

**Welcome to  
Children's Community  
Health Plan's**

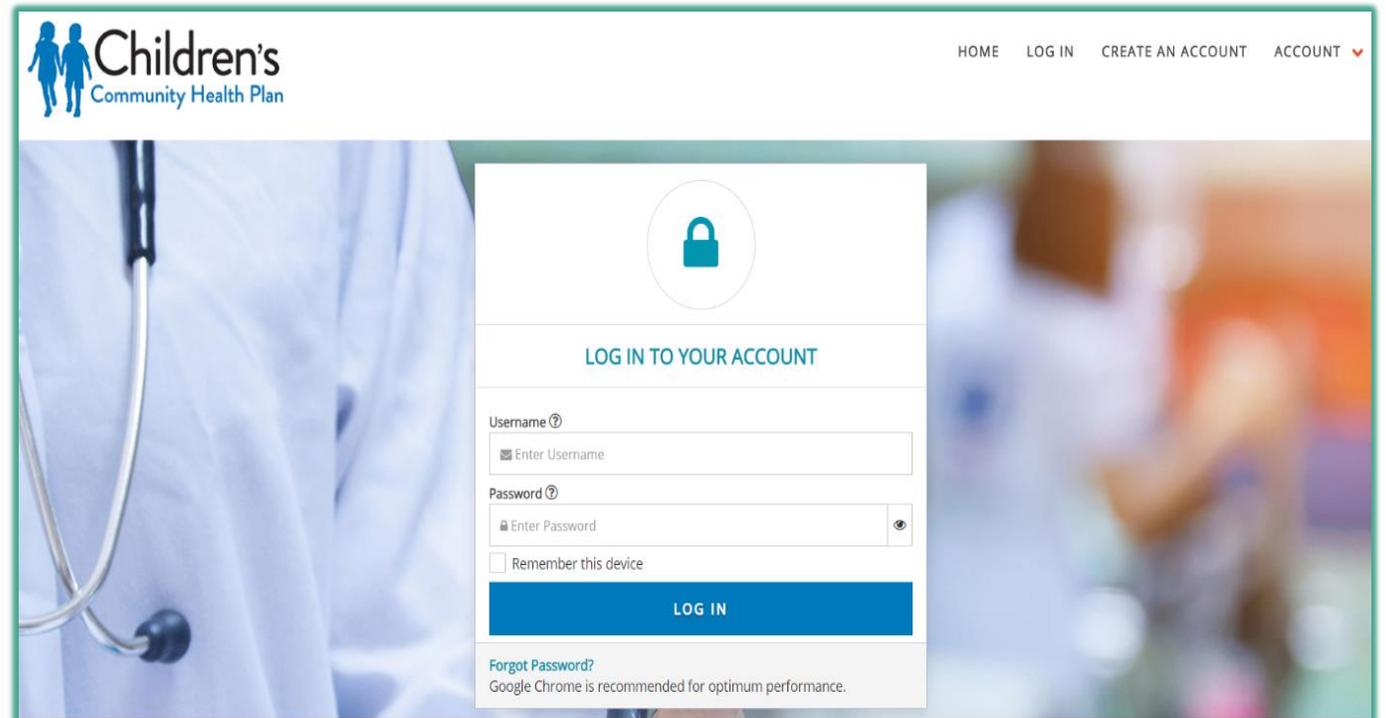
# **2020 Provider Portal Webinar**

August 2020



# Registering for the New Portal

- Access the Children's Community Health Plan Provider Portal directly at <https://provider.childrenscommunityhealthplan.org/Provider-Portal> or at <https://providerauth.cchpservices.com/>
- To begin registration, click **Create an Account** in the upper right-hand corner of the *Log In* page



# Registering for the New Portal

Please note there are two types of Portal accounts:

- **Individual** – for new individual users registering to have access to an existing Provider Portal account for an organization.
- **Organization** – for an organization registering to create a new Provider Portal account.

## Tip

An Organization account must be registered before Individual users can register.

**Note:** At no point during the registration process can you go back to a previous screen. If information needs to be corrected, you will be required to restart the registration process. Please verify all information is correct before continuing to the next screen.

# Organization Registration

To register as an organization:

- Select **Organization** on the *Type Of Account* screen
- Enter the primary billing National Provider Identifier (NPI) and Tax Identification Number (TIN) that your Organization uses when conducting business
- Click **Continue**.

TYPE OF ACCOUNT

Please select your type of account:

Individual Select to register a new individual user under an existing Organization account on the Provider Portal

Organization Select to register your Organization for the first time

NPI: 123456789d TIN: 123456789

To safeguard access to data, registration will be finalized at the health plan. Expect to receive a communication regarding your access within two business days of this request.

CONTINUE

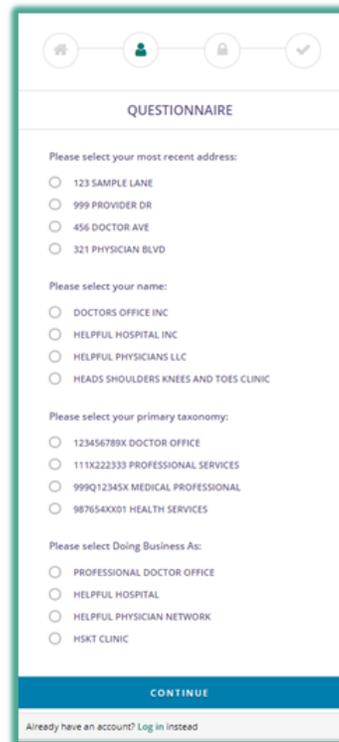
Already have an account? [Log in instead](#)

## Tip

The “primary” NPI is the Organization’s NPI used most frequently for billing. Additional NPIs and TINs may be added once Portal access has been granted, as detailed in the Provider Admin section of the [Children’s Community Health Plan Provider Portal User Guide](#).

# Organization Registration

Complete the brief *Questionnaire* for your Organization and click **Continue**. The selected information will be used to populate the Organization information on the next screen.



The screenshot shows a mobile application interface for a questionnaire. At the top, there are four circular icons representing different steps in a process, with the second icon (a person) highlighted. Below the icons is the title "QUESTIONNAIRE". The form contains four sections, each with a heading and a list of radio button options:

- Please select your most recent address:**
  - 123 SAMPLE LANE
  - 999 PROVIDER DR
  - 456 DOCTOR AVE
  - 321 PHYSICIAN BLVD
- Please select your name:**
  - DOCTORS OFFICE INC
  - HELPFUL HOSPITAL INC
  - HELPFUL PHYSICIANS LLC
  - HEADS SHOULDERS KNEES AND TOES CLINIC
- Please select your primary taxonomy:**
  - 123456789X DOCTOR OFFICE
  - 111X222333 PROFESSIONAL SERVICES
  - 999Q12345X MEDICAL PROFESSIONAL
  - 987654321X HEALTH SERVICES
- Please select Doing Business As:**
  - PROFESSIONAL DOCTOR OFFICE
  - HELPFUL HOSPITAL
  - HELPFUL PHYSICIAN NETWORK
  - HSKT CLINIC

At the bottom of the form is a blue button labeled "CONTINUE" and a link that says "Already have an account? Log in instead".

## Tip

If an Organization account has already been registered with the NPI and TIN entered, the following error message will appear:

17712 : An existing Organization was matched for the given NPI and TIN. Please select Individual to continue to register as a Individual with this Organization.

Please verify the NPI and TIN are correct. If so, please register as an Individual. If not, correct the information and proceed.

# Enroll Your Organization

The Organization Name, Doing Business As, and all address fields on the *Enroll Your Organization* screen will be prepopulated from the Questionnaire on the previous screen.

Update these fields as desired, enter a Business Phone number and Email address, and click **Continue**.

The screenshot shows a web form titled "ENROLL YOUR ORGANIZATION". At the top, there are four circular icons: a home icon, a person icon, a lock icon, and a checkmark icon. The form fields are as follows:

- Organization Name: Sample Provider, Inc.
- Doing Business As: Sample Provider Clinic
- Address Line One: 123 Sample Street
- Address Line Two: STE, Floor, Apt
- City: Example
- State: EX
- Zip: 12134
- Business Phone: 123 456 7890
- Email: SampleProvider@email.com
- Primary NPI: 1234567890
- Primary TIN: 123456789

At the bottom of the form is a blue button labeled "CONTINUE". Below the button is a link that says "Already have an account? Log in instead".

