This training guide explains how to:

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

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 webpage for more information: https://www.chpw.org/provider-center/provider-training-and-resources/provider-portal-training/.

If you have questions about OneHealthPort, please see their Frequently Asked Questions page for more information: https://www.onehealthport.com/sso/frequently-asked-questions

- 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 do not have a OneHealthPort account, follow the instructions under “How do I register to use OneHealthPort?” or go directly to Register Your Organization.

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 OneHealthPort.
   b. Select the HealthMAPS Login button.
   c. Enter your OneHealthPort logon credentials.
d. Choose your authentication method.

![Choose an Authentication Method]

The site or application you are trying to access requires Multi-Factor Authentication. Please select an authentication method from the list below.

For more information visit the MFA page

- ONE-TIME PASSCODE
- GOOGLE AUTHENTICATOR

e. Follow the instructions on the OneHealthPort page to continue.

f. Click **Verify** when prompted.

2. Once you have a OneHealthPort account, you will 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.
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

Claims Received EDI or Paper

EDI

Paper claims

Imaged/OCR & Data Entry to COM/COM

Claim enters HIP

Is data valid?

Yes

Member Valid?

Yes

No

Is the Claim complete?

Yes

No

EDI or Paper submission?

Paper

EDI

Paper Claim Printed & Returned to Provider

EDI Claim Rejected to Clearinghouse

Claim inserted Systems

Check run

Claim holds?

Yes

No

Hold worked by Examiner to unposted status

APE Edits
Enter professional claims

Follow these instructions.

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 on the left of the Provider Dashboard 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:

### New Batch #100237719

* Fields are required

<table>
<thead>
<tr>
<th>Batch Submit Date</th>
<th>Total Claims Entered</th>
<th>Form Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/19/2018</td>
<td>4</td>
<td>HCFA 1500</td>
</tr>
</tbody>
</table>

- **New Claim**
- **Corrected / Replacement Claim**
- **Vailed / Cancelled Claim**

#### Batch Record #4

<table>
<thead>
<tr>
<th>No. of claim lines</th>
<th>Total Amount Billed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$360</td>
<td>Copy of Claim#1802230AY2958177</td>
</tr>
</tbody>
</table>

**Showing 1 - 4 of 4 Claim** | **5 Per Page** |

**Delete Claim**

---

### Batch Record #5

* Submission Code 
- **New Batch**
- **Corrected / Replacement Claim**
- **Vailed / Cancelled Claim**

**Original Reference Number**

---

**Member Information**

---

Appeals and Disputes: Call Toll Free: 1 (866) 521-8830, 1 (800) 440-1501 or 1 (866) 410-1009  
For IMC Only in Clark and Sussex Counties  
Fax: (201) 613-8864 (urgent)  
Fax: (201) 613-8863 (urgent)  
You may also send a secure message to CHPV Customer Service department using the envelop icon above or by selecting secure messages from the left navigation menu.

Email: Appeals@NewJersey CPW.org  
(mailing: Appeals@NewJersey CPW.org)

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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 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.

   **Note:**
   Selecting the **Member Search Results** auto-populates the patient’s relationship to **Self** and the member’s type of insurance, **Medicaid**, **Medicare**, or **Cascade Select**.

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

<table>
<thead>
<tr>
<th>Insured Info</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>* Insured’s ID Number</td>
<td></td>
<td>* Patient Control Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Patient’s relationship to Insured</td>
<td></td>
<td>* Select Type of Health Insurance applicable to this claim</td>
</tr>
<tr>
<td>☑ Self</td>
<td></td>
<td>☑ Medicaid ☑ Medicare</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Zipcode</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington</td>
<td>98274</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Group or FECA Number</th>
<th>Insurance Plan Name or Program Name</th>
<th>Prior Authorization Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRSA</td>
<td>APPLE HEALTH - FAMILY</td>
<td></td>
</tr>
</tbody>
</table>
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.

   b. Provide your Contact name and Phone #:

```
  State      | Zip Code   | Phone #
  ------------------
  Washington  | 98944-6510 |

  Contact name
  
```

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

```
  PO Box/Lock Box
  City
  State

  Zip Code
```


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

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Is the servicing provider the same as the billing provider?</td>
</tr>
<tr>
<td>NPI</td>
<td>Servicing Provider NPI</td>
</tr>
<tr>
<td>ID</td>
<td>Servicing Provider Taxonomy ID</td>
</tr>
<tr>
<td>Name</td>
<td>Servicing Provider Name</td>
</tr>
<tr>
<td>First Name</td>
<td>Middle Name</td>
</tr>
<tr>
<td>Address 1 (No. Street)</td>
<td>Address 2 (Suite)</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

* Release information Certification ✔
  - **Yes** ✔
  - **No**

* Signature of Physician or Supplier on file? ✔
  - **Yes** ✔
  - **No**

* Assignment of Benefit Certification ✔
  - **Yes** ✔
  - **No**

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

<table>
<thead>
<tr>
<th><strong>Referring Physician NPI</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Referring Physician Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>State</strong></th>
<th><strong>Zip Code</strong></th>
<th><strong>Phone #</strong></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.

