The CSHCS program is part of the Indiana State Department of Health, and provides supplemental medical coverage to help families of children who have serious, chronic medical conditions. The program covers children up to 21 years of age, who meet the program’s financial and medical criteria, and helps pay for treatment related to the child’s medical condition.

The web portal currently allows enrolled providers to check participant eligibility, review claim status/history and print an Explanation of Payment/Remittance Advice via the internet. In order to utilize the web portal you must be a CSHCS provider and complete an enrollment form which is available on the navigation bar of the WEB Portal.

The CSHCS program anticipates adding future enhancements to this system which may include access for prior authorization and provider enrollment.

The WEB Portal was designed to be user friendly, and this user manual is available if needed.

The User Manual is broken down in sections:

- Login / Access
- Navigation Bar
- Eligibility Inquiry
- Claims
# Table of Contents

Login / Access .......................................................................................................................... 3  
1. Permissions: ..................................................................................................................... 3  
2. Passwords: ....................................................................................................................... 3  
3. Disclaimer: ....................................................................................................................... 3  
4. Session Timeout (Auto Logoff): ...................................................................................... 4  
5. Screens used in Login / Password Process: ........................................................................ 4  

Navigation Bar ............................................................................................................................. 7  
1. Location: ......................................................................................................................... 7  
2. Applications: ................................................................................................................... 7  
3. FAQ : ................................................................................................................................. 7  
4. Help: ................................................................................................................................. 7  
5. Contact Us: ...................................................................................................................... 7  

Eligibility Inquiry .......................................................................................................................... 8  
1. Use: .................................................................................................................................. 8  
2. Search Criteria: ................................................................................................................ 8  
3. Search Results: ................................................................................................................ 8  
4. Eligibility Detail: .............................................................................................................. 8  
5. Eligibility Inquiry Screen Prints: ....................................................................................... 9  

Claims......................................................................................................................................... 11  
1. Claims Inquiry .................................................................................................................. 11  
   a. Use: ............................................................................................................................ 11  
   b. Search Criteria: .......................................................................................................... 11  
   c. Search Tips/Information: .......................................................................................... 11  
   d. Search Results: .......................................................................................................... 12  
   e. Claims Inquiry Screen Prints ..................................................................................... 12  
2. Warrant Inquiry: ................................................................................................................ 14  
   a. Use: ............................................................................................................................ 14  
   b. Search Criteria: .......................................................................................................... 14  
   c. Search Tips/Information: .......................................................................................... 14  
   d. Search Results: .......................................................................................................... 14  
   e. Warrant Inquiry Screen Prints .................................................................................... 15
1. **Permissions:**
   a. Logins are necessary for access to the WEB Portal. Permissions are given after the WEB Portal Enrollment Form has been completed and returned to ISDH/EDI Administrator as instructed on the form.
   b. Once permissions are granted each user will receive an e-mail notification (or telephone notification if email is not available) which provides user with login and temporary password.
   c. Permissions that are tied to your login allow you access to Claims, EOP, and Warrant information for claims associated to the National Payer Identifier (NPI) that you provided on the Enrollment Form.

2. **Passwords:**
   a. Requirements:
      i. Users will be required to change their password upon logging into the WEB Portal for the first time as well as answering security questions for future use for resetting your password.
      ii. Minimum password length = 8 characters
      iii. Password Complexity: the following characteristics must exist
         * Upper and lower case letters
         * Numeric characters
         * Special characters (i.e. $, @, &, #, etc)
      iv. Cannot reuse last 3 passwords
   b. **Password Reset:** Users can reset their own password one of two ways:
      i. **Forgot Password:**
         - If you have forgotten your password you can reset your own password by selecting “Forgot Password” from the Login Screen.
         - After you enter your Login, you will receive an e-mail with a new link.
         - You will need to close the current browser you have open and follow the new link where you will be asked some security questions before being directed to the Change Password Screen.
         - Once this has been completed you will be redirected to Login again with your Login and New Password.
      ii. **Reset Password:**
         - You can reset your password as necessary from the Manage Profile Section in the Navigation Bar.
         - Once Reset Password is selected, you will be directed to the Security Verification Page where you will enter your current password and answer some security questions.
         - After the Security Verification Page has been completed correctly, you will be directed to the Change Password Screen.
         - Once this has been completed you will be returned to the Home Page.