Clicking **Continue** will complete the Organization registration. You will then be directed to complete the Individual registration.

**Note:** The Organization registration information is not saved until the Individual registration is completed. If the web browser is closed or you encounter an error prior to completing Individual registration, you will need to re-register beginning with the Organization registration

# Individual Registration

For registrants continuing the registration process from the Organization Registration, the primary NPI and TIN will be prepopulated on the *Individual Enrollment* screen

All other registrants will register as an Individual from the *Type of Account* screen (page 2). Select **Individual** on the *Type Of Account* screen and enter the NPI and TIN that were registered for the Organization. Then, click **Continue** to move to the *Individual Enrollment* screen

The screenshot shows a mobile application interface for 'INDIVIDUAL ENROLLMENT'. At the top, there are four navigation icons: a home icon, a person icon, a lock icon, and a checkmark icon. Below the title, there are several input fields: 'First Name' (Sample), 'Last Name' (Provider), 'Job Title' (Provider), and 'Phone' (123, 456, 7890, Ext.). An 'Email' field contains 'SampleProvider@email.com' with a note: 'NOTE: This will be your login ID.' Below the email field is a 'NOTE: You must verify your email address' section with a 'send code' button, an input field for the code, and a 'verify' button. Instructions 1) Click the send code button, 2) Then retrieve the code sent to the email address above, and 3) Enter the code before pressing verify button. Below these are 'Primary NPI' (1234567890) and 'Primary TIN' (123456789) fields. A checkbox is present with the text: 'The first registered user under an organization will automatically be selected as the initial Site Administrator. By selecting this, you are agreeing that you will become this organization's initial Site Administrator.' At the bottom, there is a 'CONTINUE' button and a link: 'Already have an account? Log in instead'.

Enter **First Name**, **Last Name**, **Job Title**, (work) **Phone**, and (work) **Email** address. The Primary NPI and Primary TIN will be prepopulated and cannot be changed

# Individual Registration E-mail Address

The email address entered on the Individual Enrollment screen will be your future login ID and will need to be validated before proceeding. Once the email address has been entered, click **Send Code** which will send a six-digit code to the email address provided. Enter this code into the field next to the Send Code button and click **Verify**. Once verified, you will be able to proceed

# Site Administrator

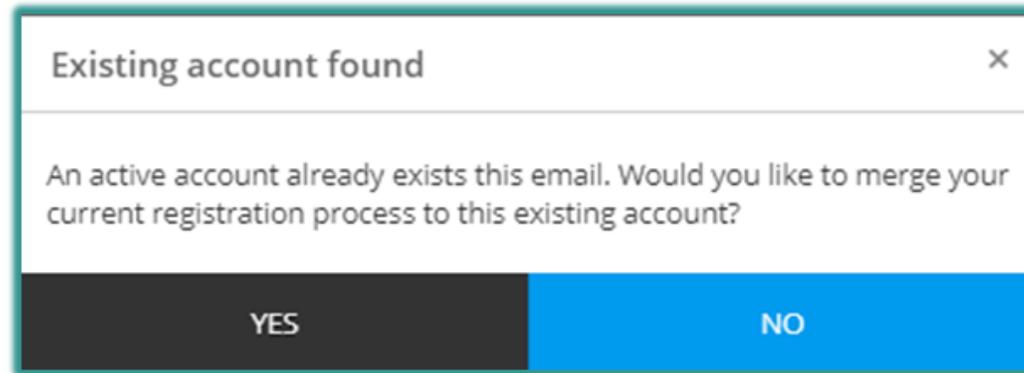
Site Administrators are responsible for managing their organization's Portal users for tasks such as approving new users and controlling access. The first Individual user to register for an organization will automatically become the organization's Site Administrator. You must select the checkbox agreeing to be the Organization's initial Site Administrator in order to proceed

The first registered user under an organization will automatically be selected as the initial Site Administrator. By selecting this, you are agreeing that you will become this organization's initial Site Administrator.

If you are registering as an Individual user under an existing Organization account, you will **not** see the Site Administrator checkbox on the Individual Enrollment screen

# Multiple Organization Accounts

If you are already registered as a user under another active Organization account, you will have the option to tie your email address to all of those active Organization accounts. This can be accomplished by clicking **YES** on the Existing account found popup window. Click **Continue** on the Individual Enrollment screen to complete your registration



If you click **No**, you will be directed to enter a new email address to create a separate login ID for this account.

Once all the information has been entered on the *Individual Enrollment* screen, click **Continue** to proceed to the *Security* screen.

# Setting Up a Secure Log In

Complete all fields on the *Security* screen to setup your secure login.

1. Select a **Security Question** from the dropdown.
2. Enter a **Security Answer** in the empty field.
3. Enter **Password** and **Confirm Password**. Password requirements will turn green as they are met.
4. Select the red dropdown next to the preferred phone verification method (**Receive Text** or **Receive Call**)
5. Enter applicable phone number for text or call, and select **Get Code**.
6. Enter the six-digit confirmation code into the **Code** field, and click **Verify**.

SECURITY

✓ Security Question ⓘ  
What is the food you least liked as a child?

✓ Security Answer ⓘ  
••••••••

✗ Password ⓘ  
Password

✗ Confirm Password ⓘ  
|

✗ Choose text or phone call to verify your account ⓘ  
v Receive Text  
v Receive Call

✗  I Accept the Terms & Conditions

FINISH

Already have an account? [Log in instead](#)

✗ Choose text or phone call to verify your account ⓘ

^ Receive Text

Phone Number ⓘ  
Phone Number [Get Code](#)

Code ⓘ  
Code [Verify](#)

v Receive Call

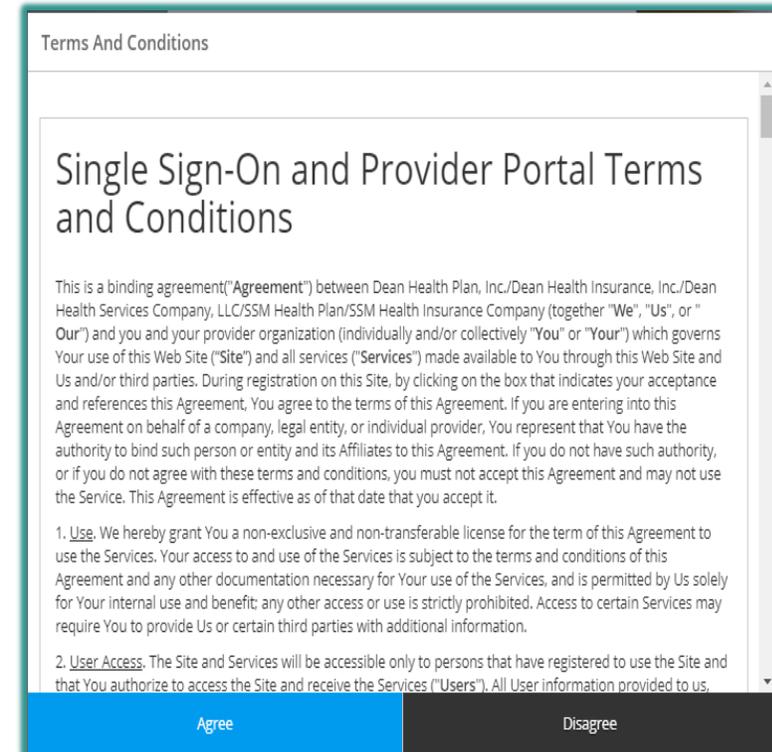
# Portal Terms and Conditions

The **Terms and Conditions** must be agreed to before registration can be completed.

Select the checkbox next to *I Accept the Terms & Conditions*. This will prompt the *Single Sign-On and Provider Portal Terms and Conditions* screen

Read and click **Agree**.

