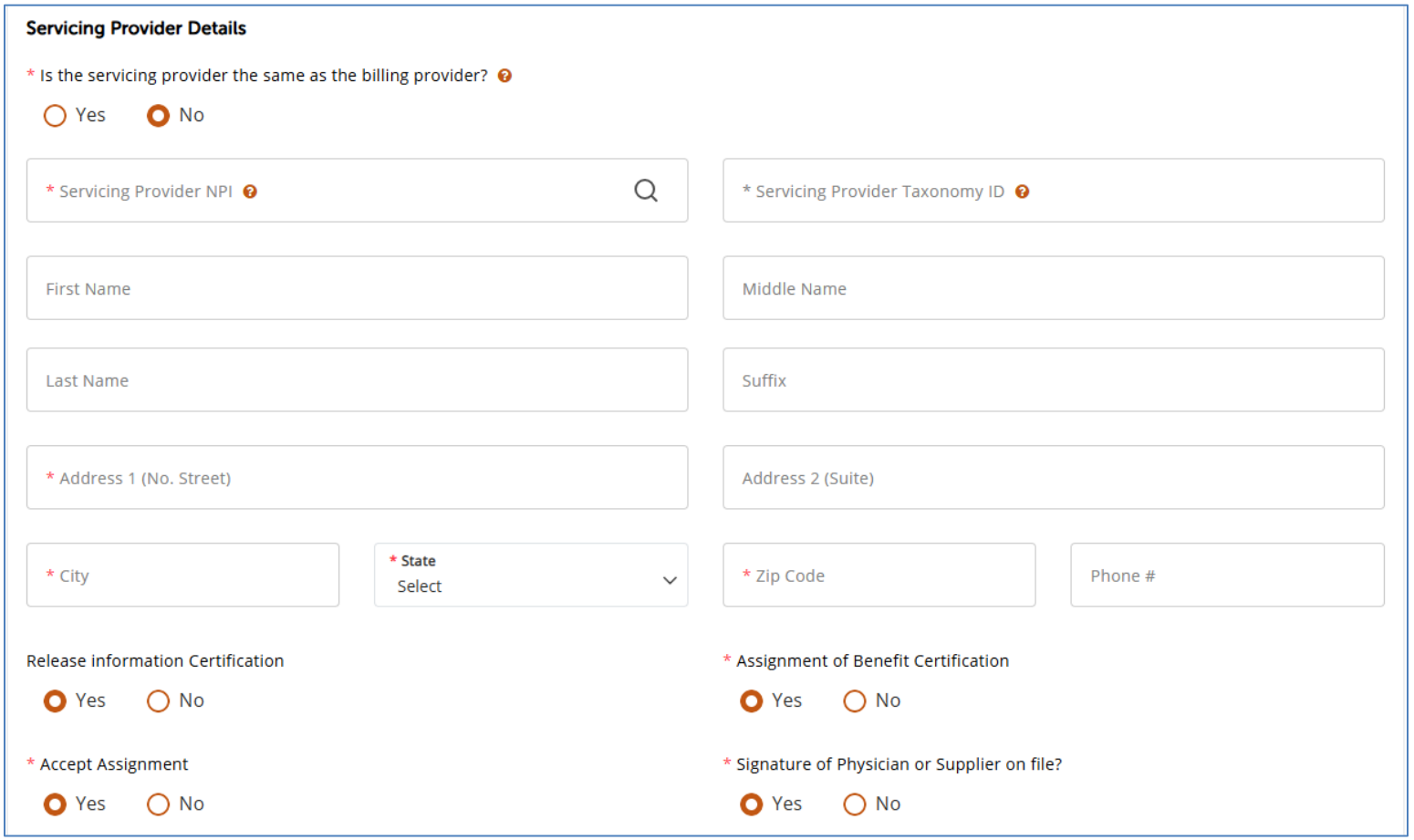
e. Provide your **Contact name** and **Phone #**.



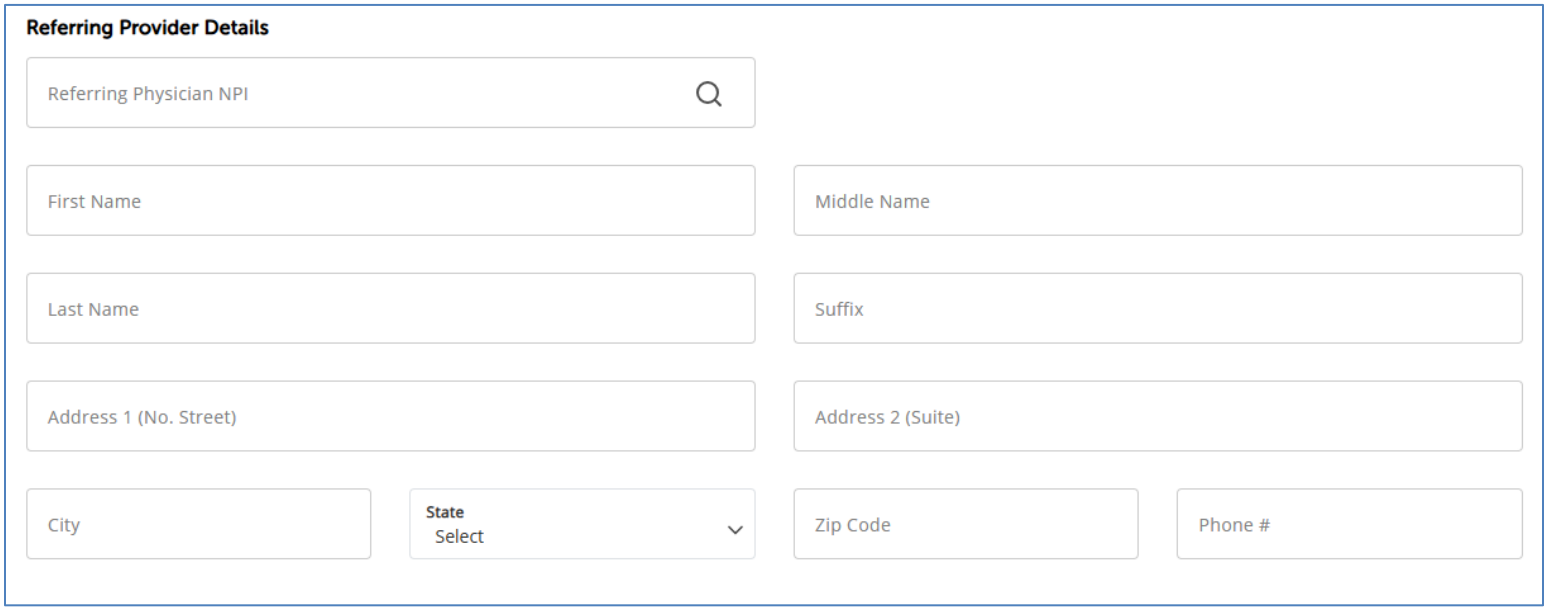
f. To have your payment sent to your PO box or lockbox, enter that information in the **PO Box/Lock Box** field.



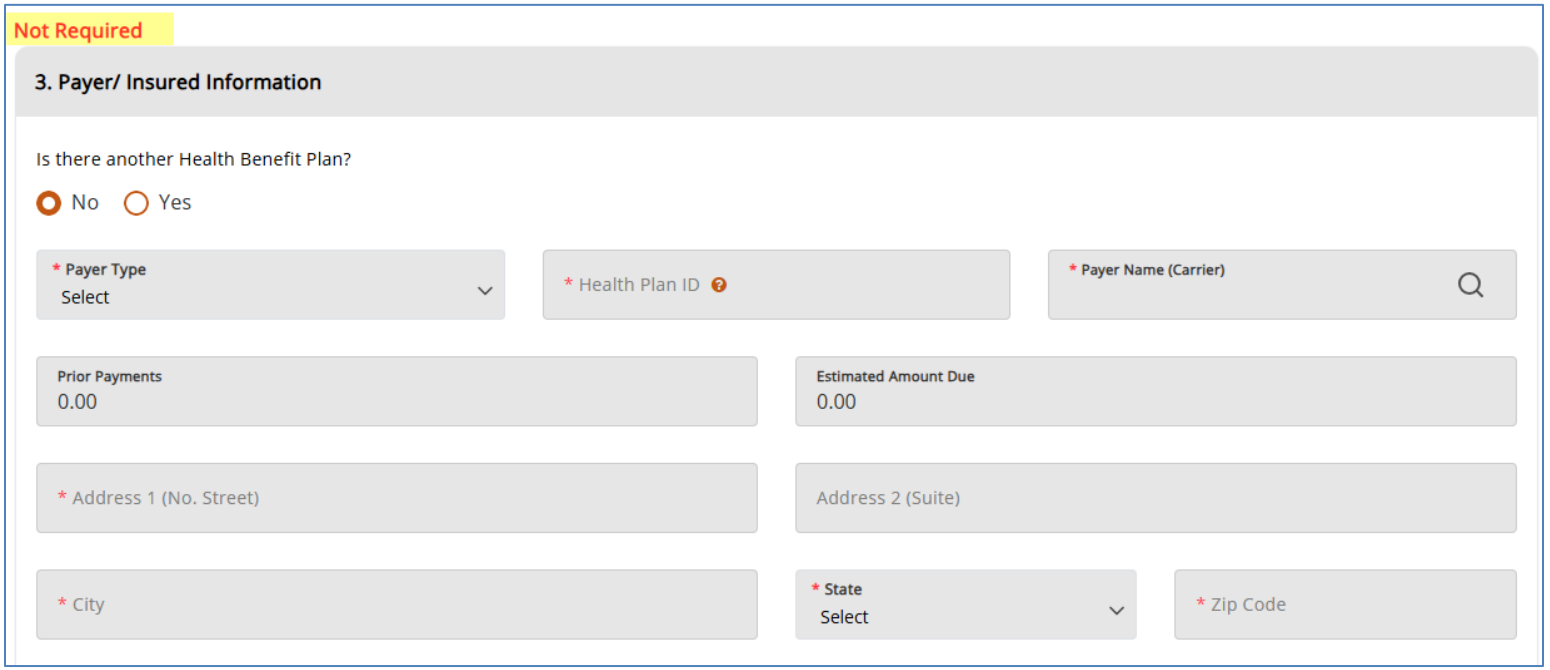
g. If the servicing provider is the same as the billing provider, select **Yes**. If not, then fill out the **Servicing Provider** information.



h. Enter the **Referring Physician** information ***if applicable***.



8. **Payer/Insured Information.**
    a. The **Payer/Insured Information** section is not required, skip to the **Claim Information** section.

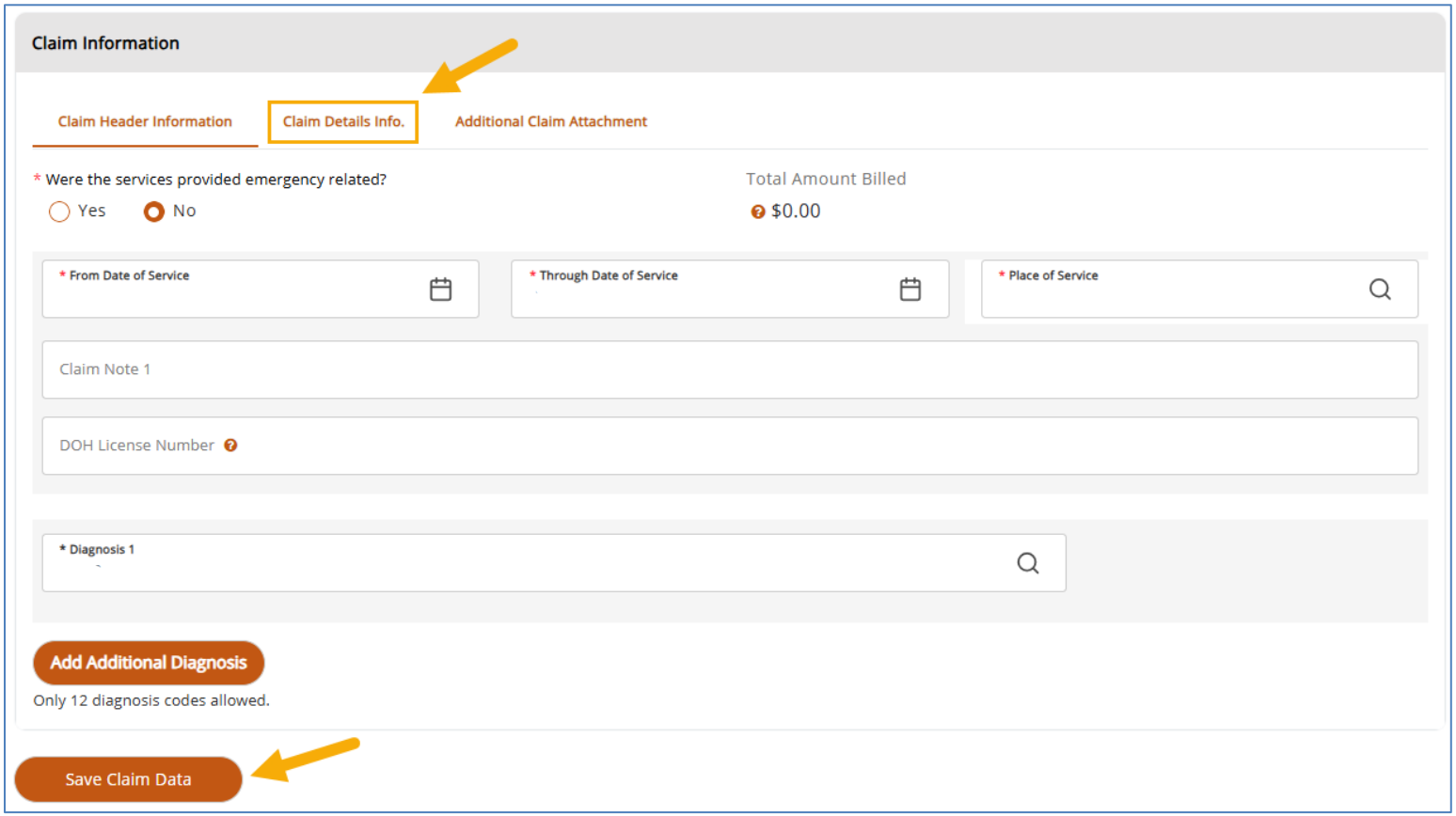


9. **Claim Information.**
    a. Provide the **Claim Header Information**.