3. **Disclaimer:**
You will need to accept the disclaimer that is presented after login to proceed into the WEB Portal. If you ‘decline’ you will logged out and returned to the Login Page.

4. **Session Timeout (Auto Logoff):**

The WEB Portal automatically monitors every active session to protect against unauthorized access. Sessions with inactivity for 20 minutes will automatically be logged off the system.

5. **Screens used in Login / Password Process:**
   a. **Login Screen**

```
Screen1: Login Screen
```

```
Children's Special Health Care Services

Login

Username
Password
Login

Forgot Password?

Please contact administrator for login issues: 317-233-9803

Copyright © 2001-2008 Children Healthcare Services. All Rights Reserved.
```

b. **Forgot Password Screen**

```
Screen2: Forgot Password Screen
```

```
Children's Special Health Care Services

Forgot Password

Username
Continue | Cancel

Copyright © 2001-2008 Children Healthcare Services. All Rights Reserved.
```

c. **Forgot Password Confirmation Screen**
d. Security Verification Screen (accessed from E-mail generated after Forgot Password)

e. Change Password Screen
Change Password

Password Rule:

- New Password and Confirm New Password cannot be blank
- New Password and Confirm New Password must match
- Minimum password length = 8 characters
- Password Complexity: the following characteristics must exist
  * Upper and lower case letters
  * Numeric characters
  * Special characters (i.e. $, @, #, %, etc)

New Password

Confirm New Password

Submit  Cancel
Navigation Bar

1. **Location:**

   The Navigation Bar is located on the left side of the screen and is viewable from all applications.

2. **Applications:**

   The applications you will find on the Navigation Bar are:
   
   a. **Eligibility**
      
      i. Eligibility Inquiry: You can look up CSHCS Participants to determine eligibility.
   
   b. **Claims**
      
      i. Claims Inquiry: You can look up claim(s) by participant and obtain a view or print an Explanation of Payment (EOP) if claim has been completed.
      
      ii. Warrant Inquiry: You can look up an EOP and obtain a view or print by searching with warrant information.
   
   c. **Manage Profile**
   
   d. **Reset Password:**

      You can reset your own password as needed.

3. **FAQ:**

   Frequently Asked Questions

4. **Help:**

   Provides some basic help for certain situations

5. **Contact Us:**

   Provides information on how to contact the CSHCS Program.

6. **Navigation:**

   a. You can move from any place in the WEB Portal to any item on the Navigation Bar.
   
   b. If you have data retrieved from a search and then go to another section the system will retain your search results while you have this session open.
Eligibility Inquiry

1. **Use:**
   Eligibility Inquiry is available to check eligibility of a participant. Capability to print the eligibility information is available.

2. **Search Criteria:**
   a. To obtain a proper match the following criteria must be followed:
      i. Enter last name/first name AND participant ID; or
      ii. Enter last name/first name AND participant date of birth; or
      iii. Enter last name/first name AND last 4 digits of SSN; or
      iv. Enter participant ID AND last 4 digits of SSN; or
      v. Enter participant ID AND participant date of birth
   b. Date fields must be entered in format MM/DD/YYYY.

3. **Search Results:**
   a. Search results will be returned directly below the criteria section.
   b. If the system is unable to find an exact match based on the Search Criteria entered you will receive the message “There is no data found for this search criterion.”
   c. There could be more than one record returned for various reasons:
      i. Participant has more than one covered period.
      ii. There is more than one participant who matches the criteria entered such as twins.
   d. Participants who have not yet been active will not appear in the search results. This includes participants who have pending eligibility or have been denied.

4. **Eligibility Detail:**
   a. To access the eligibility detail, click with your mouse on the PDF file of the record you want to view details on.
   b. The detail page is presented in another window which allows you to view or print as necessary.
   c. Data available in the detail page:
      i. Participant demographic information
      ii. Eligibility periods
      iii. COB and/or Medicaid information as available to the CSHCS Program. (Accuracy of COB and Medicaid information is not guaranteed)
      iv. Disclaimers
5. **Eligibility Inquiry Screen Prints:**
   a. **Eligibility Inquiry**
b. Eligibility Inquiry Search Results

Eligibility Inquiry Search Results

- Participant ID: 902119
  - Last Name: TEST
  - Eligibility From: mm/dd/yyyy

- Participant ID: 902119
  - First Name: 1
  - Eligibility To: mm/dd/yyyy

Search  New Search

Eligibility Disclaimer:
- Enrollment in the CSCHS program does not guarantee payment for services. Program policies must be followed, including submitting requests for prior authorization when required. Changes to eligible participant coverage dates may occur as eligibility information is updated. Please contact the CSCHS program eligibility unit at 1-866-475-1355 if you have any questions.