**If you do not agree to the Terms and Conditions you will not be allowed to register.** Once you have agreed, click **Finish** which will complete the registration process



Terms And Conditions

## Single Sign-On and Provider Portal Terms and Conditions

This is a binding agreement ("Agreement") between Dean Health Plan, Inc./Dean Health Insurance, Inc./Dean Health Services Company, LLC/SSM Health Plan/SSM Health Insurance Company (together "We", "Us", or "Our") and you and your provider organization (individually and/or collectively "You" or "Your") which governs Your use of this Web Site ("Site") and all services ("Services") made available to You through this Web Site and Us and/or third parties. During registration on this Site, by clicking on the box that indicates your acceptance and references this Agreement, You agree to the terms of this Agreement. If you are entering into this Agreement on behalf of a company, legal entity, or individual provider, You represent that You have the authority to bind such person or entity and its Affiliates to this Agreement. If you do not have such authority, or if you do not agree with these terms and conditions, you must not accept this Agreement and may not use the Service. This Agreement is effective as of that date that you accept it.

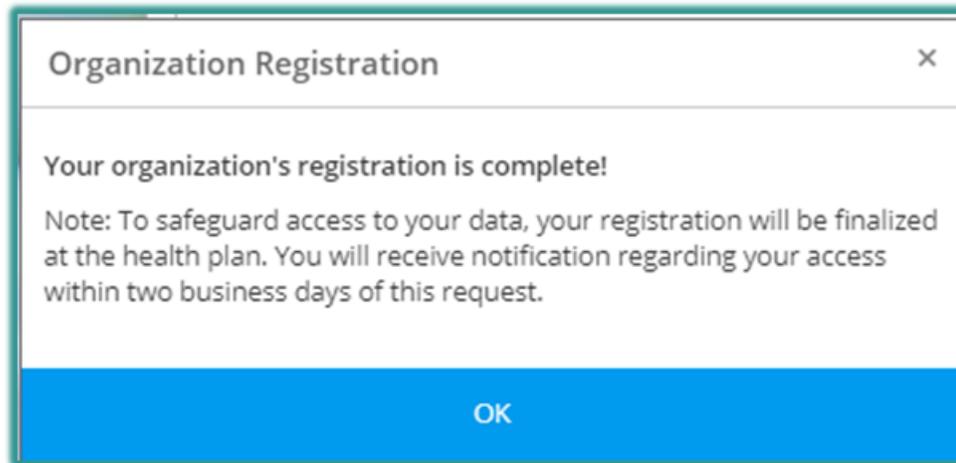
- 1. Use.** We hereby grant You a non-exclusive and non-transferable license for the term of this Agreement to use the Services. Your access to and use of the Services is subject to the terms and conditions of this Agreement and any other documentation necessary for Your use of the Services, and is permitted by Us solely for Your internal use and benefit; any other access or use is strictly prohibited. Access to certain Services may require You to provide Us or certain third parties with additional information.
- 2. User Access.** The Site and Services will be accessible only to persons that have registered to use the Site and that You authorize to access the Site and receive the Services ("Users"). All User information provided to us,

Agree Disagree

# Registration Completion Confirmation

Once registration is completed a confirmation message will appear.

If both the Organization and Individual registration were just completed, the following confirmation will display:



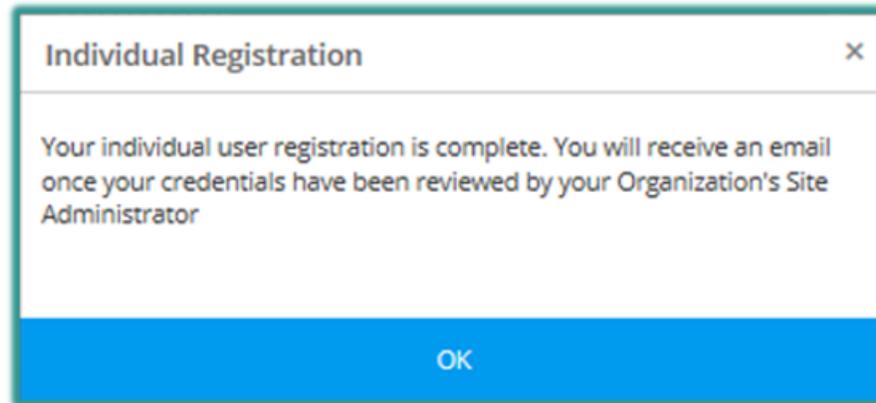
## Tip

If an email confirmation is not received within two business days, check to see if the email was delivered to your "junk email" box.

The registration information provided will be reviewed by a Children's Community Health Plan Administrator. Registrants will receive an email confirmation within two business days. If any further information is needed, the Children's Community Health Plan Administrator will call to verify any details in question.

# Registration Completion Confirmation

Non-Site Administrators who completed registration as Individuals under existing Organization accounts will see the following confirmation message:



The registration information provided will be reviewed by the Organization's Site Administrator. Once the review is complete, a secure email will be sent to the email address that the registrant provided during registration.

- If approved, you will be granted access to the Provider Portal under the login created during registration.
- If access is denied, please contact the Organization Site Administrator with any questions. Individual users cannot be added without the approval of the Organization Site Administrator.

# Provider Administrators

This application allows Provider Portal Site Administrators to make updates to Individual user or Organization account information

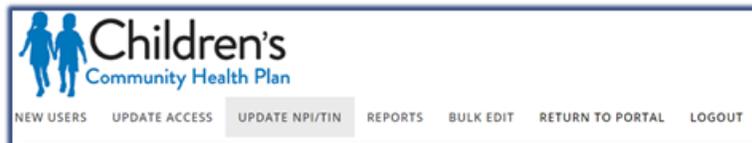
## Access Provider Admin Application

After logging into the Provider Portal select the **Provider Admin** application on the Home Page.



Administrators have the following abilities within the Provider Admin application:

- Review and approve/deny new users who register under the Organization
- Update the access of an existing user who has access to the Organization account
- Submit a request to add an additional NPI or Tax ID to the account
- View number of users on the account



## Tip

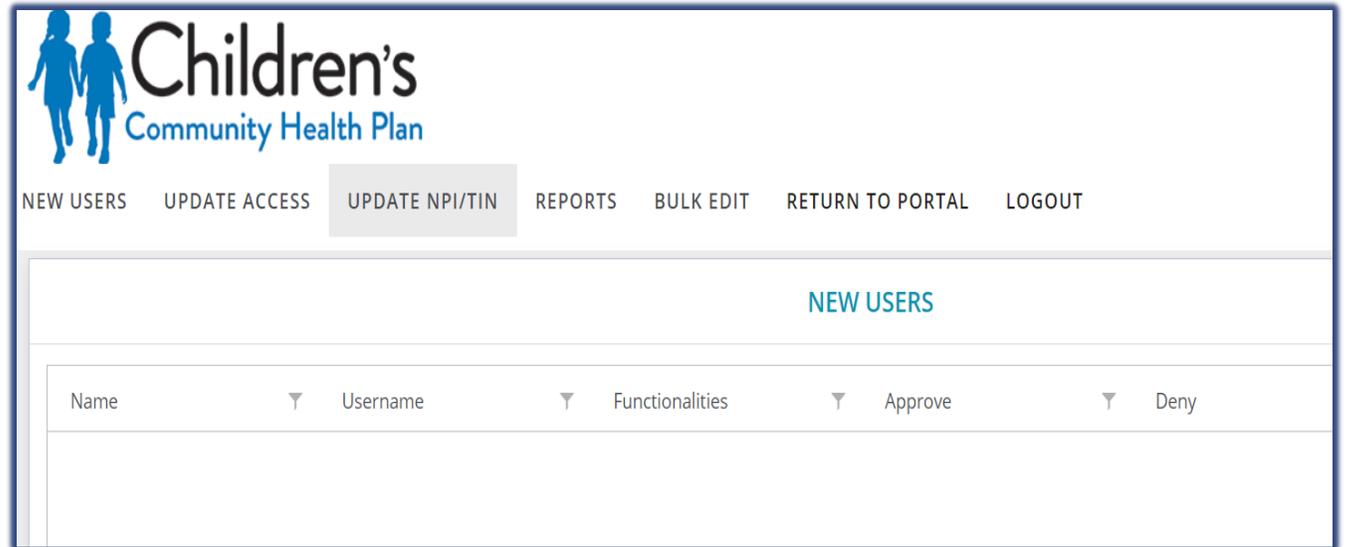
Only Site Administrators will have access to this application. It is strongly recommended that each Organization have at least two Site Administrators on the account.