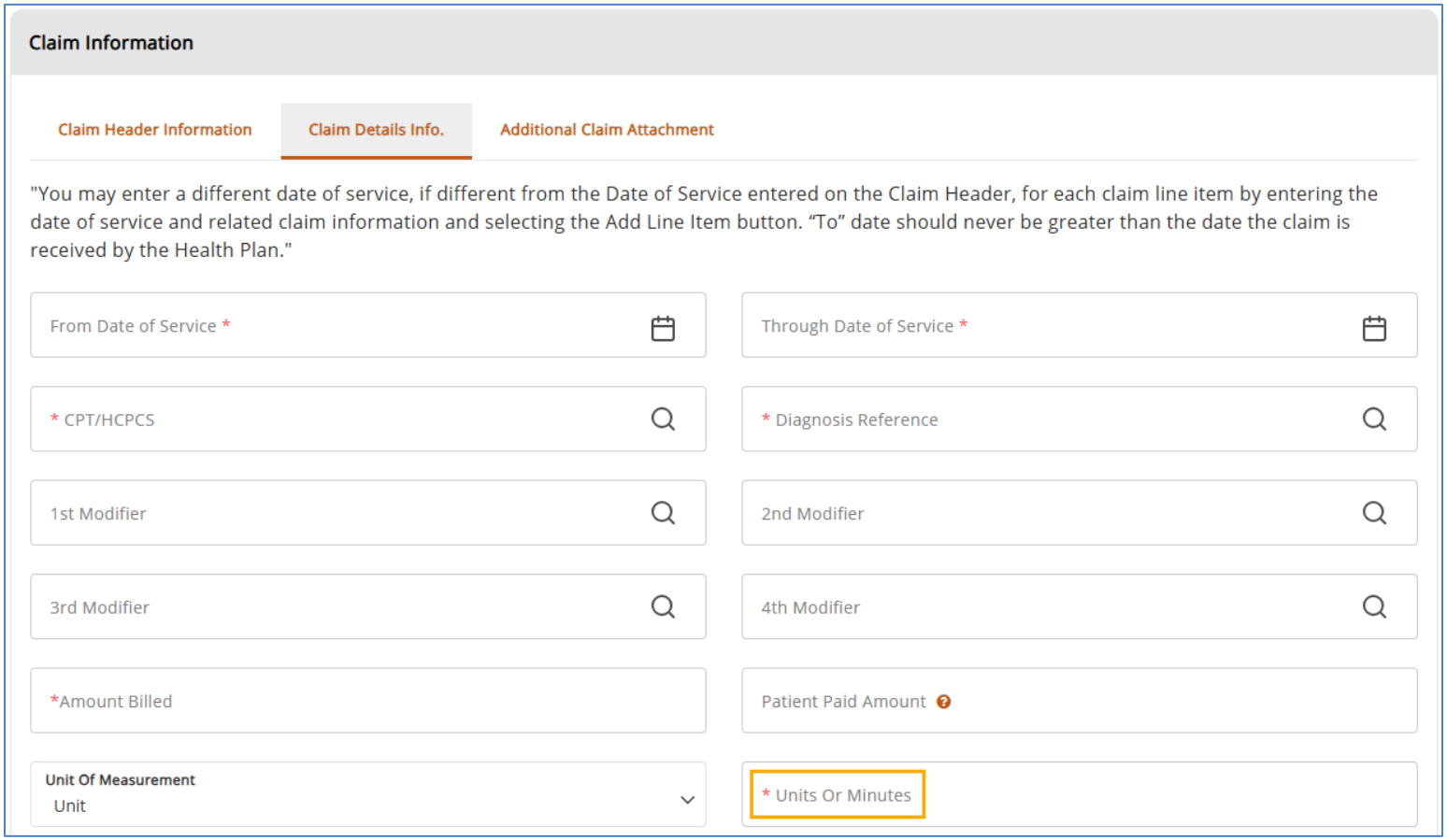
        Note:

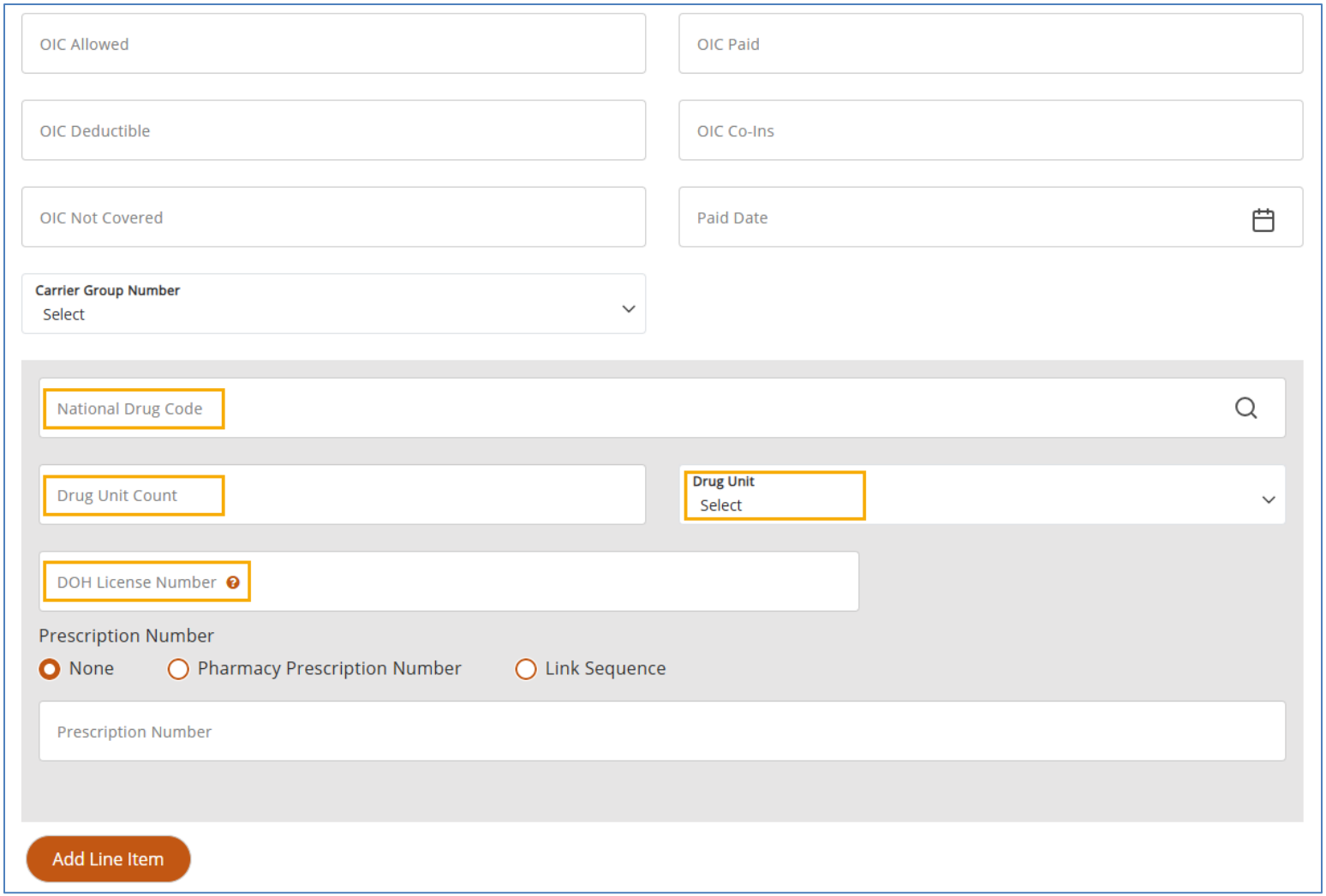
        You can click both the **Claim Header Information** and **Claim Details Info.** tabs.

    b. **Total Amount Billed** auto-populates when the **Claim Details Info.** tab is completed.
    c. **DOH License Number**: As a reminder, behavioral health agencies (BHAs) must report the site-specific Department of Health (DOH) licensure number. Read the CHPW DOH licensure number on claims bulletin for more information.
    d. **IMPORTANT:** Make sure to use this format for your DOH license: REF*G2*8-digit number; ***numeric only***, no alphabetical characters.
    e. Make sure to click **Save Claim Data** before leaving the claim form or you'll need to re-enter the data.

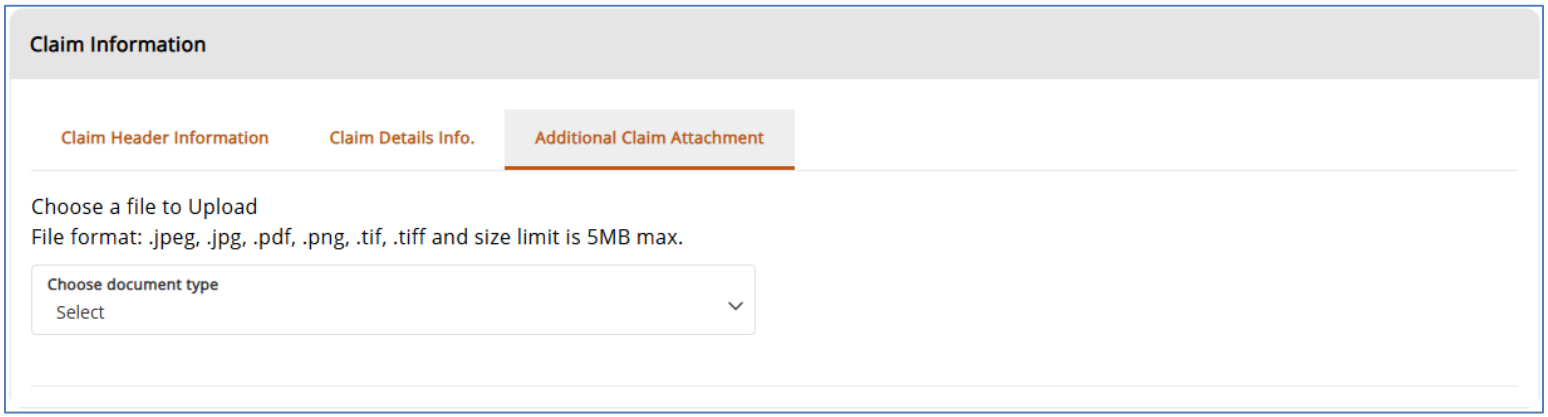


f. Note that the **Claim Details Info.** screen has a field for the **National Drug Code** (NDC). The NDC must be included for all outpatient medications/injections. It consists of ***11 digits with no spaces or hyphens***, in the 5-4-2 format.

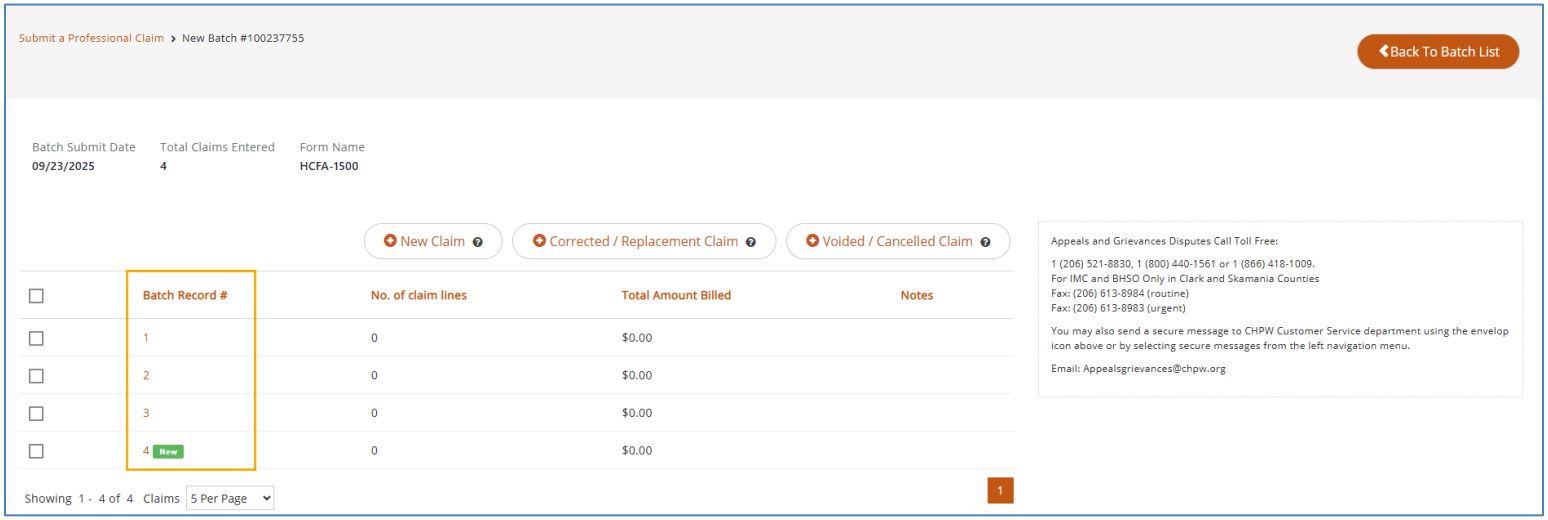



OIC Allowed
OIC Paid
OIC Deductible
OIC Co-Ins
OIC Not Covered
Paid Date
Carrier Group Number
Select
National Drug Code
Drug Unit Count
Drug Unit
Select
DOH License Number
Prescription Number
None
Pharmacy Prescription Number
Link Sequence
Prescription Number
Add Line Item

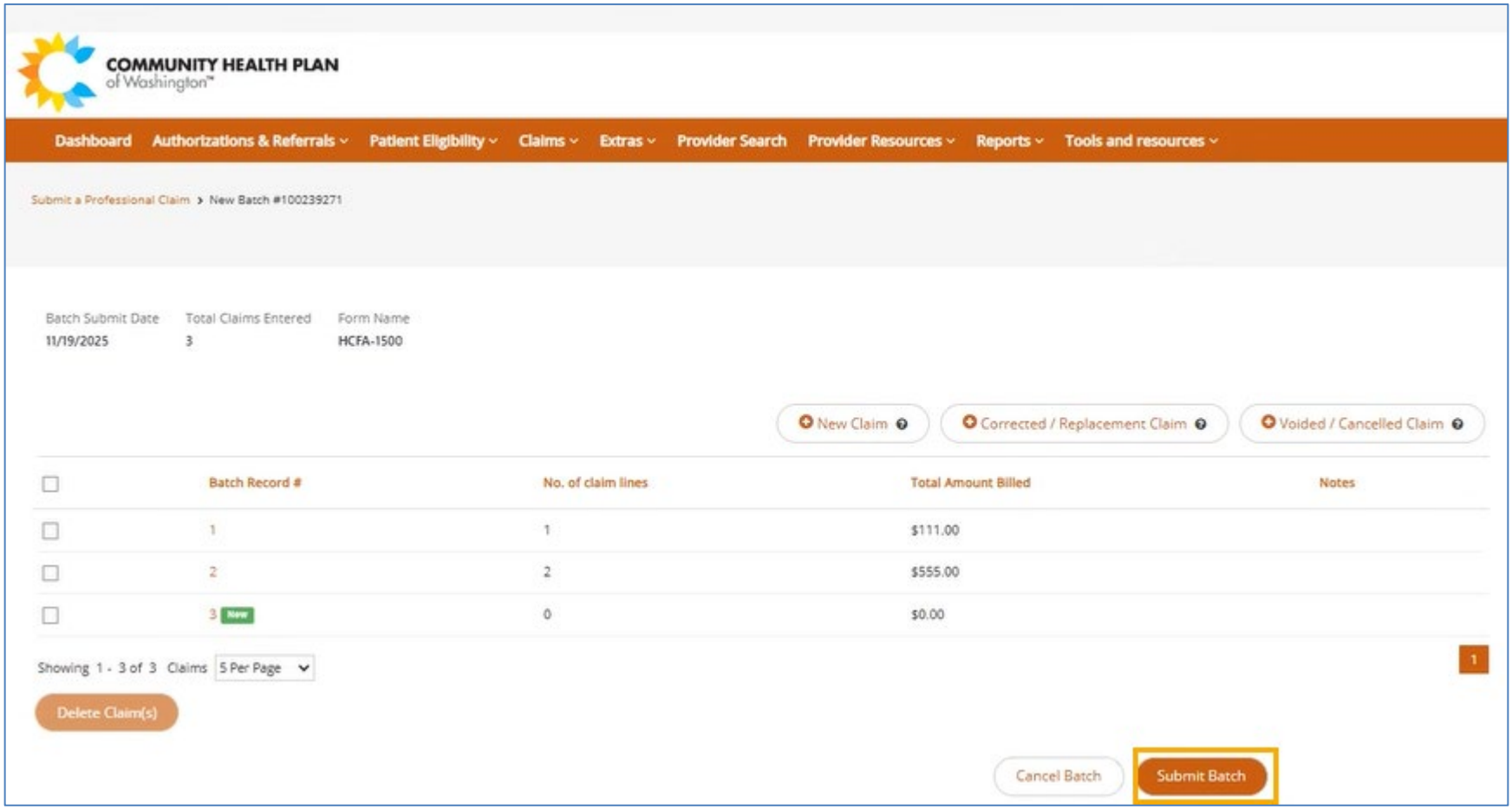
g. The **Additional Claim Attachment** tab allows you to upload a document to attach to your claim. This is optional, it's not required to submit your claim. There are limitations in number of attachments and attachment size; the system will notify you if you reach the limit.