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.
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.

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**.

![Batch & Claims screen](image)

<table>
<thead>
<tr>
<th>Batch Number</th>
<th>Entered Claims</th>
<th>Date Submitted</th>
<th>Batch Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>100237719</td>
<td>6</td>
<td>11/19/2018</td>
<td>Submitted</td>
</tr>
<tr>
<td>100237734</td>
<td>1</td>
<td>11/03/2018</td>
<td>Generated</td>
</tr>
<tr>
<td>100237740</td>
<td>1</td>
<td>11/10/2018</td>
<td>Generated</td>
</tr>
<tr>
<td>100237790</td>
<td>4</td>
<td>11/15/2018</td>
<td>Generated</td>
</tr>
<tr>
<td>100237791</td>
<td>1</td>
<td>11/15/2018</td>
<td>Generated</td>
</tr>
</tbody>
</table>

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

High level claim flowchart

1. Claims Received EDI or Paper
   - Paper claims
   - Imaged/OCR & Data Entry to COM/COM

2. Claim enters HIP
   - Is data valid?
     - Yes: Member Valid?
     - No: EDI or Paper submission?
       - Paper: Paper Claim Printed & Returned to Provider
       - EDI: EDI Claim Rejected to Clearinghouse

3. Is the Claim complete?
   - Yes: Claim inserted Systems
   - No: Claim Holds?
     - Yes: Hold worked by Examiner to unposted status
     - No: Check run

Claim processes thru Mbr. Elig. Auths matching, Provider contracting, Pricing, duplicate logic rules timely filing benefits
Enter institutional claims

Follow these instructions.

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 on the left of the Provider Dashboard 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.
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 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 auto-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**.
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.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there another Health Benefit Plan?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Health Plan ID</td>
<td></td>
</tr>
<tr>
<td>Address 1 (No. Street)</td>
<td>Address 2 (Suite)</td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Release of Information Certification</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Insured’s ID Number</td>
<td></td>
</tr>
<tr>
<td>Address 1 (No. Street)</td>
<td>Address 2 (Suite)</td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Patient’s Relationship to Insured</td>
<td></td>
</tr>
<tr>
<td>Treatment Authorization codes</td>
<td></td>
</tr>
<tr>
<td>Payer Type</td>
<td>Select</td>
</tr>
<tr>
<td>Payer Name (Carrier)</td>
<td></td>
</tr>
<tr>
<td>Prior Payments</td>
<td></td>
</tr>
<tr>
<td>Assignment of Benefit Certification</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Insured’s Group Number</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td>Middle Name</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Estimated Amount Due</td>
<td></td>
</tr>
</tbody>
</table>
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.

```
<table>
<thead>
<tr>
<th>Attending/Operating Provider Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Attending Provider NPI</td>
</tr>
<tr>
<td>Operating Provider NPI</td>
</tr>
<tr>
<td>Other Provider NPI</td>
</tr>
<tr>
<td>Code Qualifier1</td>
</tr>
<tr>
<td>Remarks</td>
</tr>
</tbody>
</table>
```

*Note: This table is a placeholder for the actual input fields.*
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.
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.

![Add Line Item](image)

<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>0450</td>
<td>03/03/2019</td>
<td>0.60</td>
<td>FACILITY/ER/EMERGENCY ROOM</td>
<td>9213</td>
<td>1</td>
<td>$45.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total Amount Billed</td>
<td></td>
<td></td>
<td>$45.00</td>
<td></td>
</tr>
</tbody>
</table>

g. Remember to **Save Claim Data** before leaving the claim form or you will need to re-enter the data.

![Save Claim Data](image)
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**.

   - 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**.

![Submit Batch](image)

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**.

![Submit an Institutional Claim](image)

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

Enter a corrected or replacement claim

Follow these instructions.

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 on 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.
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.

The line disappears:
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)

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

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

![Submit Batch](image)

Batch #100238236 has been submitted.

![Submit Batch](image)

Ok

| Ok |

When 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**.

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 10/13/2022