# New Users

Click **New Users** to view a list of Individuals who have registered under the Organization. When a new Individual registers under an the Organization account, each Administrator will be notified via secure notification on the Home Page to review the new user information in the Provider Admin application

There are four options:

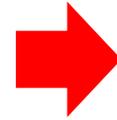
- Functionalities
- Approve
- Deny
- Details



The screenshot displays the 'Children's Community Health Plan' interface. At the top left is the logo featuring two stylized figures. A navigation menu includes 'NEW USERS', 'UPDATE ACCESS', 'UPDATE NPI/TIN' (highlighted), 'REPORTS', 'BULK EDIT', 'RETURN TO PORTAL', and 'LOGOUT'. Below the menu, the page title 'NEW USERS' is centered. A table with the following headers is visible: 'Name', 'Username', 'Functionalities', 'Approve', and 'Deny'. Each header has a downward-pointing triangle icon next to it. The table body is currently empty.

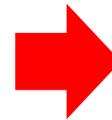
# Select Functionality and Details

Select only the applications the Individual user will need to have access to, and click **OK**. This can also be completed through the Details function



A dialog box titled "SELECT ALL" with a list of checkboxes and labels: Claim Status, Eligibility, Remit, Auth View, Auth Submit, Claim Appeals, and Site Admin. At the bottom are "OK" and "Cancel" buttons.

The details screen will display the Organization details, new user details, selectable functionalities, and billing access. If this is a known user, select the *Functionalities* they should have access to along with the *NPIs* and *TINs* that they should be affiliated with and click **Update User**. If the user will not be approved, or you wish to approve them at a later, time select Return to Grid



The "NEW USERS" screen has tabs for "UPDATE USER", "USER INFORMATION", and "RETURN TO GRID". It is divided into several sections: "REGISTRATION INFORMATION" (Organization, User, Functionalities), "NPI ASSIGNMENT", and "TIN ASSIGNMENT". The "FUNCTIONALITIES" section is expanded to show the "SELECT ALL" dialog box from the previous image.

# Provider Admin: Deny and Approve

## Deny

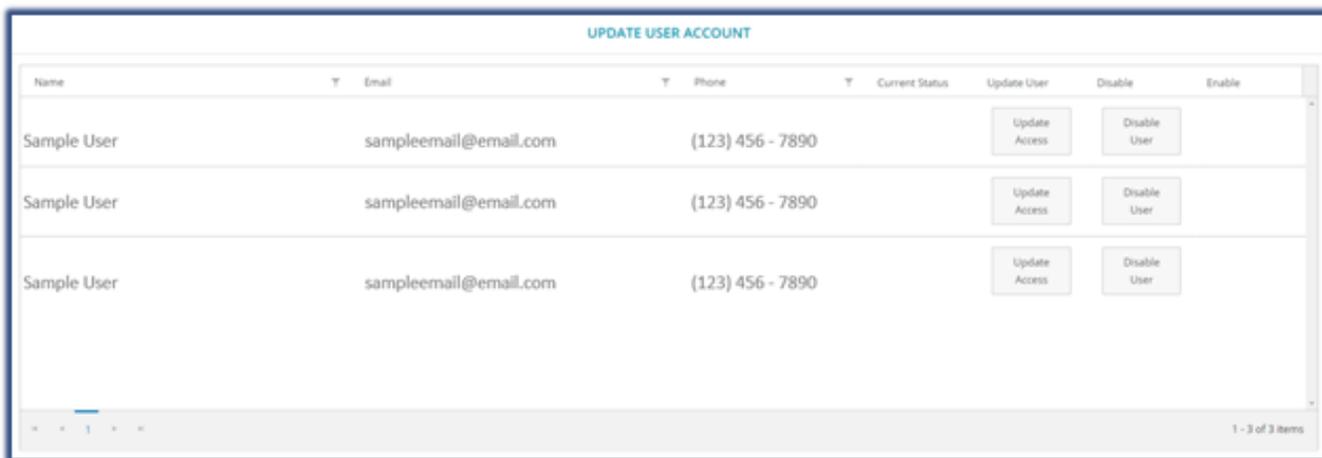
If a registrant is unknown, or should not have access to the Organization account they should be denied. A denied registrant will be removed from the New Users screen, and will not be granted access to the Organization Provider Portal account

## Approve

New registrants cannot be approved until their Functionalities have been selected; however, it is recommended this is setup through the Details screen. Once approved, users will receive an email confirmation that their access has been created

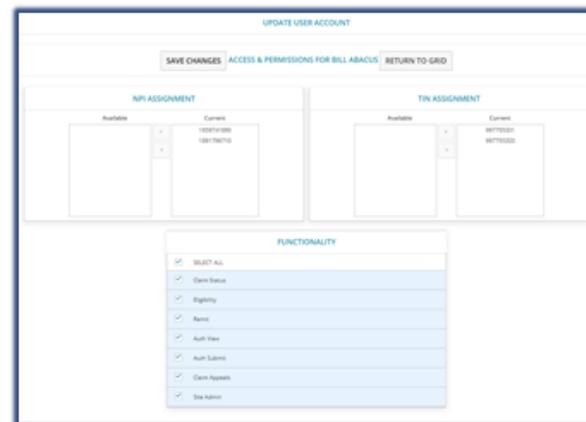
# Provider Admin: Update Access

This option gives Provider Administrators the ability to update the access of existing users, or remove users who should no longer have access to the account



Name	Email	Phone	Current Status	Update User	Disable	Enable
Sample User	sampleemail@email.com	(123) 456 - 7890		Update Access	Disable User	
Sample User	sampleemail@email.com	(123) 456 - 7890		Update Access	Disable User	
Sample User	sampleemail@email.com	(123) 456 - 7890		Update Access	Disable User	

NPIs, TINs, and Functionalities can all be reassigned based on the needs of the Individual user. Select Update Access on the user that requires updates



UPDATE USER ACCOUNT

SAVE CHANGES | ACCESS & PERMISSIONS FOR BILLABACUS | RETURN TO GRID

**NPI ASSIGNMENT**

Available	Current
	12345678901234567890

**TIN ASSIGNMENT**

Available	Current
	12345678901234567890

**FUNCTIONALITY**

- SELECT ALL
- Claim Status
- Eligibility
- Name
- Auth View
- Auth Submit
- Claim Appeal
- Site Admin

Once complete, click **Save Changes** or click **Return to Grid** to cancel these changes

# Provider Admin: Update NPI/TIN

Additional NPIs and Tax IDs can be added to an Organization account upon request

- To request to have a new NPI added, enter the NPI you wish to have added to the account and select **Validate NPI**. Please review the related information to confirm the correct NPI was entered. If so, select **Add NPI**. If not, select **Clear** and re-enter the NPI.
- To request to have a new TIN added, enter the TIN you wish to have added to the account and select **Add TIN**. The request will automatically be sent.

**VALIDATE AND ADD NPI | ADD TIN**

<b>NPI:</b>	<b>TIN:</b>
<input type="text" value="format: 1234567890"/>	<input type="text" value="format: 00-1234567"/>
<input type="button" value="VALIDATE NPI"/>	<input type="button" value="ADD TIN"/>

All requests will be reviewed by an Internal Administrator at the Health Plan to verify that the information submitted is covered under the contract. If additional information is needed, the Internal Administrator will reach out to the Provider Admin who submitted the request. Once a decision has been made, all Administrators will receive secure notification of the decision

# Provider Admin: Reporting

Reporting is available for Admins to view the total number of users on the account:

- **Active Users** – users who have access to the portal account
- **New Registered Count** – users who have registered within the past two weeks.
- **Not Vetted Count** – new users who have registered under the portal account, but have not yet been approved or denied.
- **Non Active Count** – users whose account access has been removed.