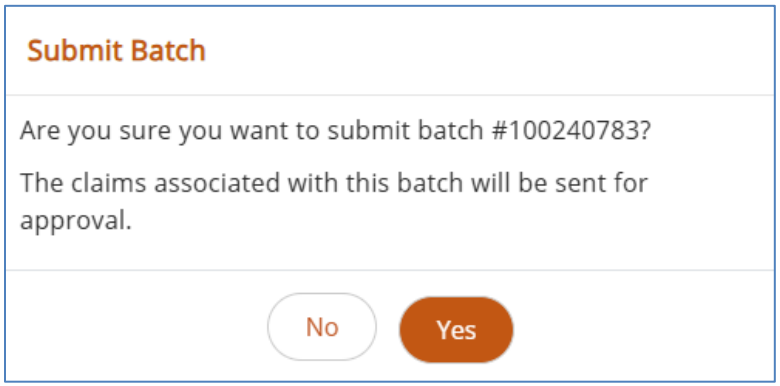
h. If you need to edit the claim prior to submitting the batch, click the **Batch Record #** for the claim.



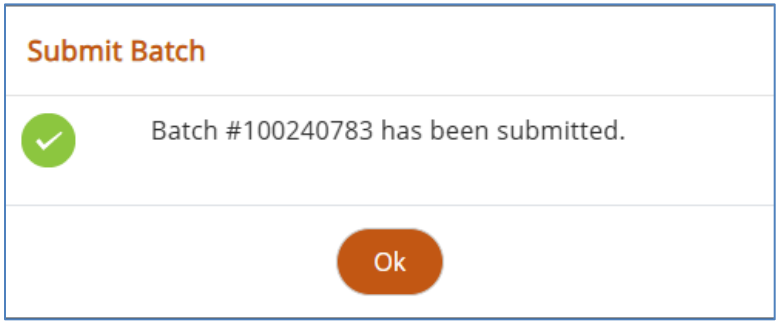
10. When you're ready to submit your batch of claims, click **Submit Batch**.



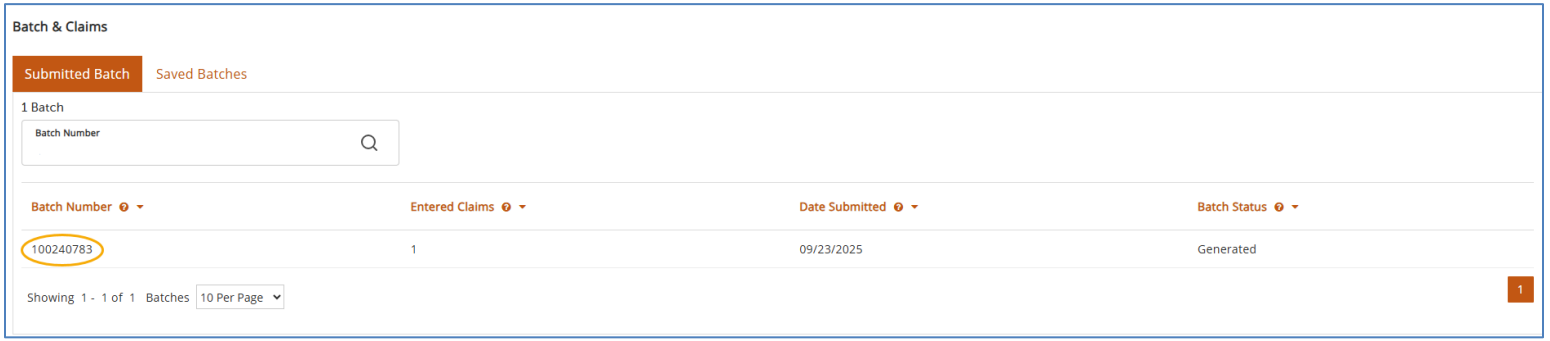
a. You'll be asked to confirm you want to submit. Click **Yes** to submit or **No** to return to creating/editing your batch.



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**.



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**.

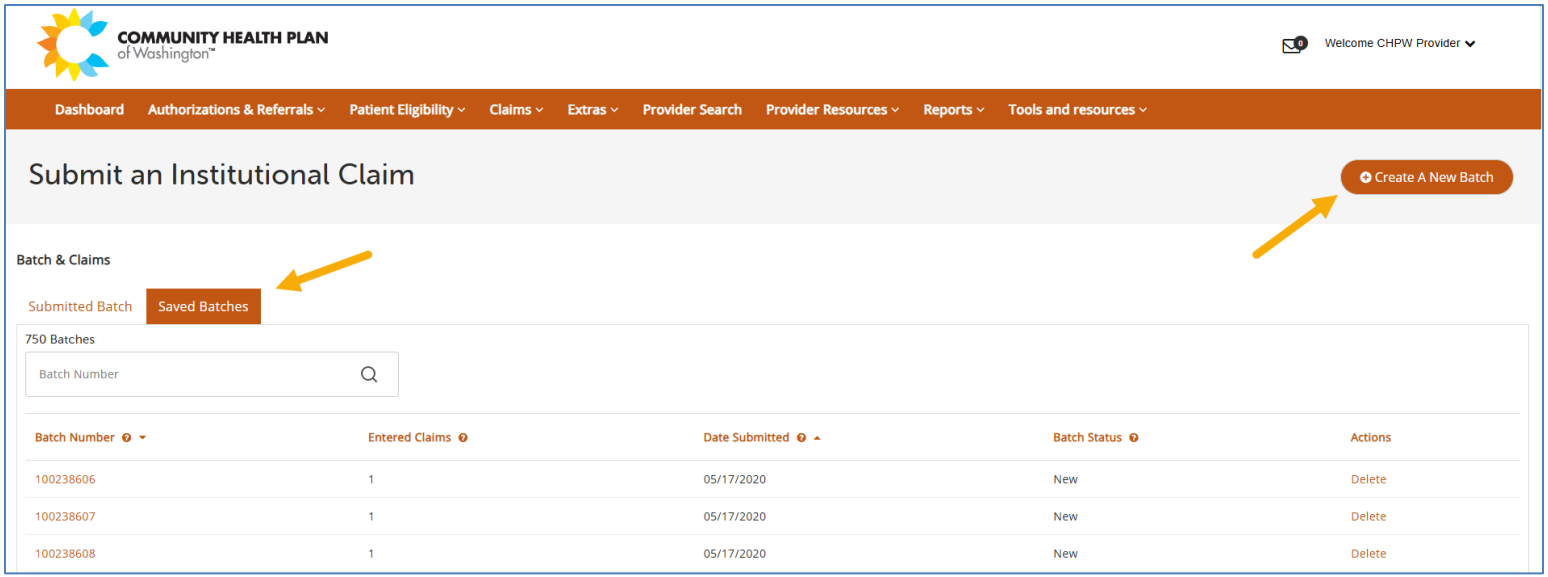
Enter Institutional Claims

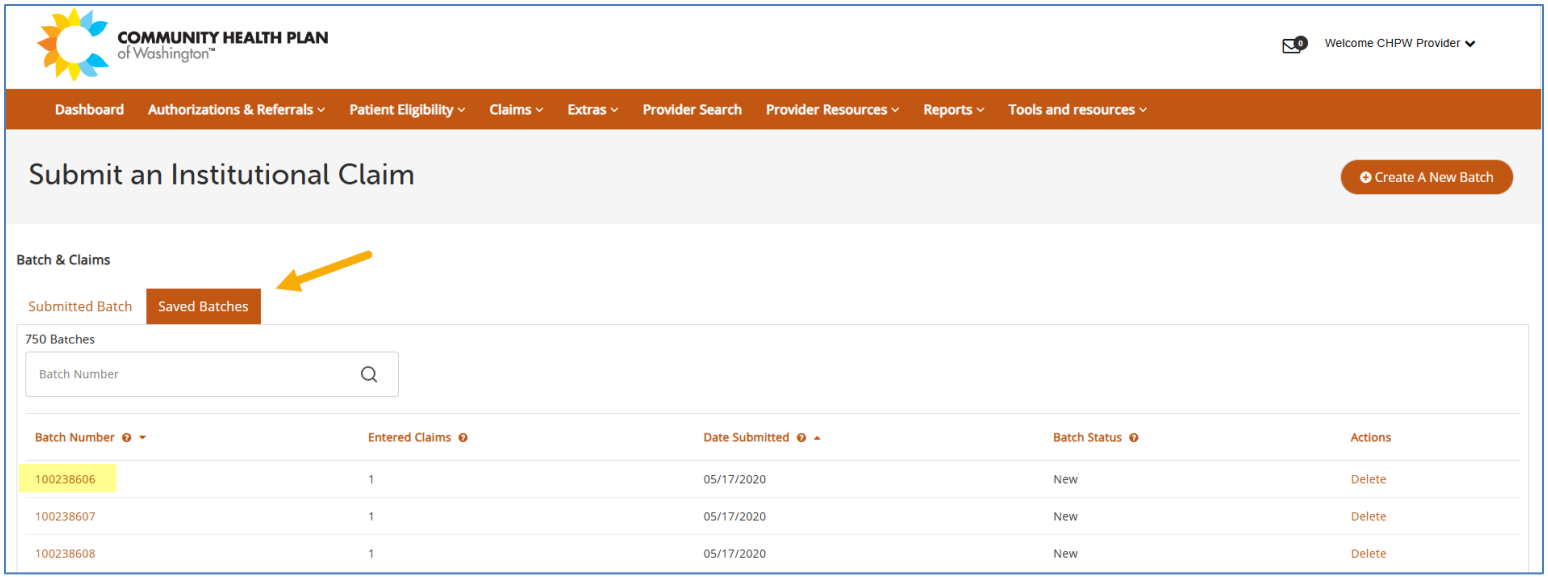
Follow these instructions to enter institutional claims.

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 **Claims** and select **Submit Institutional Claim**.
4. Choose **Create a New Batch** or **Saved Batches** if you want to add another claim to that batch prior to batch submission.

Note:

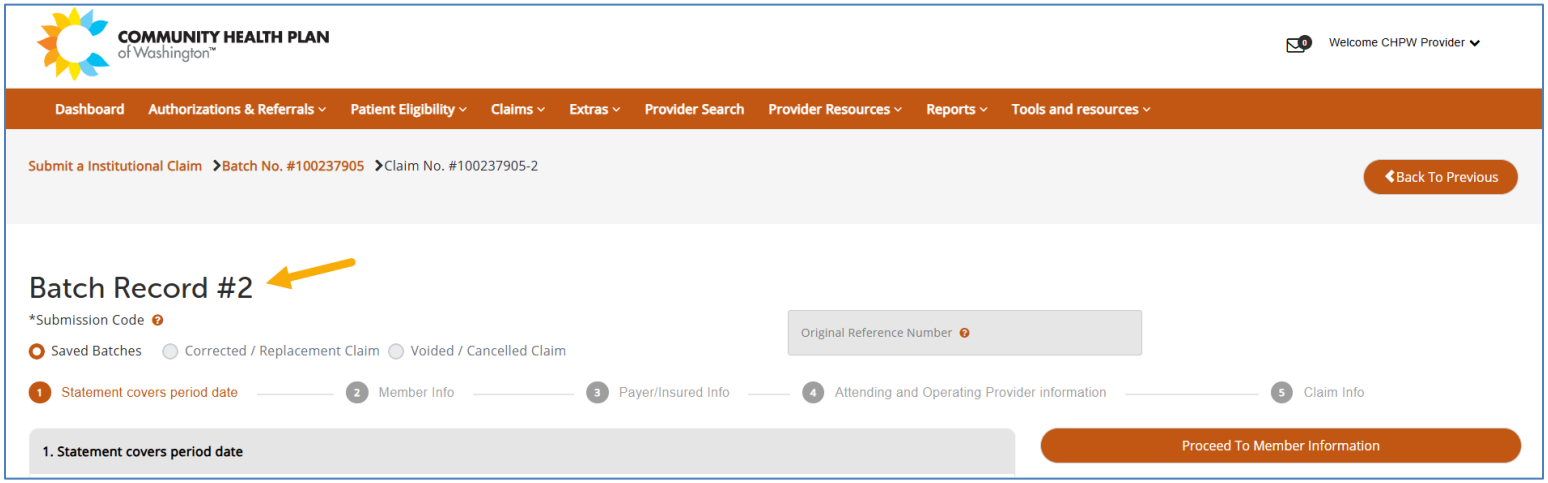
A batch can consist of one or more claims. You can submit more than one claim, but you aren't required to.



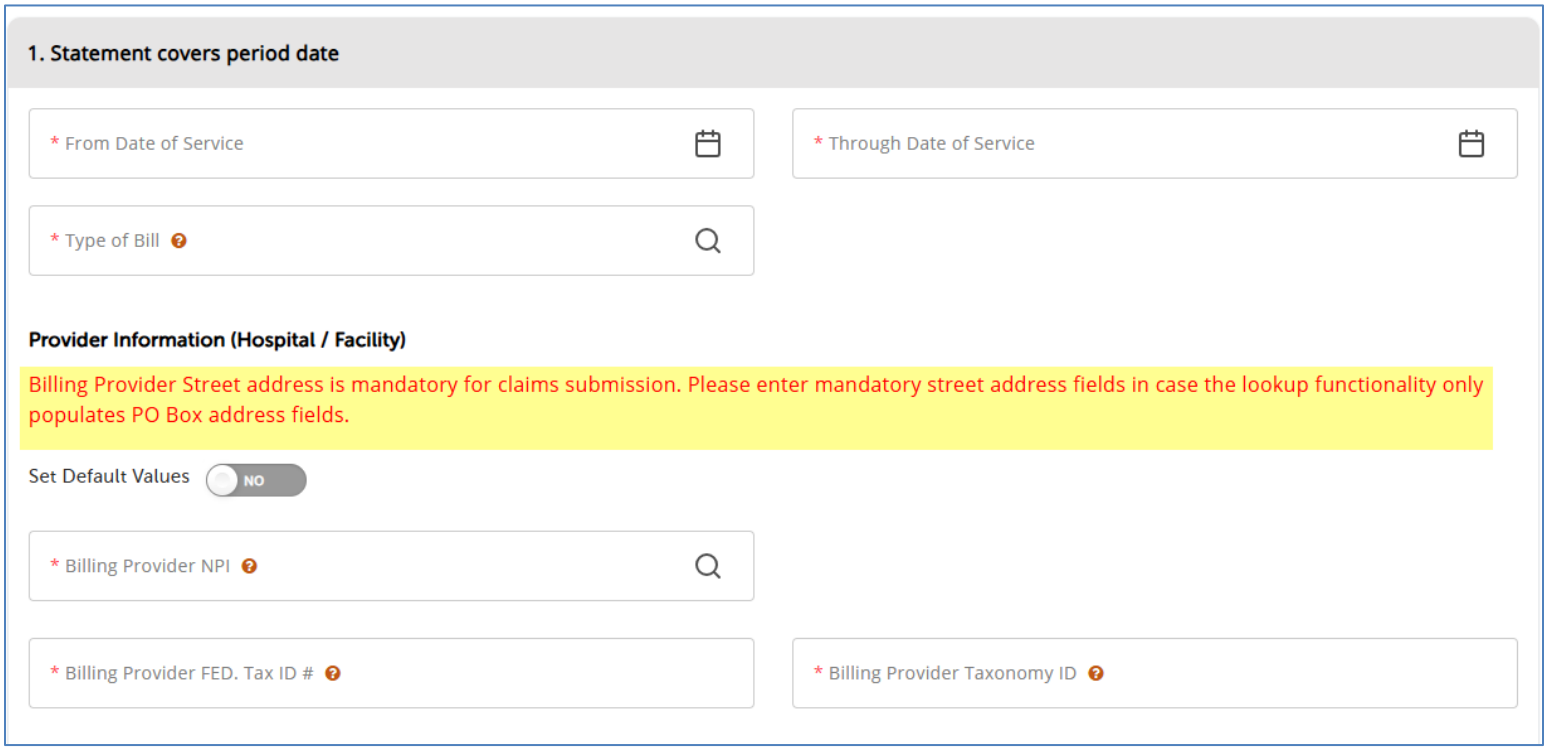


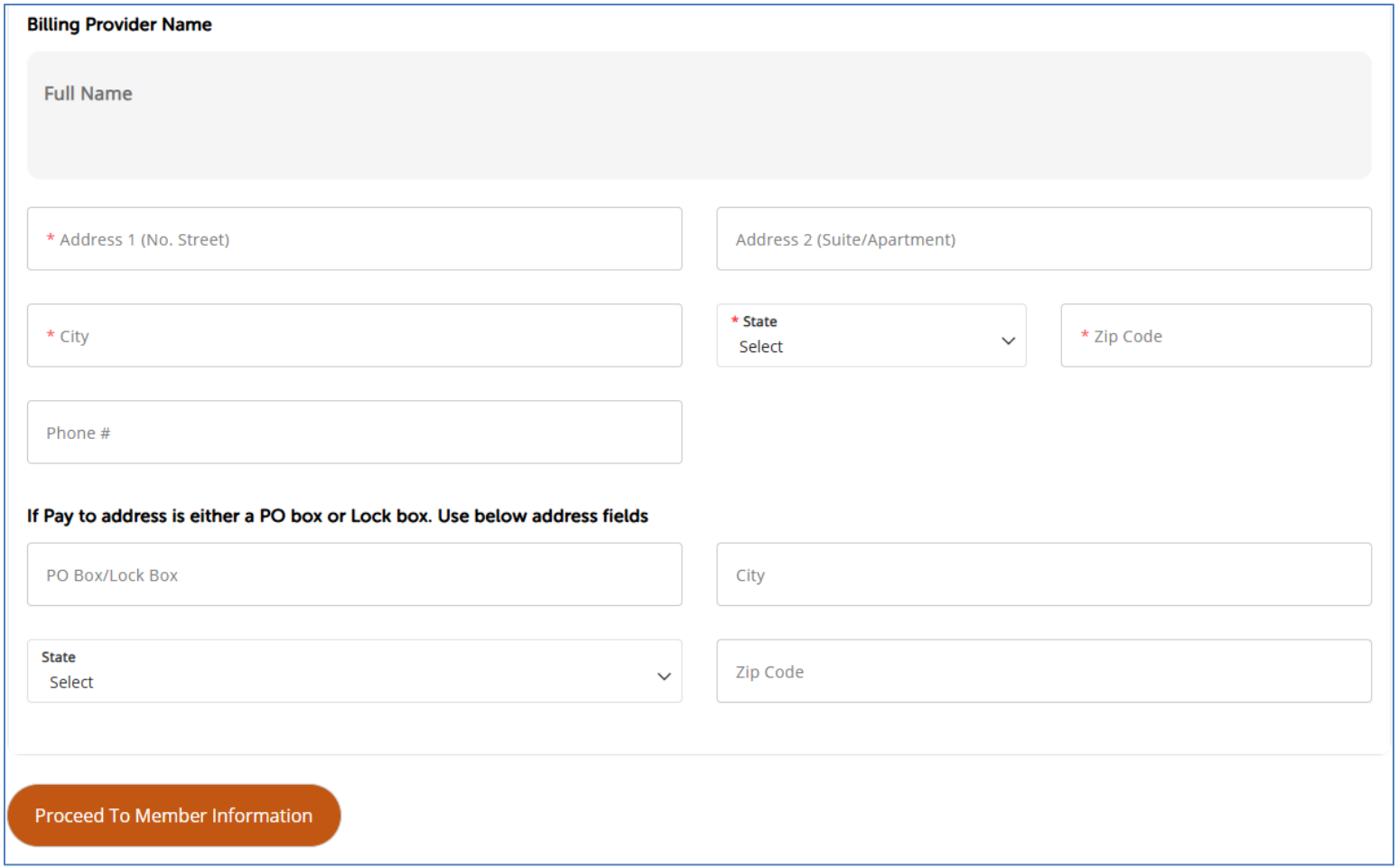
Note:

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.



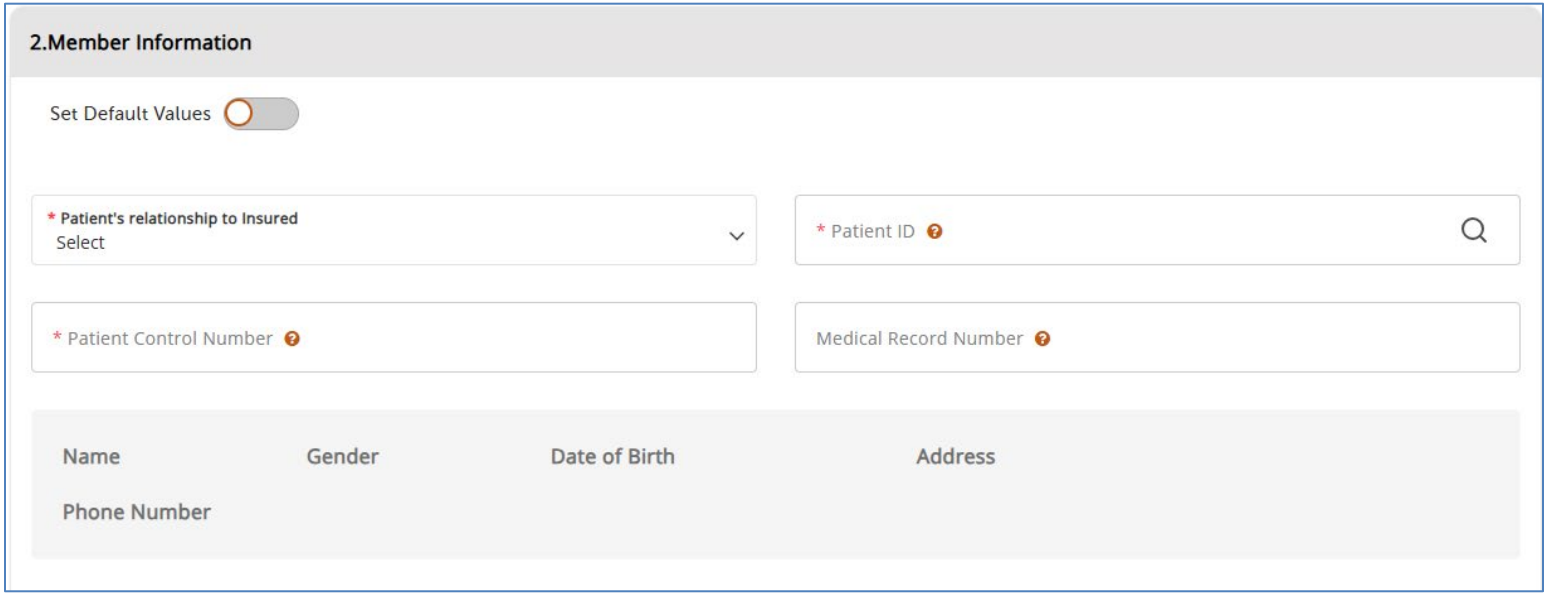
a. Enter the **From Date of Service** (admit date), **Through Date of Service** (discharge date), and **Type of Bill** information.
b. Enter your **Billing** [Facility] **Provider NPI**, **Billing Provider FED** [federal] **Tax ID #** (TIN), and **required**, 10-character **Billing Provider Taxonomy**. 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).
e. Click **Proceed To Member Information**.




Billing Provider Name
Full Name
* Address 1 (No. Street)
Address 2 (Suite/Apartment)
* City
* State
Select
* 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
Select
Zip Code
Proceed To Member Information

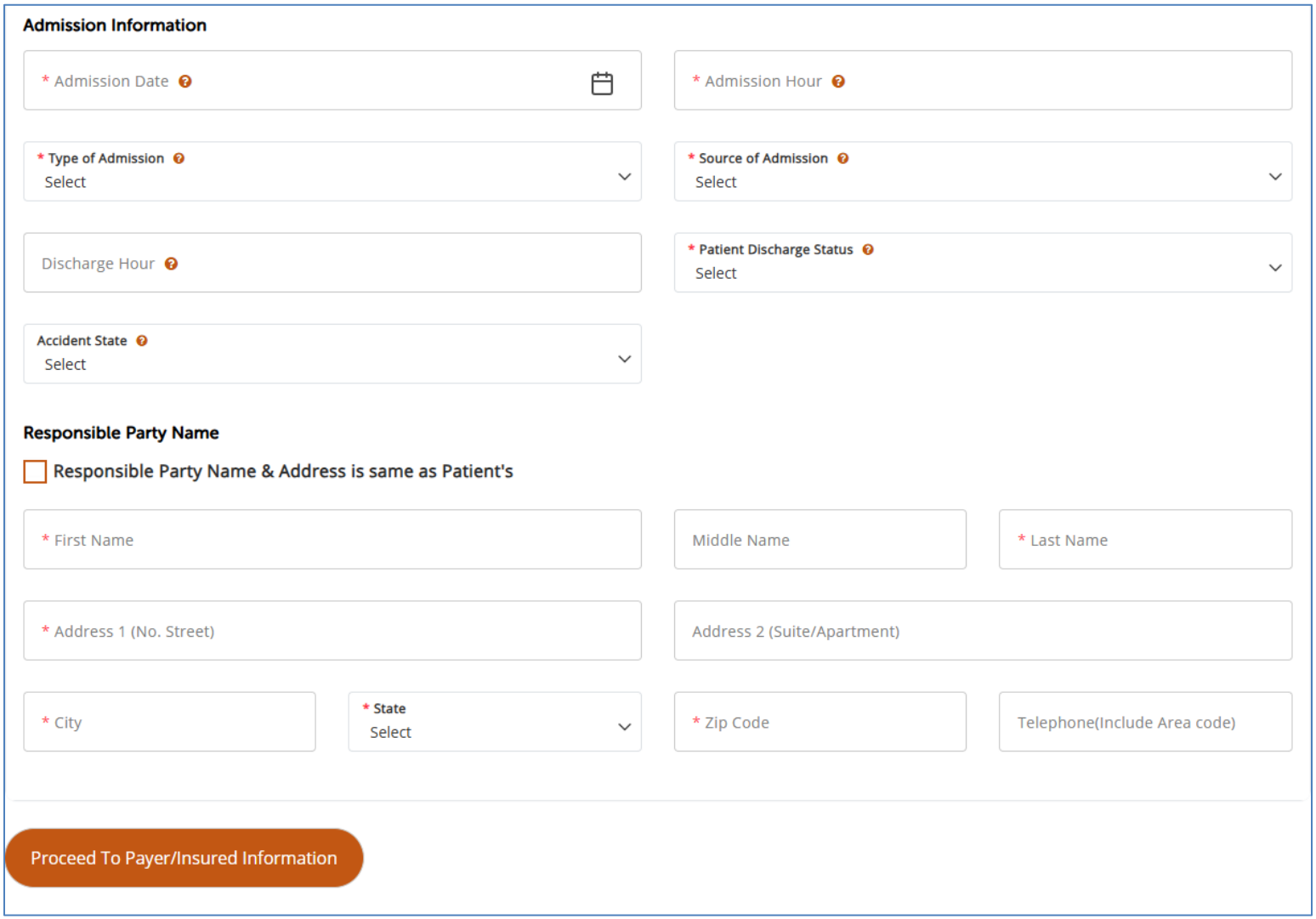
5. **Member Information**.
   a. **Patient's relationship to the Insured** drop down box: Select **Self**.
   b. Enter the member's CHPW subscriber ID in the **Patient ID** box or click the search icon to use the search menu.

      Note:
      CHPW Medicaid or Medicare Advantage subscriber IDs have 8 digits. CHPW Cascade Select subscriber IDs have 10 characters (alphanumeric).
   c. **Patient Control Number**: This field must not be left blank. Enter the number you assigned the member as their patient ID. This field is alphanumeric to accommodate your unique patient control numbering system; however, special characters (such as $-!.#% etc.) are not allowed.
   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.



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**.