USER METRICS	
Active Count	5
New Registered Count	0
Not Vetted Count	1
Non Active Count	0

# The Portal Home Page

Provider Portal Home Page offers users access to:

- Self-service claims
- Secure Notifications
- Change Provider ID



# Home Page Applications

CCHP Provider NPI: 1538704671 TIN: 102219456



>  
CLAIM  
APPEALS



>  
CLAIM  
PAYMENTS



>  
CLAIM  
STATUS



>  
ELIGIBILITY



>  
PROVIDER  
ADMIN



>  
PROVIDER  
RESOURCES

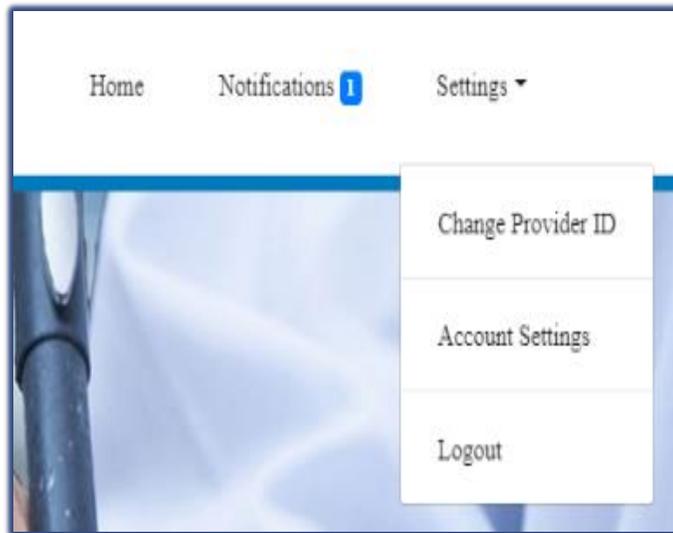
# Home Page Notifications

- The Notifications page stores all notifications that are delivered through the Provider Portal, including:
  - Flash Messages
  - Account Profile Updates
  - New User Registration
  - Claim Appeal Receipt Notice
  - Claim Appeal Decision Notice

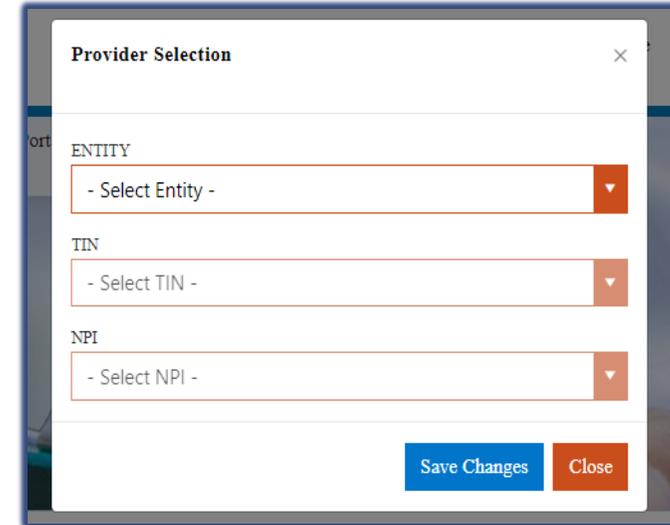


# Change Provider ID

Users who have access to multiple Organization accounts can change their access without logging out. This can be done by selecting the Settings dropdown at the top, and click Change Provider ID



The Organization Details box will appear. Select the Entity you would like to work under from the Entity dropdown. Then select the applicable Tax Identification Number (TIN) and National Provider Identifier (NPI) from the dropdowns and click Save Changes.

A screenshot of a 'Provider Selection' dialog box. The dialog has a title bar with 'Provider Selection' and a close button (X). It contains three dropdown menus: 'ENTITY' with '- Select Entity -', 'TIN' with '- Select TIN -', and 'NPI' with '- Select NPI -'. At the bottom right, there are two buttons: 'Save Changes' (blue) and 'Close' (orange).

# Eligibility

This application provides human readable real-time EDI 270/271 transactions. The information includes detail regarding Children's Community Health Plan eligibility and benefit plan coverage, co-payments, and deductibles. It also provides the member's primary health insurance carriers name, if applicable

## Access Eligibility

After logging into the Provider Portal select the **Eligibility** application located on Home Page.



## Submit Real-Time 270 Eligibility Transaction

Users are taken to the **New Eligibility Inquiry** page

A screenshot of a web form titled "New Eligibility Inquiry". The form has a white background and a blue border. It contains a section titled "Member Information" with several input fields: "Last Name", "First Name", "Middle Initial", "\*Date of Birth" (with a hint "mm/dd/yyyy"), "Member ID", and "Date of Service" (with the value "08/29/2019"). A blue "SUBMIT REQUEST" button is located at the bottom right of the form area.

# 270 Eligibility Inquiry

In order to successfully submit a 270 Eligibility Inquiry, the following fields must be filled:

- Date of Service (this will be pre-populated with the current date)
- Member's Date of Birth
- Either the member's First and Last Name or the Member ID

The Date of service will default to the current date. Maximum eligibility lookup is 12 months.

## Tip

Eligibility Inquiries can be submitted by searching by the member DOB and either their full name of their member ID.

# Eligibility Inquiry Response

## Eligibility Inquiry Results

<b>Member Name:</b>	MEMBER, SAMPLE
<b>Member ID:</b>	12345678901
<b>Date of Birth:</b>	01/01/2000
<b>Group Number:</b>	123ABCD (EXCHANGE INDIVIDUAL)
<b>Plan Network Identification Number:</b>	DHP EXCHANGE IND
<b>Plan Begin Date:</b>	01/01/2020
<b>Plan End Date:</b>	12/31/9999

[SUBMIT NEW INQUIRY](#)

The member's policy information will appear in the top, left portion of the screen

Verify that the correct member is showing on the screen

# Other Primary Policy

Other health insurance (Primary) information will be returned:

- If the health insurance is listed as the primary payer
- As the subscriber level (Loop 2120C)
- If the other health insurance is effective at the requested Plan Date in the 270 eligibility request (DTP\*291), and will only return the Organization Name (NM103)

# Coverage

The table will display member benefit information for the policy year that was searched

Search: <input type="text"/>										
▲	Eligibility Information Code	Plan Description	Coverage Level Code	Service Type Code	Insurance Type Code	Network Indicator	Amount	Percentage	Benefit Dates	Time Period
	Active Coverage			Health Benefit Plan Coverage	Exclusive Provider Organization					
+	Deductible		Individual	Health Benefit Plan Coverage	Exclusive Provider Organization	In-Network	\$750.00			Service Year
	Deductible		Individual	Health Benefit Plan Coverage	Exclusive Provider Organization	In-Network	\$750.00			Year to Date
	Deductible		Individual	Health Benefit Plan Coverage	Exclusive Provider Organization	In-Network	\$0.00			Remaining
	Deductible		Family	Health Benefit Plan Coverage	Exclusive Provider Organization	In-Network	\$1500.00			Service Year
	Deductible		Family	Health Benefit Plan Coverage	Exclusive Provider Organization	In-Network	\$750.00			Year to Date
	Deductible		Family	Health Benefit Plan Coverage	Exclusive Provider Organization	In-Network	\$750.00			Remaining

Each column can be filtered alphabetically or numerically by selecting the arrows in the top row of each column

# Coverage

Additional details may apply to specific benefits. These details are denoted by a box with a "+" in the left column of the table. Please select this box to review additional details that apply to this benefit

▲	<b>Eligibility Information Code</b>	▼
+	Non-Covered	



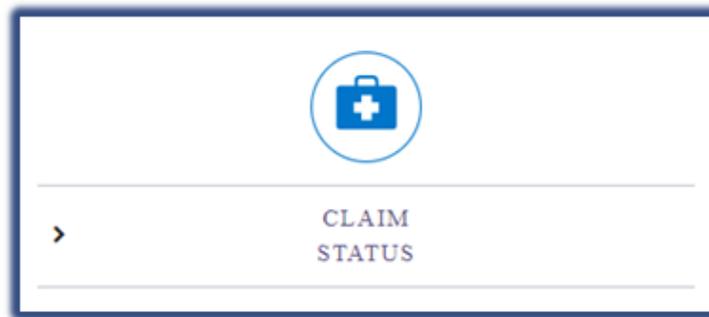
Message    **THOSE SERVICES AS REQUIRED BY STATE/FEDERAL MANDATES ARE COVERED. SUBMIT PRESCRIPTION COVERAGE REQUESTS TO THE PATIENT'S PBM.**

Once benefits have been verified, users can submit a new inquiry by selecting the **Submit New Inquiry** under the member policy information. Click the Children's Community Health Plan banner at the top of the screen to return to the Home Page, or close the tab to exit entirely

# Claim Status

The Claim Status application provides human readable real time EDI (Electronic Data Interchange) 276/277 Claim Status Request and Response transactions that enables users to check the status of their submitted claims

After logging into the Provider Portal click the **Claim Status** application located on Home Page



## Tip

Maximum claim status lookup is 12 months.

Users will be taken to the **New Claim Status Inquiry** page.

# Claim Status: Submit Real-Time 276 Claim Status Transaction

- Select the Billing ID (NPI) from the Provider Billing ID dropdown. This should be the billing NPI that the claim(s) was submitted under. Enter information into all required fields denoted by (\*):
  - Member Last Name
  - Member First Name
  - Date of Birth
  - Member ID
  - Date of Service Start Date (If the start date is the not the exact date of service, the end date must also be entered.)

Select Provider Billing NPI

\*Provider Billing ID  
Choose a Provider ▾

Member Information

\*Last Name                      \*First Name                      Middle Initial

\_\_\_\_\_

\*Date of Birth                      \*Member ID

mm/dd/yyyy                      \_\_\_\_\_

Claim Information

\*Date of Service Start Date                      Date of Service End Date

mm/dd/yyyy                      mm/dd/yyyy

Total Charge

\_\_\_\_\_

[SUBMIT REQUEST](#)

# Claim Status: 277 Claim Status Response

All claims that meet the search criteria will be returned in the results.

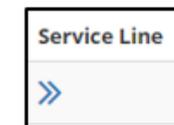
Claim Status Inquiry Results						
Member ID:		00012345601				
Member Name:		MEMBER, SAMPLE				
<a href="#">SUBMIT NEW INQUIRY</a>						
Control Number	Dates of Service	Claim Charges	Claim Paid Amount	Adjudication Date	Status	Service Line
20000000H111111	10/01/2018 - 10/31/2018	\$ 10.00	10.00	11/18/2018	Finalized - The claim/encounter has completed the adjudication cycle and no more action will be taken. Claim/line has been paid	>>

The claim header will show:

- Children's Community Health Plan claim number
- Dates of Service
- Claim Charges
- Claim Paid Amount
- Adjudication Date
- Status (Pending or Finalized)

## Tip

For additional details relating to each service line, click the double arrow to the right of the record under **Service Line**. This will display each service line individually.



# Claim Status: 277 Claim Status Response

For additional details relating to each service line, select the double arrow on the right of the record under **Service Line**. This will display each service line individually

Control Number	Dates of Service	Claim Charges	Claim Paid Amount	Adjudication Date	Status	Service Line
20000000H111111	10/01/2018 - 10/31/2018	\$ 10.00	\$ 10.00	11/18/2018	Finalized - The claim/encounter has completed the adjudication cycle and no more action will be taken. Claim/line has been paid	>>
<b>Service Line Information</b>						
Rev Code:						
Procedure:						E0570
Mod:						RR
Svc Units:						31
Date:						10/01/2018 - 10/31/2018
Charge:						\$ 10.00
Paid:						\$ 10.00
As of:						08/13/2019
					Finalized - The claim/encounter has completed the adjudication cycle and no more action will be taken.	Claim/line has been paid

The Service Line Information will display the following information:

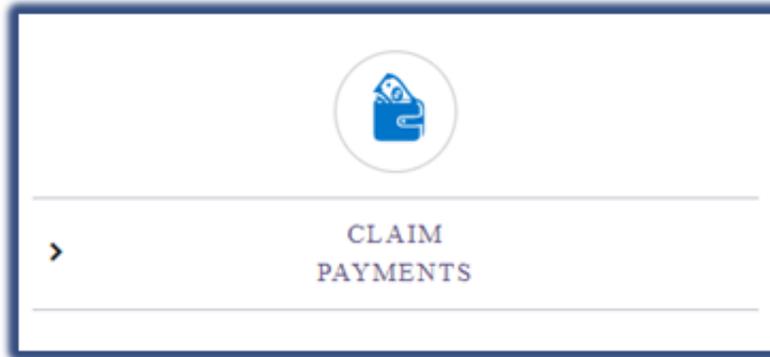
- Revenue Code
- Service Units
- Modifier (if applicable)
- Date of Service
- Billed Charges
- Paid Amount
- Final Review Date
- Status

Click **Submit New Inquiry** to review additional claims, or select the Children's Community Health Plan banner to return to the Home Page

# Claim Payments

The Claim Payments application provides access to claim payment information online and allows Children's Community Health Plan to deliver Electronic Remittance Advice (ERAs) or "remits" to providers online rather than mailing these documents. ERAs are statements from Children's Community Health Plan documenting payments of claims

To access Claim Payments, log into the Provider Portal select the **Claim Payments** application located on Home Page



## Tip

Remits from the past 180 days can be reviewed.

# Claim Payments: Remits

Use the Remit Search on the left side to filter for specific claim payments. If no search filters are selected, the report will default to payment information from the last 30 days

### Remits

This page allows you to manage remits from the past two weeks (180 days when filtering). You can view remit files using the button(s) below.

Use the search box to search for specific remits, or use the filters to view remits for specific payers and/or patients. By clicking the Download CSV link under Payments, you can download a payment report that is restricted to your filtered search results. If no filters are selected, the report will download the payment information from the last 30 days.

**Remit Search**  
Keyword  
  
Filter  
Date   
Patient   
[Clear Filters](#)

Show  entries

Date Submitted	Payer	Patient Name	Check Number	Check Date	Patient Account Number	Paid Amount	Action
2019-08-27 11:12 AM				2019-08-02 00:00:00.0	333	6565.00	>>  
2019-08-27 11:12 AM				2019-08-02 00:00:00.0	111	15.81	>>  
2019-08-27 11:12 AM				2019-08-02 00:00:00.0	222	0.00	>>  
2019-08-27 11:12 AM				2019-08-02 00:00:00.0	555	0.00	>>  
2019-08-27 11:12 AM				2019-08-02 00:00:00.0	555	0.00	>>  
2019-08-27 11:12 AM				2019-08-02 00:00:00.0	555	2417.73	>>  

# Claim Payments: Remits Search Options

## Search Options:

- **Date** – select the check date (if known) by entering a specific date or date range
- **Patient** – enter member ID to name to search for a claim for a specific member's remits
- **Keyword** – enter Information related to a claim. Can include claim number, check number, servicing provider NPI1, servicing provider name, etc.

# Claim Payments: Remits Search Results

Claim results will display as search criteria is entered. Continue entering search criteria until desired results are achieved

Remits

This page allows you to manage remits from the past two weeks (180 days when filtering). You can view remit files using the button(s) below.

Use the search box to search for specific remits, or use the filters to view remits for specific payers and/or patients. By clicking the Download CSV link under Payments, you can download a payment report that is restricted to your filtered search results. If no filters are selected, the report will download the payment information from the last 30 days.

Remit Search

Keyword  
SEARCH

Filter  
Date  
Patient  
Clear Filters

Show 10 entries

Date Submitted	Payer	Patient Name	Check Number	Check Date	Patient Account Number	Paid Amount	Action
2019-08-27 11:12 AM				2019-08-02 00:00:00.0	333	6565.00	>> [Download] [EOP Image]
2019-08-27 11:12 AM				2019-08-02 00:00:00.0	111	15.81	>> [Download] [EOP Image]
2019-08-27 11:12 AM				2019-08-02 00:00:00.0	222	0.00	>> [Download] [EOP Image]
2019-08-27 11:12 AM				2019-08-02 00:00:00.0	555	0.00	>> [Download] [EOP Image]
2019-08-27 11:12 AM				2019-08-02 00:00:00.0	555	0.00	>> [Download] [EOP Image]
2019-08-27 11:12 AM				2019-08-02 00:00:00.0	555	2417.73	>> [Download] [EOP Image]

More Details

EOP Image

General claim information is available on this screen, but additional details are available through the **Action** items on the far right column of each record