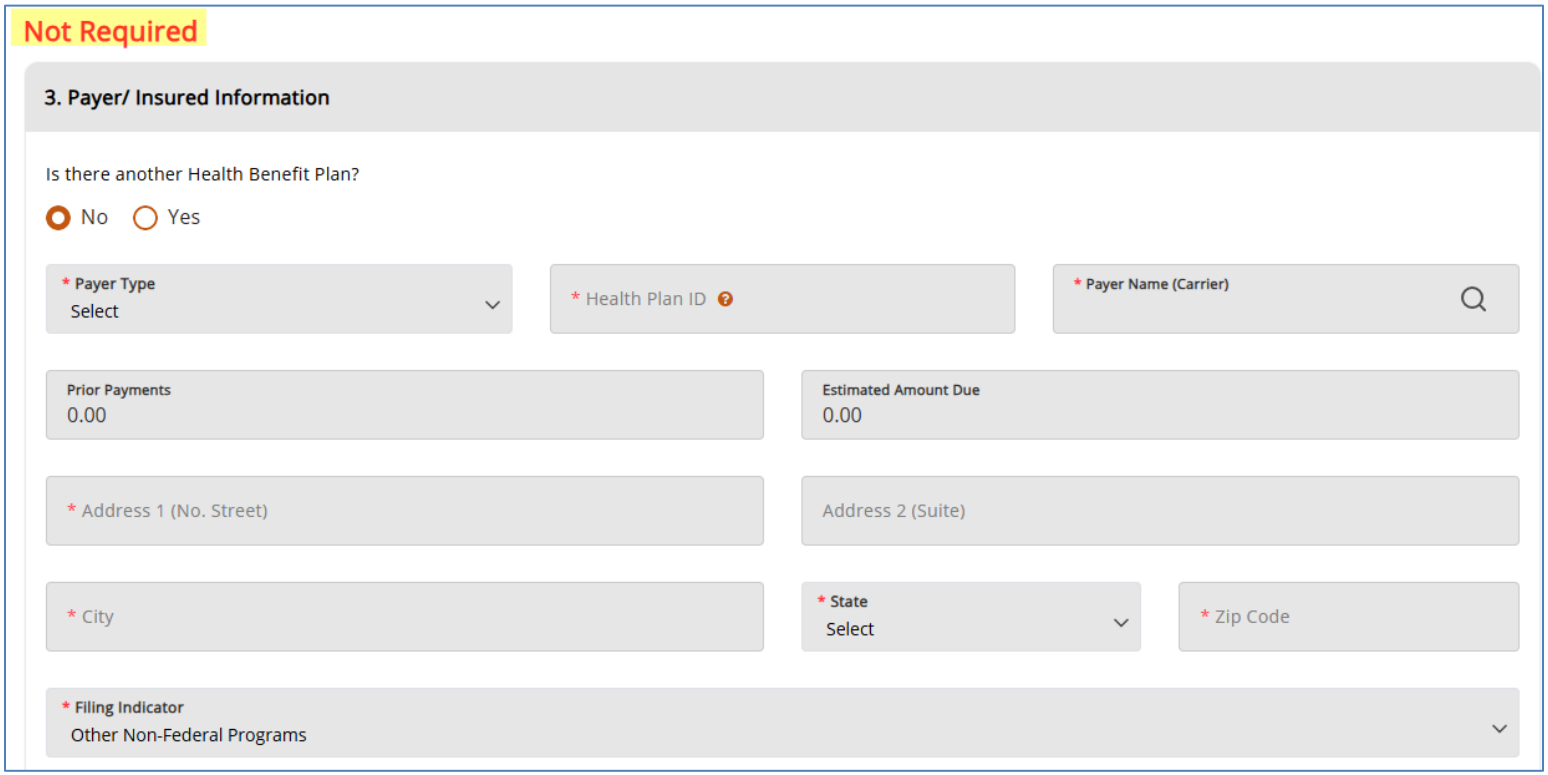
f. Click **Proceed To Payer/Insured Information**.

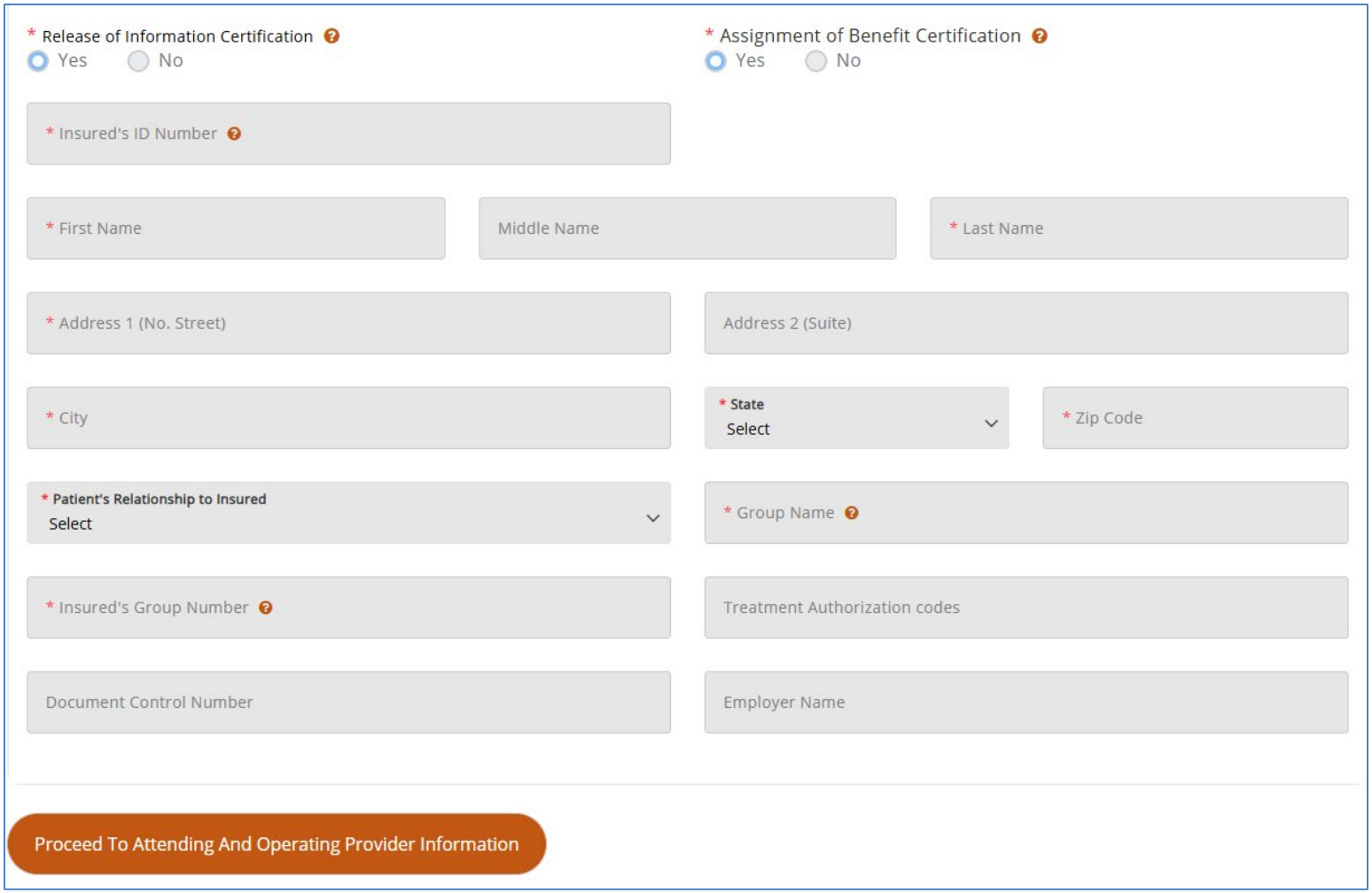


g. If your patient has any other health information (OHI) or coordination of benefits (COB) with other insurance coverage, enter that information in the **Payer/Insured Information** section.

Note:
Completion of this section is not required if no other insurance coverage exists.

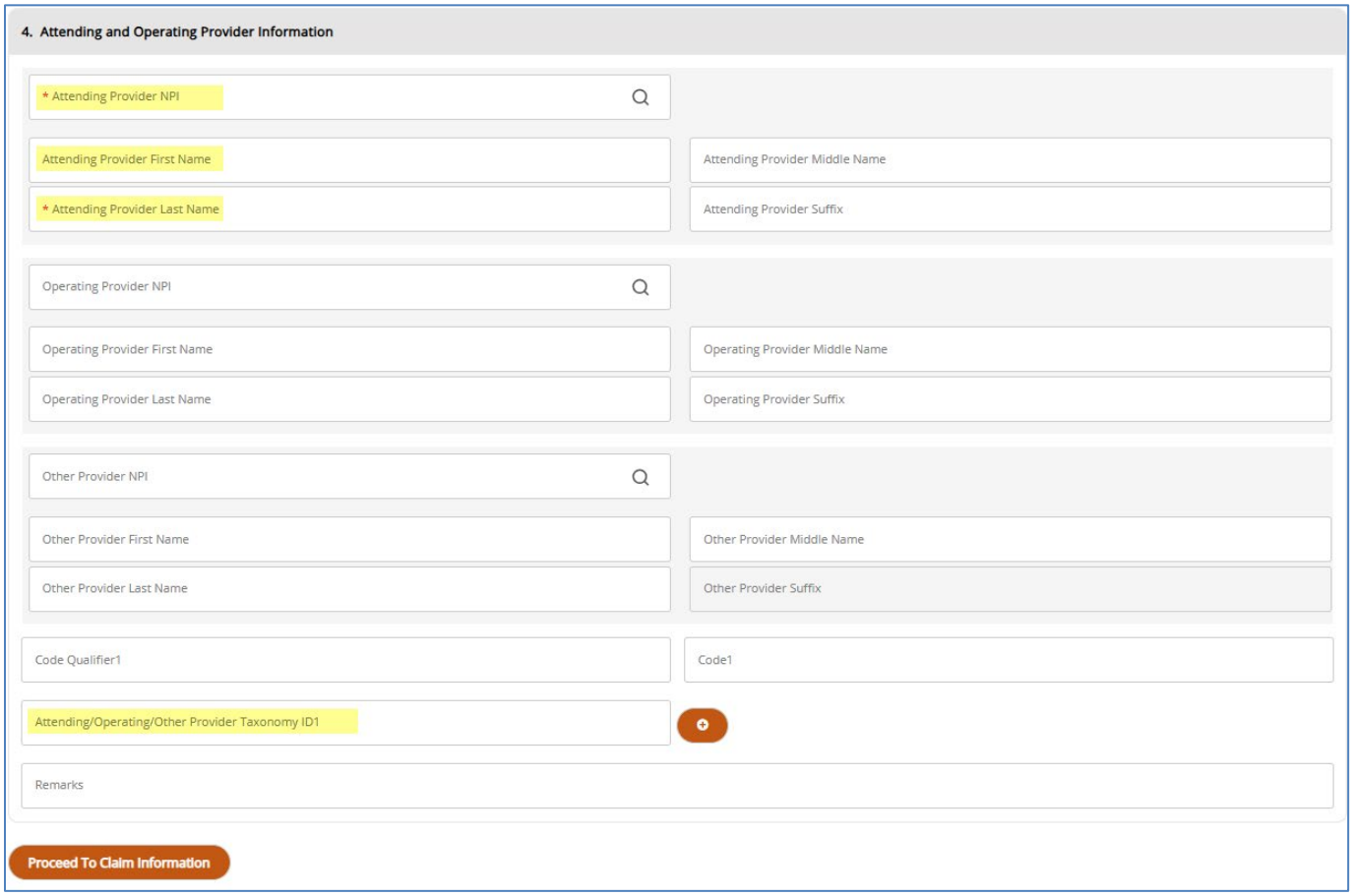
h. Click **Proceed To Attending And Operating Provider Information**.




* Release of Information Certification
Yes
No
* Assignment of Benefit Certification
Yes
No
* Insured's ID Number
* First Name
Middle Name
* Last Name
* Address 1 (No. Street)
Address 2 (Suite)
* City
* State
Select
* Zip Code
* Patient's Relationship to Insured
Select
* Group Name
* Insured's Group Number
Treatment Authorization codes
Document Control Number
Employer Name
Proceed To Attending And Operating Provider Information

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. ***<u>These are required</u>*** 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.
    c. Click **Proceed To Claim Information**.



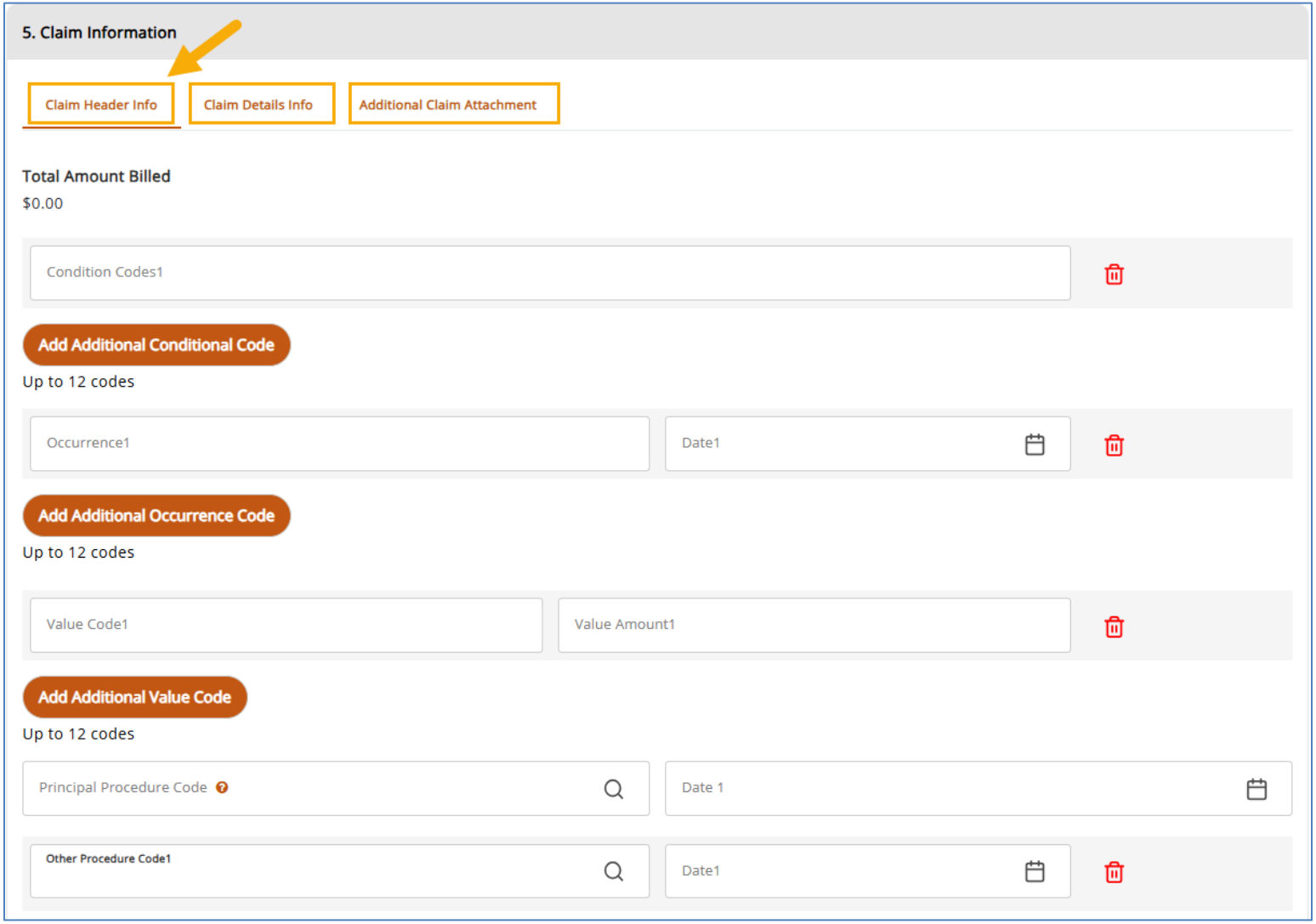
7. **Claim Information**:

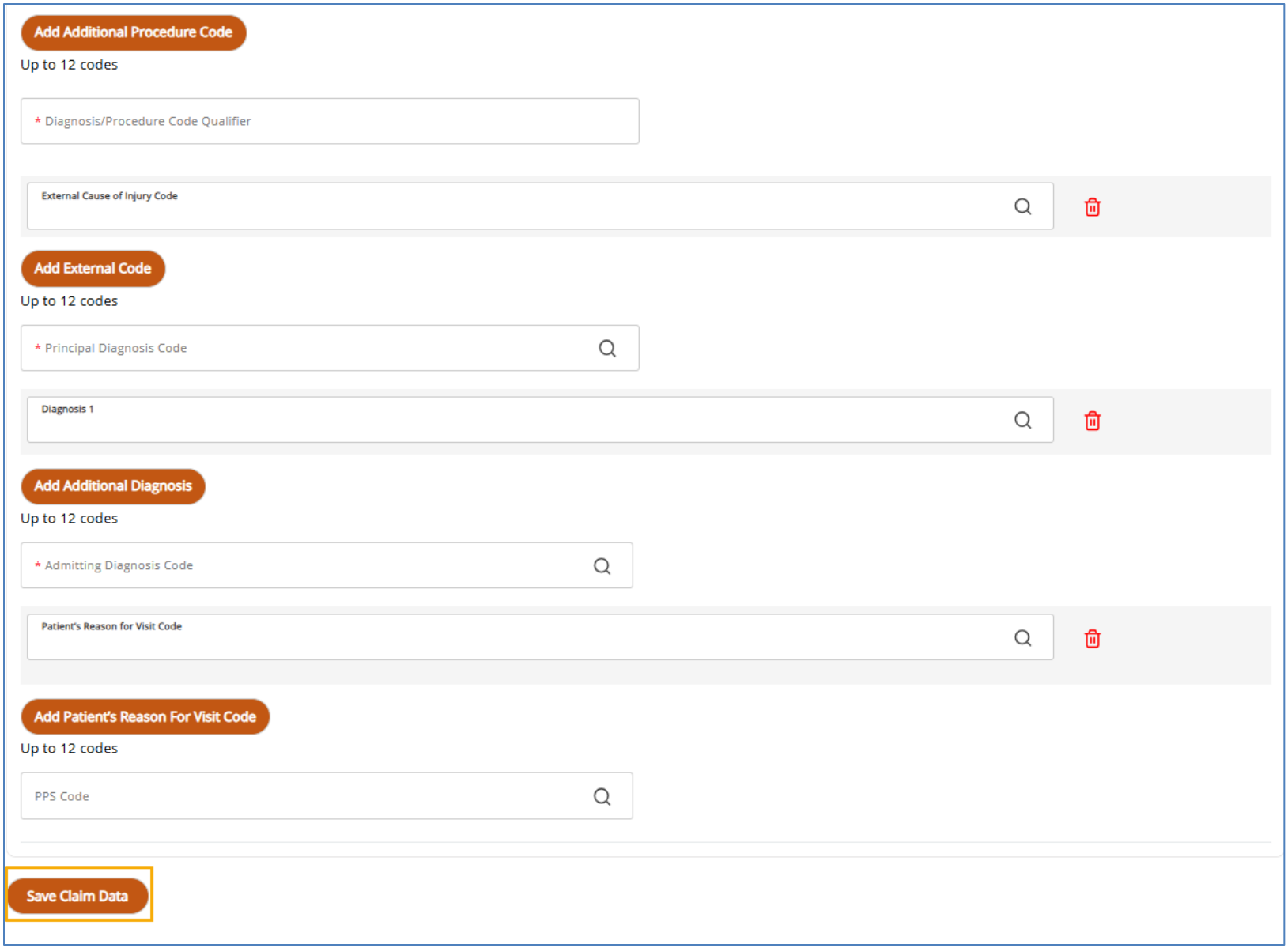
Note:

There are 3 tabs.

a. Enter the requested information in the first tab, **Claim Header Info**.

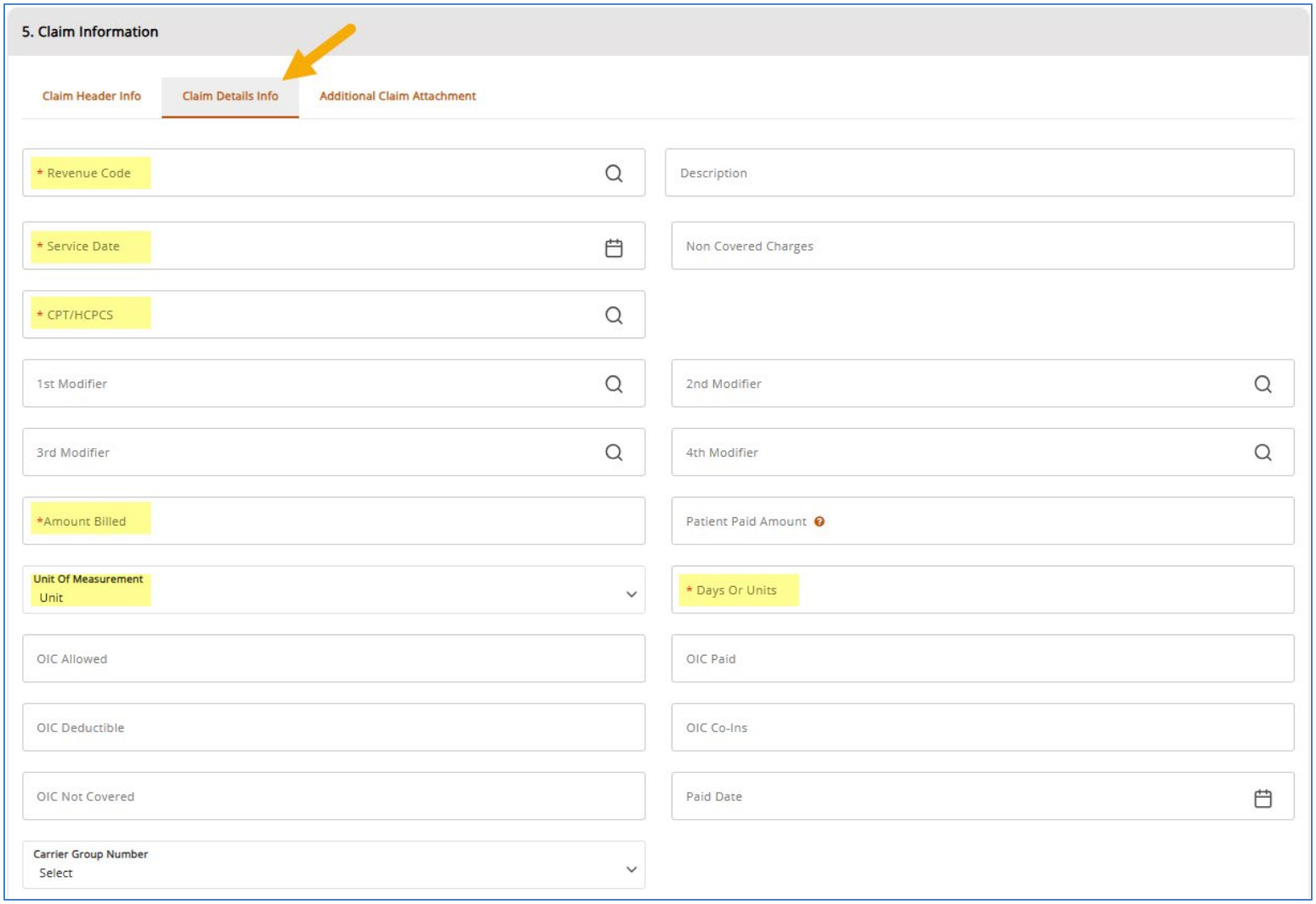
b. Make sure to click **Save Claim Data** before leaving the claim form or you'll need to re-enter the data.



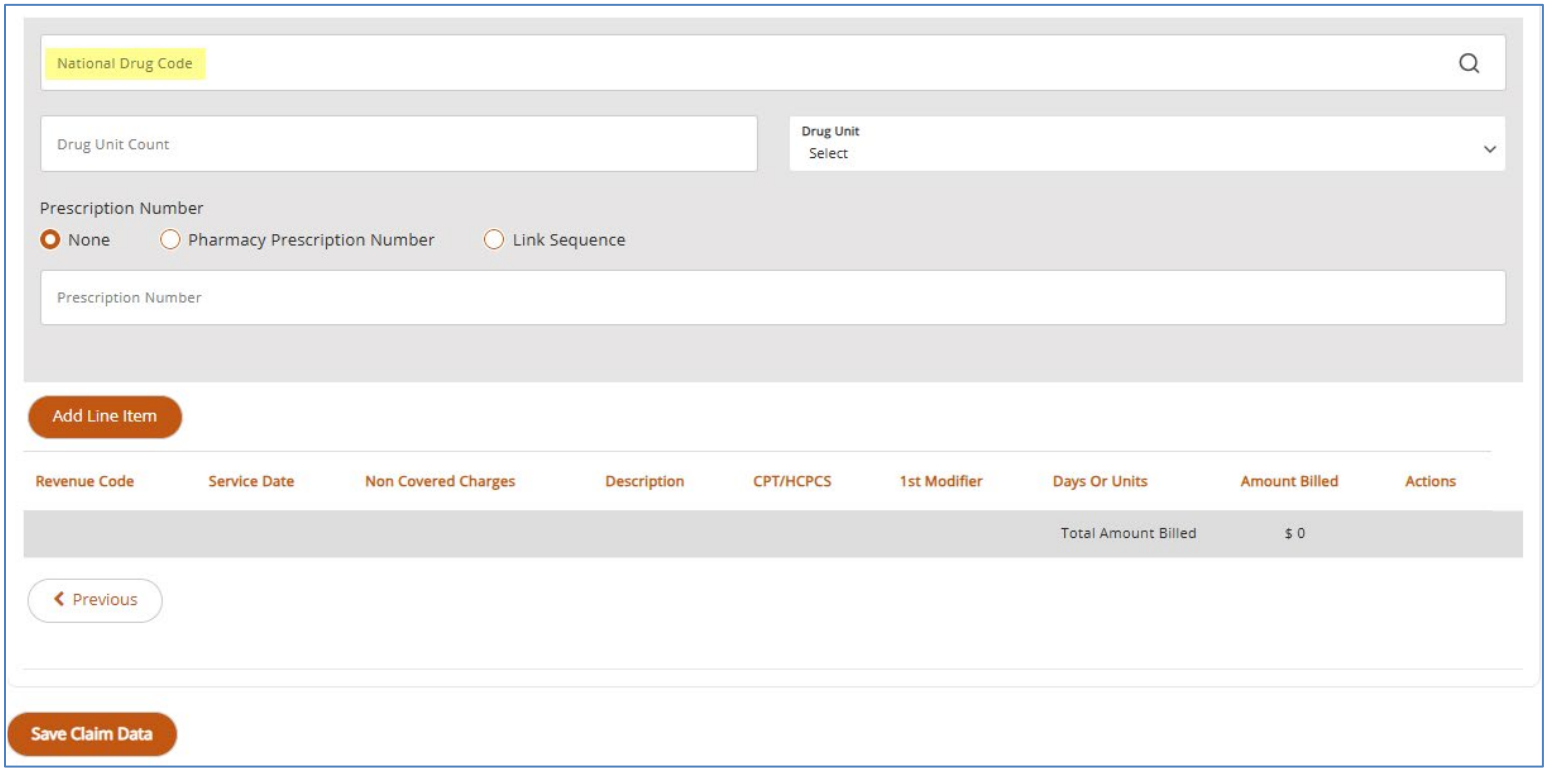

Add Additional Procedure Code
Up to 12 codes
* Diagnosis/Procedure Code Qualifier
External Cause of Injury Code
Add External Code
Up to 12 codes
* Principal Diagnosis Code
Diagnosis 1
Add Additional Diagnosis
Up to 12 codes
* Admitting Diagnosis Code
Patient's Reason for Visit Code
Add Patient's Reason For Visit Code
Up to 12 codes
PPS Code
Save Claim 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.

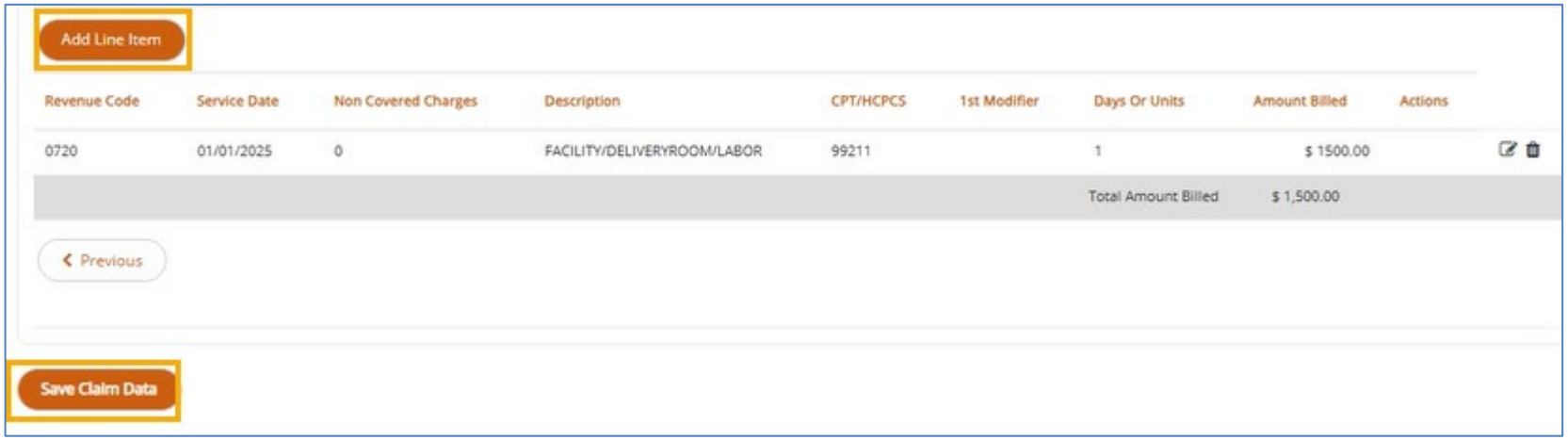


e. If a claim line involves medication for ***outpatient*** institutional claims, enter the **National Drug Code** (NDC) information. The NDC must be included for all outpatient medications/injections. It consists of ***11 digits with no spaces or hyphens***, in the 5-4-2 format.

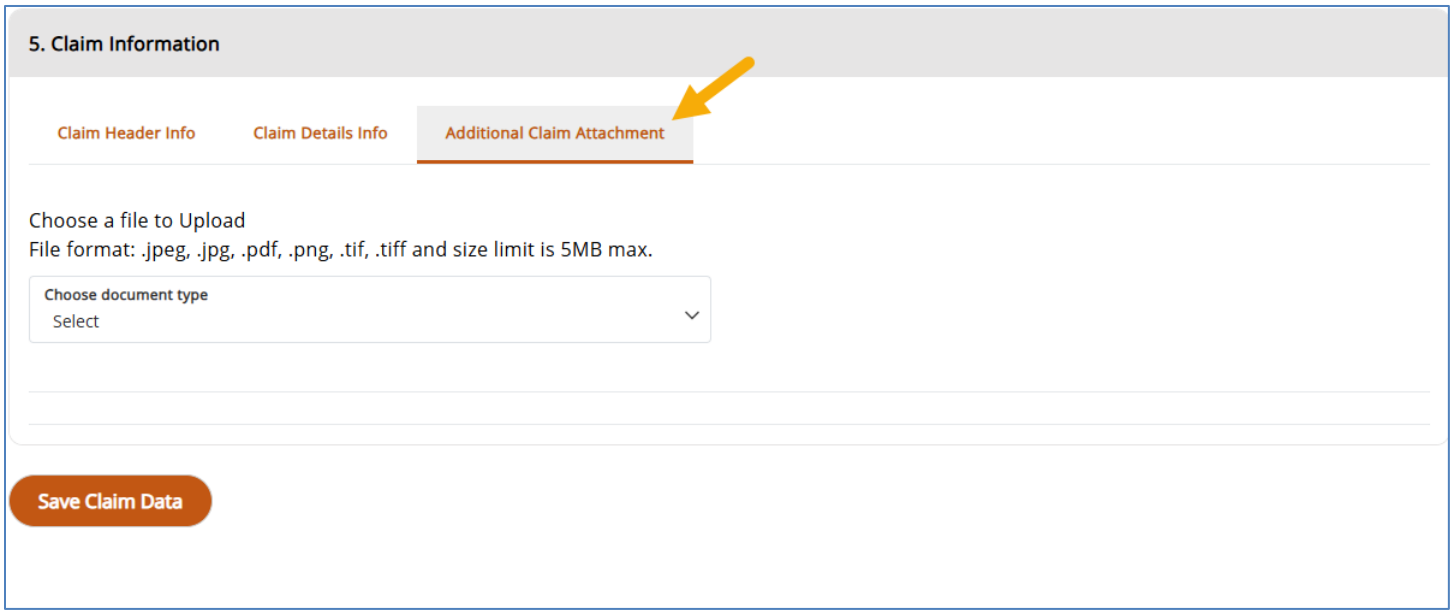


f. Click **Add Line Item** to populate the information you entered.

g. Make sure to click **Save Claim Data** before leaving the claim form or you'll need to re-enter the data.

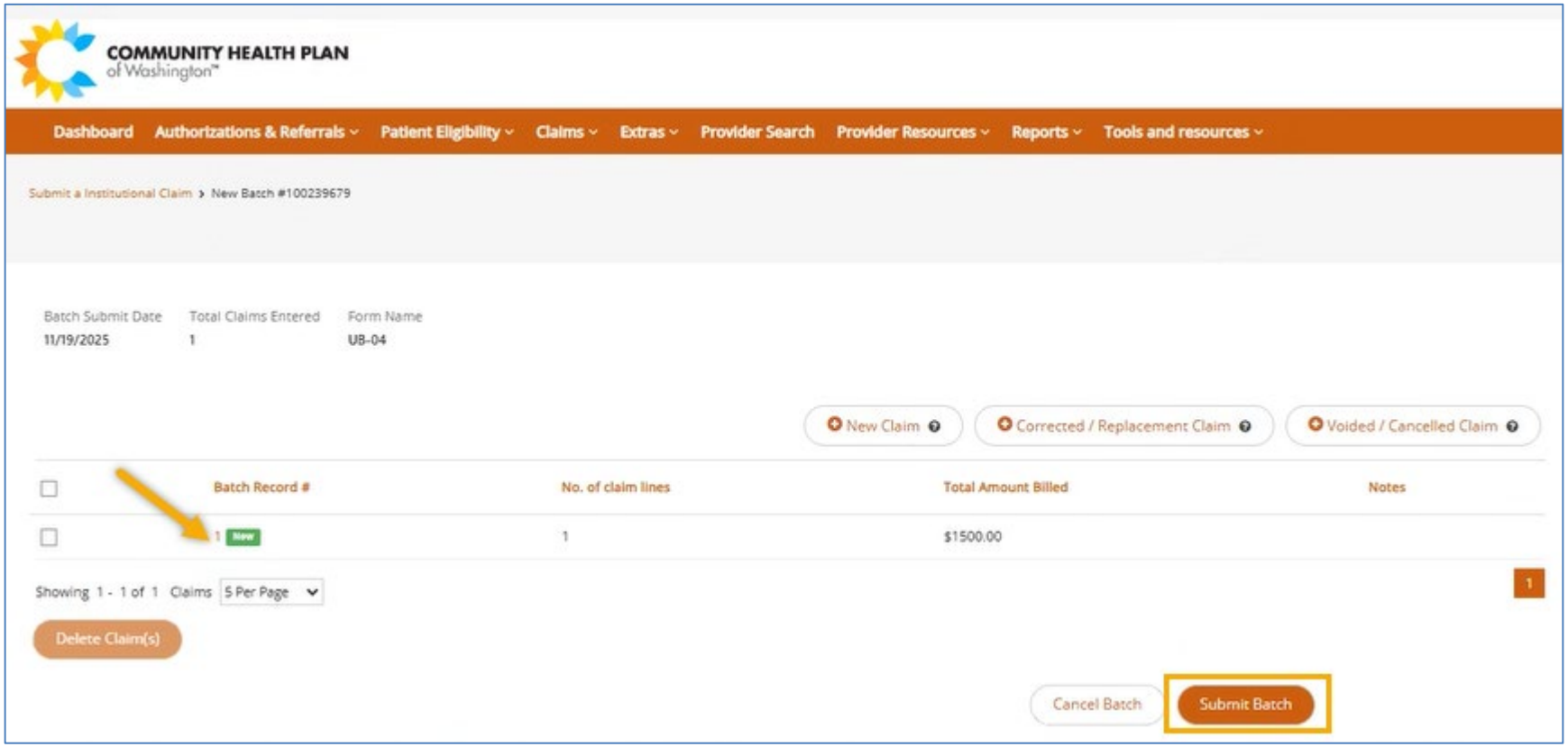


h. The third tab, **Additional claim attachment**, allows you to upload a document to attach to your claim. This is optional, it isn't required to submit your claim. There are limitations in number of attachments and attachment size; the system will notify you if you reach the limit.

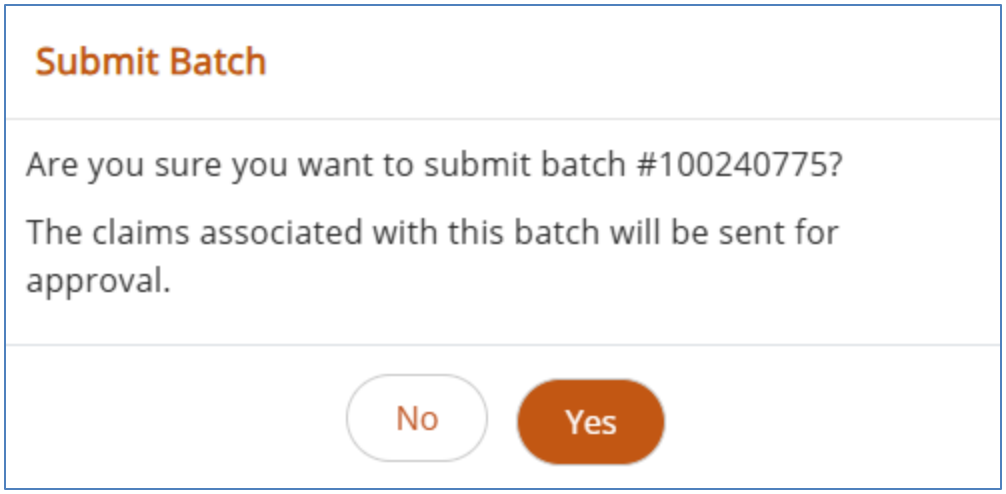


i. If you need to edit the claim prior to submitting the batch, click the **Batch Record #**.

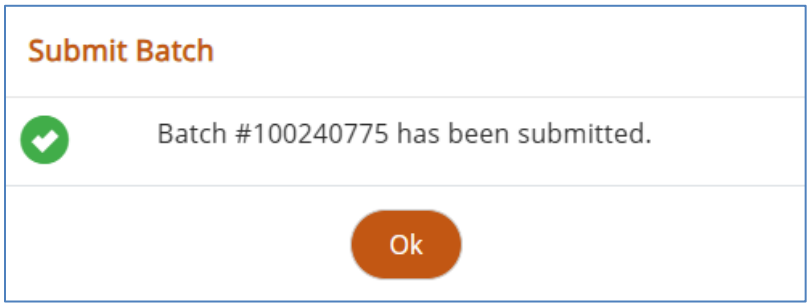
j. When you're ready to submit your batch of claims, click **Submit Batch**.



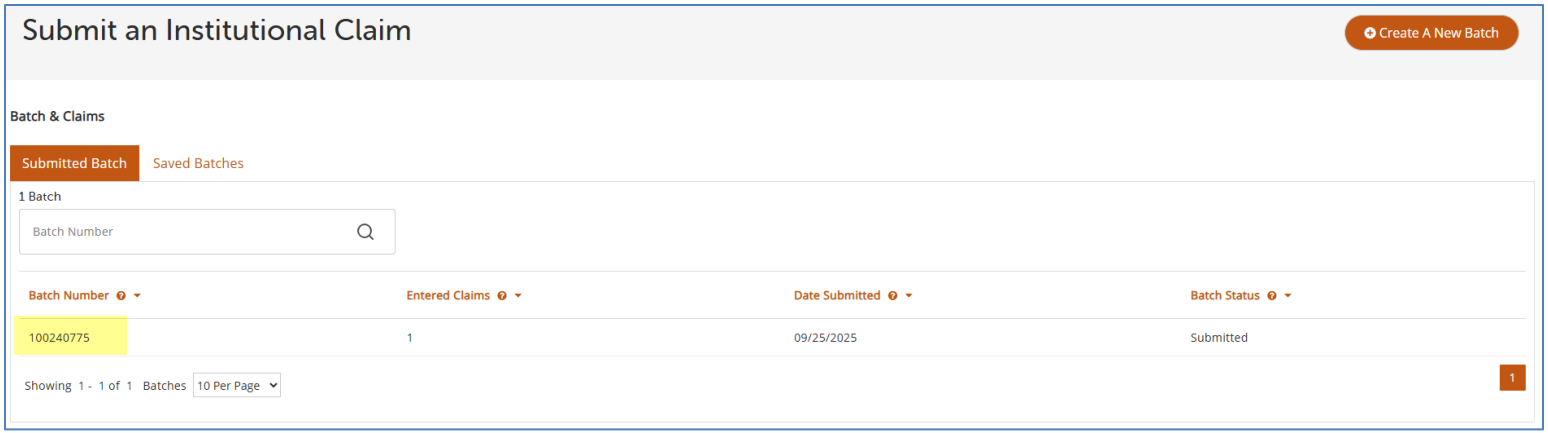
k. You'll be asked to confirm you want to submit. Click **Yes** to submit or **No** to return to creating/editing your batch.



l. After you submit your batch, you'll receive confirmation it has been submitted. Click **Ok**.



m. 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**.

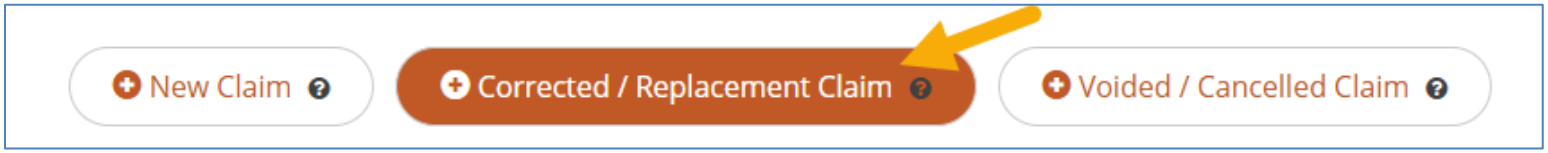


8. After a batch is submitted, the service processes and generates the X12 file that loads the claim into the processing system. The **Batch Status** then updates to **Generated**.

Enter Corrected and Replacement Claims

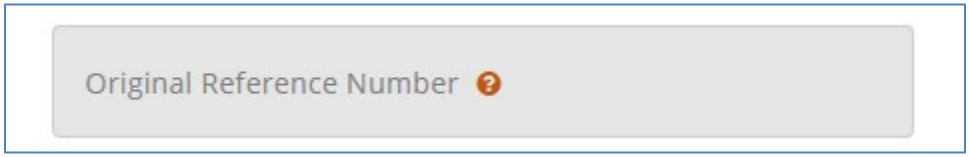
Follow these instructions to enter a corrected or replacement claim.

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**.

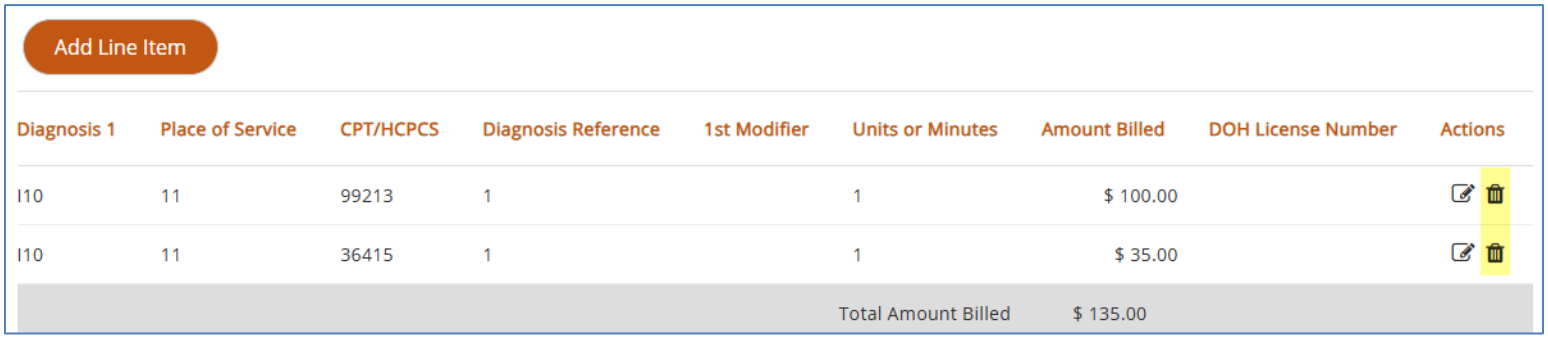


5. Enter the claim number you want to correct or replace, then click the search button .

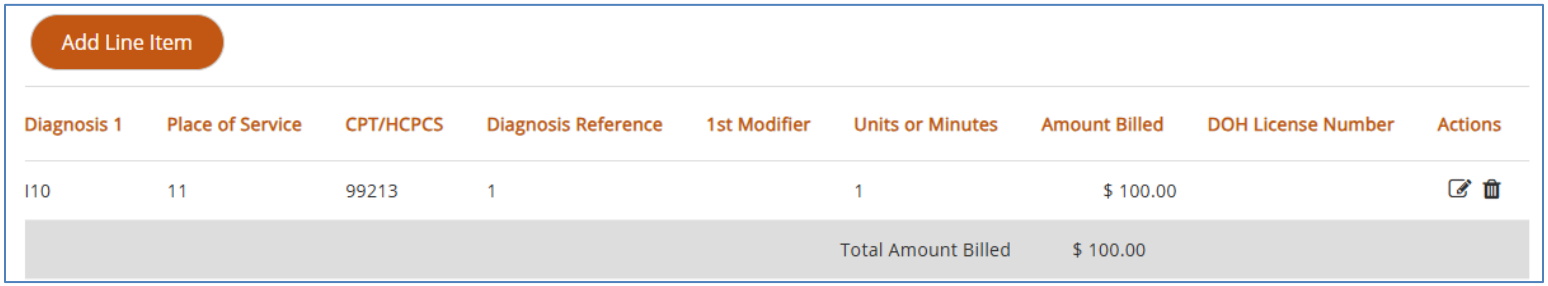
The form populates with the old information and the **Original Reference Number,** aka the claim number you entered. If your original reference number includes special characters (such as $-!.#% etc.), you'll need to remove them.