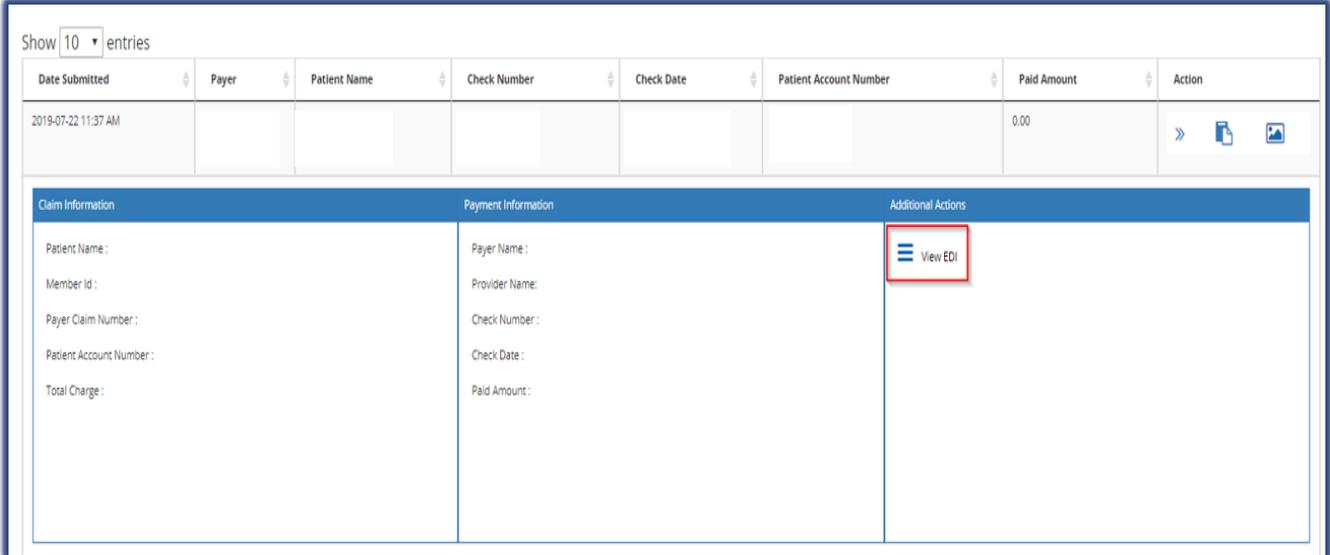
Available **Actions** include:

- Show details
- Add notes
- View Image

# Claim Payments: Remits Show Results

Select the double-arrow **Action** to expand the header line to view additional payment details including:

- Provider Information
- Payment Information
- EDI transactions



Date Submitted	Payer	Patient Name	Check Number	Check Date	Patient Account Number	Paid Amount	Action
2019-07-22 11:37 AM						0.00	>> 📄 🖼️

Claim Information	Payment Information	Additional Actions
Patient Name : Member Id : Payer Claim Number : Patient Account Number : Total Charge :	Payer Name : Provider Name : Check Number : Check Date : Paid Amount :	<a href="#">View EDI</a>

# Claim Payments: Remits Notes and Images

## Add Notes

Select the clipboard and paper icon to enter payment specific notes that are viewable for all users with access to the same account.



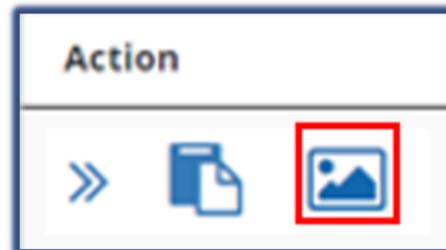
### Tip

Once a note has been added to a payment, the note icon will turn green



## EOP Image

Select the picture icon to view the EOP. This is a sample only, and should not be used for business purposes.



# Claim Appeals

- Claims that have finished processing and are in a finalized status (paid/denied) can be appealed directly through the Provider Portal
- The claim appeal feature has two options:
  - Start a new claim
  - View submitted and saved claim appeals

## Tip

Corrected claims cannot be submitted via the Provider Portal.

# How to Start an Appeal

To start a new claim select the **Start a New Claim Appeal** action to prompt the **Select Claim Appeal Type** form to display. Select the radio button for the applicable claim appeal type and click **Select Form**

[Return to Previous Page](#)

### Select Claim Appeal Type

Appeal Type	Description
<input type="radio"/> COB	Use this form to request a reconsideration of a coordination of benefits (COB) denial. The primary payor's EOP is required if not submitted with the original claim.
<input type="radio"/> Additional Payment	Use this form to request a reconsideration of a payment. Include both the amount originally paid as well as the expected payment amount. A brief statement explaining why the original payment is incorrect, is also required.
<input type="radio"/> Recoup	Use this form to request a recoupment or refund. Include both the amount originally billed as well as the recoupment/refund amount. The reason for the recoupment/refund is also required.
<input type="radio"/> Timely Filing	Use this form to request a reconsideration of a timely-filing denial. Providers are required to file claims in a timely manner. All claims must be submitted in accordance with the claim filing limit stipulated in your Provider Agreement/Contract. Documentation to support the timely-filing waiver will be required.
<input type="radio"/> Code Review Request	Use this form to request a reconsideration of a claims-edit denial. For example, denials due to frequency/maximum units, code bundling, inappropriate modifier, global surgery, diagnosis etc. A brief statement explaining why the claim edit should be overturned, and corresponding supporting documentation will be required.
<input type="radio"/> Authorization	Use this form to request a reconsideration of a failure-to-pre-authorize denial.
<input type="radio"/> Medical Necessity	Use this form to request a reconsideration of a medical-necessity denial. A brief statement explaining why the denial should be overturned and corresponding supporting documentation will be required.
<input type="radio"/> Unlisted Codes	Use this form to request a reconsideration of an unlisted code denial. A description of the unlisted procedure, a brief statement explaining why the unlisted code denial should be overturned, and supporting documentation will be required.
<input type="radio"/> Duplicate Denial	Use this form if you believe your claim denied as a duplicate in error.

[Return to Previous Page](#) [Select Form](#)

# How to Start an Appeal

Back to Appeal Type Selection

**COB**

Tax ID \*

Contact Phone

\* indicates a required field

**Appeals**

Added Appeals

Claim Number \*

Member Number \*

Back to Appeal Type Selection

After selecting the applicable Claim Appeal Type, a validation form will be prompted. Validate the claim by entering the Claim Number and Member Number and click **Validate Claim**. Once validated, additional appeal fields will populate.

# How to Start an Appeal

Claim appeals cannot be submitted until all required with a red asterisk "\*" have been completed.

Required Fields include:

- Member Name
- Date of Services
- First Time Review
- Selecting Claim Lines
- Comments
- Attach Supporting Documents

The screenshot displays a web form for starting an appeal. At the top, there are input fields for 'Claim Number' (20181114H313610) and 'Member Number' (00074761501), with a 'Validate Claim' button. Below these are fields for 'Member Last Name', 'Member First Name', 'Date of Service', and 'First Time Review?' (Yes/No radio buttons). A checkbox for 'Appeal All Claim Lines?' is present. A red error message states: 'CARC code is always required. If you do not choose "All Claim Lines", Service Line and Amount Charged are also required.' Below this is a table with columns: Service Line, CARC, RARC, Amount Charged, and Remove. The table has one row with input fields for each column. Below the table is a '+ Add Line' button. There is a 'Comments' text area. At the bottom, there is an 'Attach Supporting Documents' section with a dashed border and a 'Click or Drag here to add files' instruction. Below this is a file upload icon and a red error message: 'Your documents must be of type .jpg, .pdf, .png, .docx, .xlsx, or .msg.' At the very bottom right, there is a '+ Add Claim Appeal' button.

# Claim Appeals: First time review

After entering the member name and date of services, select the appropriate radial button under First Time Review

First Time Review? \*

Yes  No

Reason for Resubmission \*

Please explain the reason for resubmitting the appeal

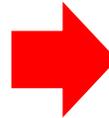
Original Claim Appeal Submission Date \*

 Enter the date of original submission (MM/DD/YYYY)

If **No** is selected, you will be prompted to complete two additional fields – **Reason for Resubmission** and **Original Claim Appeal Submission Date**

# Claim Appeals: Appeal all claim lines

If the **Appeal All Claim Lines** box is selected, all data entry fields except for **CARC** (Claim Adjustment Reason Code) will be grayed out



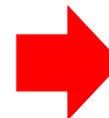
Appeal All Claim Lines?

CARC code is always required. If you do not choose "All Claim Lines", Service Line and Amount Charged are also required.

Service Line	CARC	RARC	Amount Charged	Remove
Enter the Service Line Code	Enter the CARC Code	Enter the RARC Code	\$ Enter the amount charged	<input type="button" value="x"/>

+ Add Line

Additional claim lines may be added by selecting **(+Add Line)** at the bottom of this section. These additional lines can also be removed by selecting the (x) box on the right



Appeal All Claim Lines?

CARC code is always required. If you do not choose "All Claim Lines", Service Line and Amount Charged are also required.