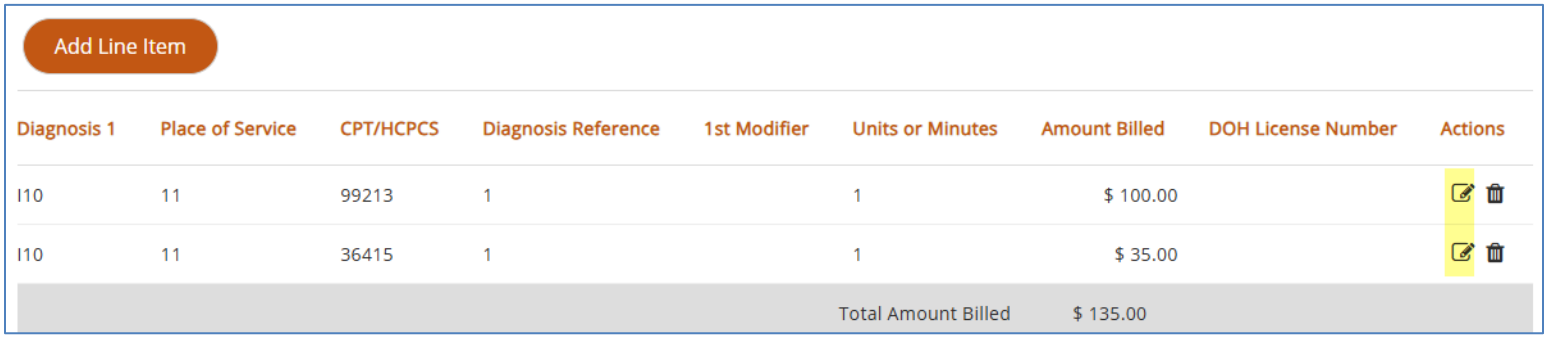
6. Scroll through the claim and change the information you want to correct.
    a. To remove a billed detail line item, click the trash can icon to the right of the line you want to correct.



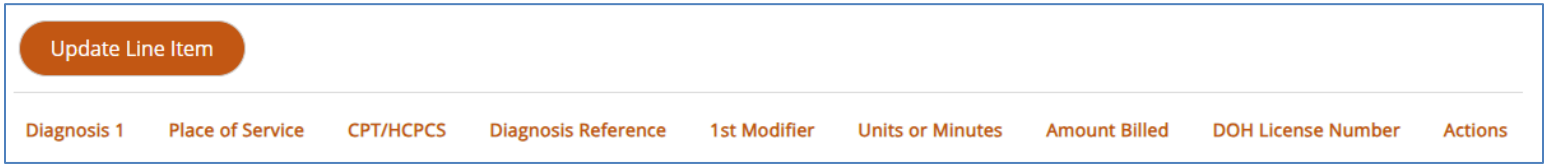
The line disappears:



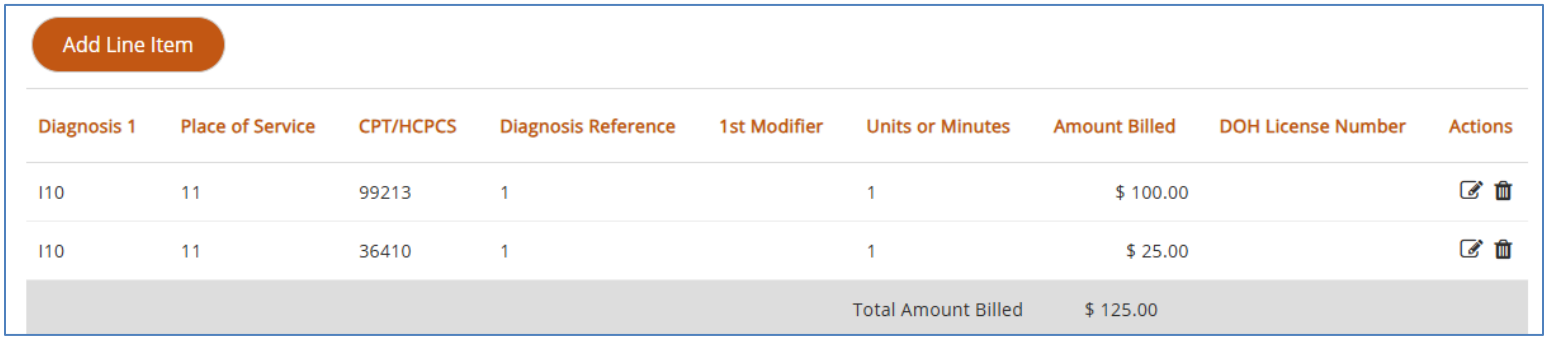
    b. To edit a billed detail line item, click the edit icon to the right of the line you want to correct.



c. Make the necessary corrections and click **Update Line Item**.



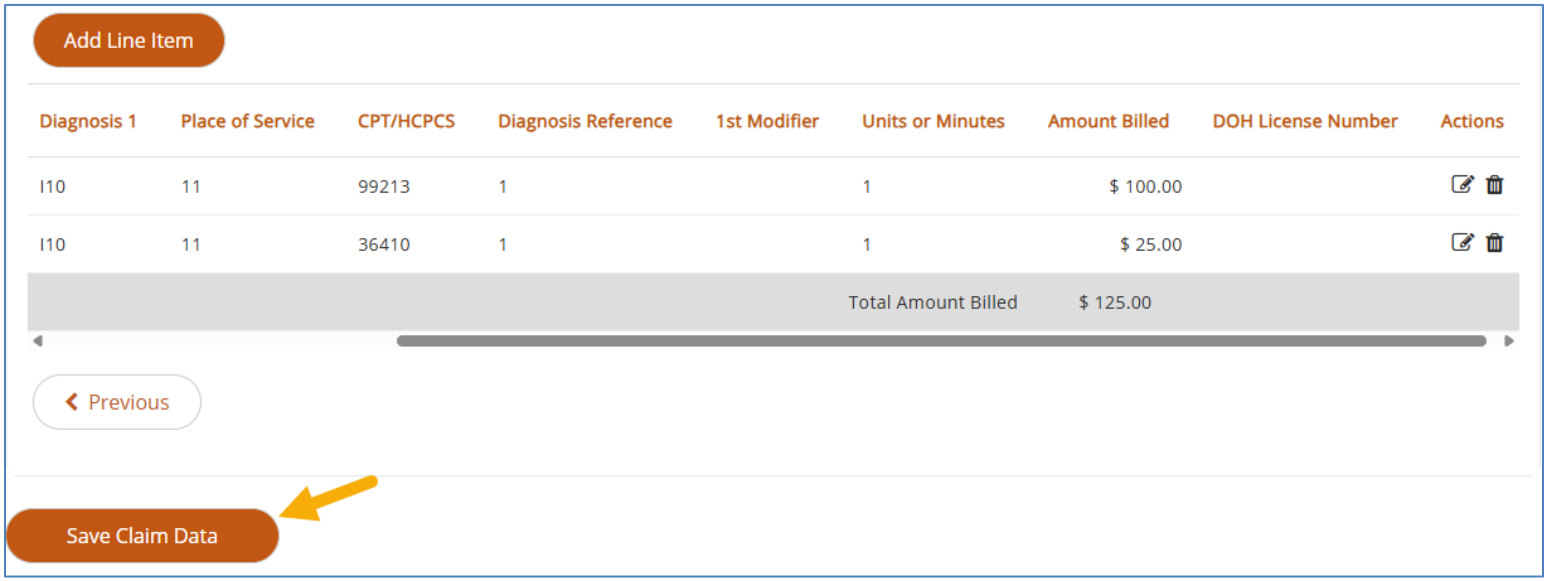
The changes are reflected after updating:



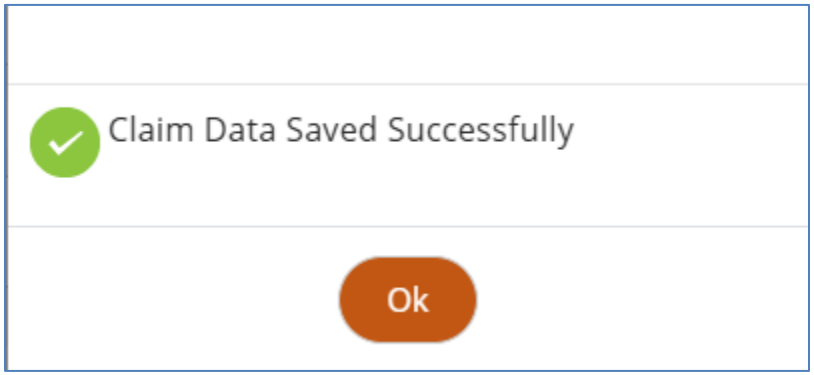
d. Make additional corrections as needed and then click **Save Claim Data**.

Note:

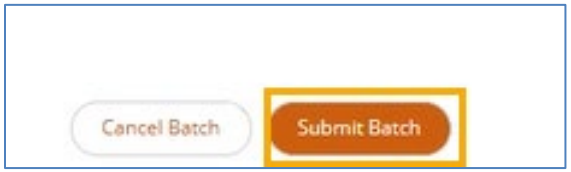
Make sure to click **Save Claim Data** or the claim data will be lost.



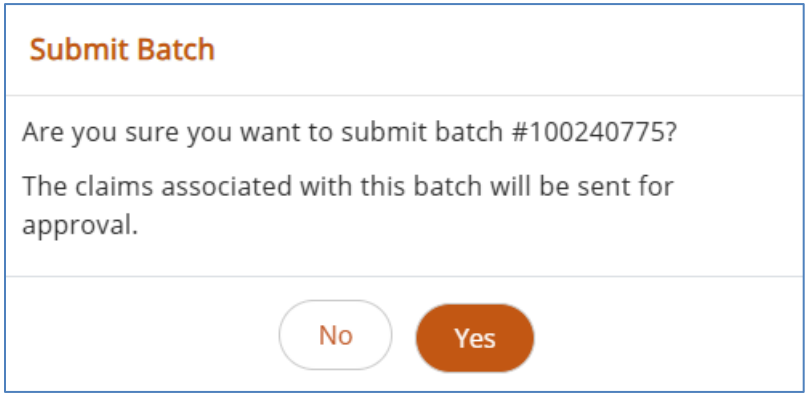
e. When you receive a confirmation message, click **Ok**. The system returns you to the top of the form.



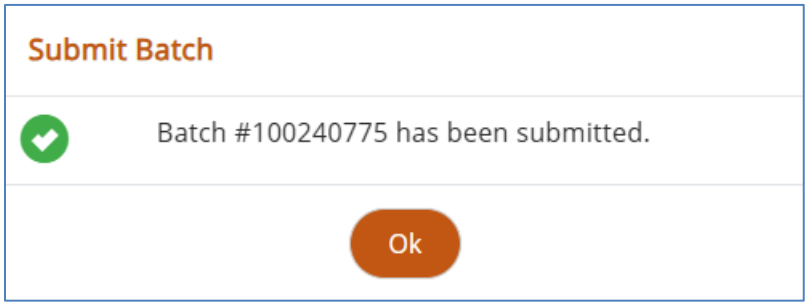
f. Scroll through to review and ensure all your changes are made and all information is now correct.
g. When ready to submit the corrected claim, click **Submit Batch**.



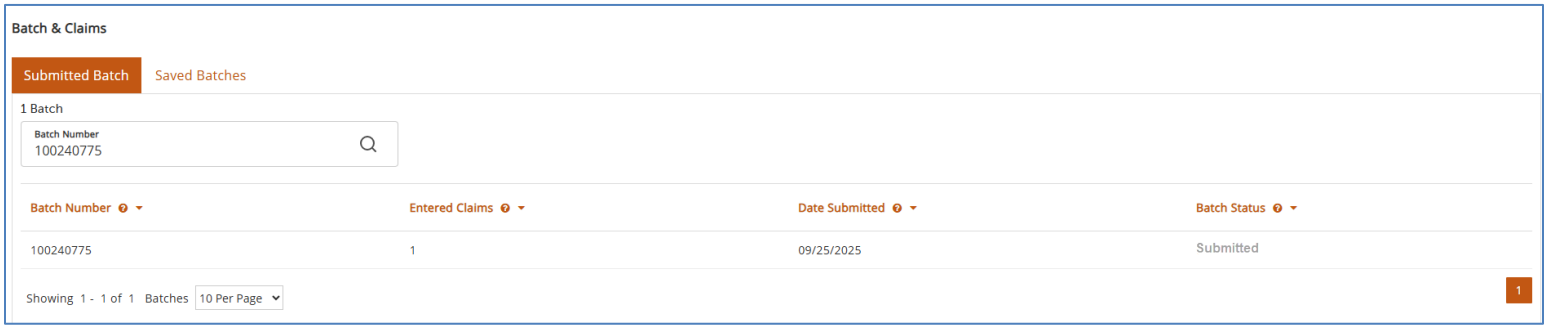
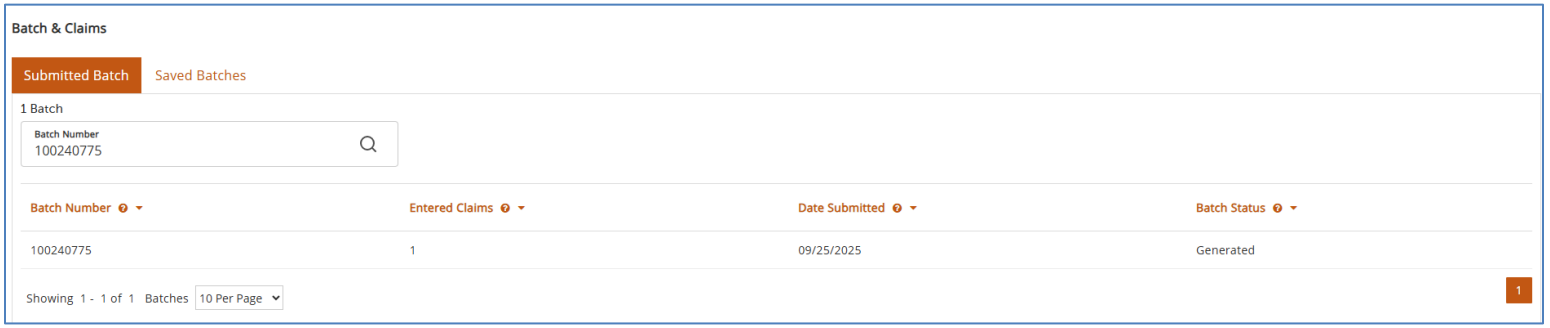
h. You'll be asked to confirm you want to submit. Click **No** if you need to return to the form to make more changes. Click **Yes** if you're ready to submit your batch.



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



7. Verify the batch you just entered shows **Batch Status** of **Submitted**.



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**.