Service Line	CARC	RARC	Amount Charged	Remove
Enter the Service Line Code	Enter the CARC Code	Enter the RARC Code	\$ Enter the amount charged	<input type="button" value="x"/>
Enter the Service Line Code	Enter the CARC Code	Enter the RARC Code	\$ 0.00	<input type="button" value="x"/>
Enter the Service Line Code	Enter the CARC Code	Enter the RARC Code	\$ 0.00	<input type="button" value="x"/>

+ Add Line

# Claim Appeals: Comments

In the **Comments Field**, include a brief but detailed explanation as to why the claim is being appealed. The explanation should include information related to the appeal and should support why the original decision should be overturned. Be as detailed as necessary and include call reference numbers, if applicable.

Comments •

# Claim Appeals: Attaching supporting documents

- Attach only the documents that are applicable and will support the medical necessity. Required information must be legible and clearly marked. Do not use highlight markers as they do not always show up on scanned images
- In adherence to the HIPAA Privacy Rule, only the minimum necessary documentation needed for review should be submitted. The member's entire record should not be submitted unless it can be specifically justified as needed for that purpose
- Appropriate file types include .jpg, .pdf, .png, .docx, .xlsx, and .msg

Attach Supporting Documents

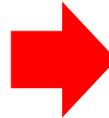
Click or Drag here to add files

Your documents must be of type .jpg, .pdf, .png, .docx, .xlsx, or .msg.

+ Add Claim Appeal

# Claim Appeals: Attaching supporting documents

Drag and drop supporting documents directly into the appeal. The drop box will turn green when the documentation is in the appropriate location to be released



Attach Supporting Documents

Name

Click or Drag here to add files

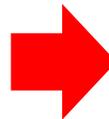
RELEASE NOW

+ Move

Your documents must be of type .jpg, .pdf, .png, .docx, .xlsx, or .msg.

+ Add Claim Appeal

Once the documents are attached, they will appear in the Attach Supporting Documents section. Attachments can be deleted by clicking the “X” in the red box



Attach Supporting Documents

Name

Supporting Documentation.pdf

Click or Drag here to add files

Your documents must be of type .jpg, .pdf, .png, .docx, .xlsx, or .msg.

+ Add Claim Appeal

# Adding a Claim Appeal

Multiple claim appeals can be added for the same claim type, such as COB, Timely Filing, Authorization, etc., by clicking the **+ Add Claim Appeal**. Clicking the **+ Add Claim Appeal** will prompt the process to start over with completing the validation and claim appeal form.

After completion of the Claim Appeal form, there are three options located at the bottom of the form:

- **Cancel Request** – Choosing this option will prompt the message, “Are you sure?” If you cancel the request, entered data will be lost. This will also remove the request if it was previously saved.
- **Save Request** – Choosing this option will prompt the message, “Appeal request has been saved.”
- **Submit** – Choosing this option will prompt the message, “Your claim appeal has been submitted successfully.”

**Your claim appeal has been submitted successfully.**

You will receive a confirmation email shortly.

[Back to Menu](#)

[Exit](#)

# Adding a Claim Appeal

- Once the appeal has been submitted, a Claim Appeal Acknowledgement will be sent through Notifications. Click **Notifications** on the Home Page to access this Acknowledgement
- Look under the **Subject** column to find the **Claim Appeal Acknowledgement** with the applicable claim number identified and click **Read** to view the notification

Read Flag	Read Date	Received Date	Subject	Action
		12/9/2019	Claim Appeal Acknowledgement, ClaimNumber - 20190628EDW0001	<a href="#">Read</a>
		12/5/2019	Claim Appeal Acknowledgement, ClaimNumber - 20190628EDW0001	<a href="#">Read</a>
		12/4/2019	Claim Appeal Acknowledgement, ClaimNumber - 20190628EDW0001	<a href="#">Read</a>
✓	2/5/2020	12/3/2019	Claim Appeal Acknowledgement, ClaimNumber - 20190628EDW0001	<a href="#">Read</a>
		11/29/2019	Claim Appeal Acknowledgement, ClaimNumber - 20190628EDW0001	<a href="#">Read</a>
		11/29/2019	Claim Appeal Acknowledgement, ClaimNumber - 20190628EDW0001	<a href="#">Read</a>

# Adding a Claim Appeal

- Click **Open Attachment** to download the Acknowledgement, and click on the pdf that appears at the bottom of the screen to view the Acknowledgement Letter
- Once the appeal has been reviewed by the Health Plan, a **Determination Letter** will be sent through Notifications. This letter will indicate the review of the claim appeal was completed and the decision that was made

Claim Appeal Acknowledgement, ClaimNumber - 20190 ×

Please do not reply to this email. This is an unmonitored address and replies to this email cannot be responded to or read.

Open Attachment

Mark As Read

Cancel

# Claims Appeals: View submitted and saved claims

This feature enables the user to search for claim appeals that may have been started and saved, or active claim appeals that have been submitted.

Select **View Submitted and Saved Claim Appeals** action



Choose an action below:

Start a New Claim Appeal

View Submitted and Saved Claim Appeals

After selecting the **View submitted and Saved Claim Appeals** action the following screen will be prompted



[Return to Previous Page](#)

Your saved claim appeals are listed below.

Search:

Save Date	First Claim Number	Continue Appeal
No data available in table		

Showing 0 to 0 of 0 entries

Your submitted claim appeals are listed below.

\*Note that recently submitted claims may take a few minutes to appear and you must refresh this page.

[Export](#)

Search:

Claim ID	Appeal Type	Submission Date	Status	Provider Name	Provider Tax ID	Claim Details
No data available in table						

Showing 0 to 0 of 0 entries

# Saved and submitted appeals

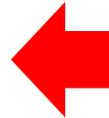
Your saved claim appeals are listed below.

Search:

Save Date	First Claim Number	Continue Appeal
Tue Sep 10 2019 08:30:40 GMT-0500 (Central Daylight Time)	COB	<a href="#">Continue Appeal</a>

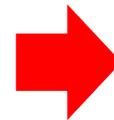
Showing 1 to 1 of 1 entries

<< < 1 > >>



Saved claim appeals are located at the top section. If a claim appeal is started but not submitted, a user can resume the process by clicking **Continue Appeal** at the end of the saved claim appeal record

Submitted claim appeals are located at the bottom section. To view a submitted claim appeal select the **View Appeal** button located at the end of the submitted claim appeal record



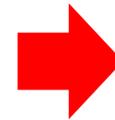
Claim ID	Appeal Type	Submission Date	Status	Provider Name	Provider Tax ID	Claim Details	User ID
20170101ZZ00000	Recoup	03/30/2018	Completed	DORY MAKEUP	333333221	<a href="#">View Appeal</a>	sshoe11

# Viewing Appeals

- Select **View Appeal** to view the details of the claim appeal submitted

Claim ID	Appeal Type	Submission Date	Status	Provider Name	Provider Tax ID	Claim Details	User ID
20170101ZZ00000	Recoup	03/30/2018	Completed	DORY MAKEUP	333333221	<a href="#">View Appeal</a>	sshoe11

- After selecting to view appeal the Appeal Details will be displayed



### Appeal Details

Print  

Provider Tax ID	Contact Phone Number		
333333221			
Member ID	Claim ID		
000111222301	20160101ZZ00000		
Member Last Name	Date of Service		
SUNSHINE	01/01/2016		
Member First Name	First Time Review?		
SALLY	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Service Line	CARC	RARC	Amount Charged
3	110		1423

Showing 1 to 1 of 1 entries

**Explanation**  
Testing 123

**Attach Supporting Documents**

Name
------

# Additional Provider Support and Training

## Where can I find more information about the 2020 Provider Portal?

- Refer to the Providers Education page on the CCHP website for the following 2020 Portal resources:
  - Customizable Account Setup Options – Easy-to-read graphics and recommendations for account setup
  - Complete Registration User Guide – Step-by-step registration process on how to create Organization and Individual Portal accounts
  - Provider Portal User Guide – Available in the secure area of the 2020 Portal to users once an account is created and details how to use the self-service applications

## Who can I contact if I have questions or need further assistance?

- Contact your Provider Provider Relations Specialist at [CCHPProviderRelations@childrenswi.org](mailto:CCHPProviderRelations@childrenswi.org) with questions

**Thank you for  
watching and  
welcome to the new  
2020 Provider Portal!**