HIPAA Disclaimer:

Date Printed: 06/09/2009

Eligibility Detail

Participant
- CSHS ID: 902119
- Name: TEST, NOCOB2
- Date Of Birth: 01/01/2001
- Eligible From: 12/20/2004
- Eligible To:

Other Insurance
- Insurance
- Policy Holder
- Effective Date
- Term Date

Medicaid
- Medicaid Number
- Effective Date
- Term Date
Claims

1. Claims Inquiry
   a. **Use:**
      Claims Inquiry is available to check claim(s) status as well as print Explanation of Payment (EOP) at either the claim detail or warrant detail.

   b. **Search Criteria:**
      You can look up claim(s) by participant and obtain a view or print an EOP if claim has been completed. Please note that you may only inquire about claims that have been processed by the program in the last 4 years. If you have questions about claims processed prior to that, please call 1-800-475-1355 and select option 5 for the claims unit. You can search by:
      - Claim ID
      - Claim Type
      - Participant ID
      - Claim Status
      - Participant Last Name
      - Participant First Name
      - Check/EFT No.
      - Check/EFT Date
      - Service From Date / Service To Date
      - Patient Account No
      - SSN (Last 4 digits)

   c. **Search Tips/Information:**
      - Some search results may be too large and you will need to add another search element to obtain your results.
      - You will be able to print any EOPS that are viewable.
      - You can only view claims based on the NPI numbers that you included on your WEB Enrollment Application.
d. Search Results:
   - Search results will be returned directly below the criteria section.
   - There could be more than one record returned because the participant may have more than one claim with the criteria entered.
     - If a claim has been completed and Warrant/EFT has been issued, you will be able to view the EOP for either the claim or the warrant by accessing the PDF file for the claim. You can print from the open PDF file.
   - Search results can be sorted by any of the headings in either ascending or descending order by clicking on the heading.
   - Based on the search criteria entered the search results may be too large to display. If this happens the following message will be received “Search results too large to display, please redefine your search criteria by adding an additional search element”. Add additional criteria to your search elements to further refine your search.

e. Claims Inquiry Screen Prints
   i. Claims Inquiry

```
Welcome: JEFFREY RECTOR, you are logged in as Provider

Claims Inquiry

Attention:
Please note that you are only inquire about claims that have been processed by the program in the last 4 years. If you have questions about claims processed prior to that, please call 1-800-475-1395 and select option 5 for the claims unit.

Claims Disclaimer:
Enrollment in the CHC program does not guarantee payment for services. Program policies must be followed, including submitting requests for prior authorization when required. Changes in eligible participant coverage dates may occur as eligibility information is updated. Payment is based on Illinois Medicaid allowed rates. Insurance and Medicaid must be billed first, and all primary insurance/Medicaid policies must be followed. CHC can consider prepayment for approved services may not be billed to the family. Please contact the CHC program claims unit at 1-800-475-1395 if you have any questions.

HIPAA Disclaimer:
NOTICES: This information is intended only for the use of the entity for which authorization has been given, and is privileged and/or confidential. If the reader of this information is not the intended recipient, any dissemination, distribution or copying is strictly prohibited and may be punishable under state and federal law. If you have accessed this information in error, please notify the CHC program at 1-800-475-1395 immediately.
```
ii. Search Results

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>PIN/Claim ID</th>
<th>Service Term</th>
<th>Service To</th>
<th>Amount Claimed</th>
<th>Amount Paid</th>
<th>Date Pld</th>
<th>Claim Status</th>
<th>Claim ID/AMT and PDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST.NOC002</td>
<td>82110</td>
<td>06/01/2009</td>
<td>05/01/2009</td>
<td>$500.00</td>
<td>$6.00</td>
<td>06/30/2009</td>
<td>Paid</td>
<td></td>
</tr>
<tr>
<td>TEST.NOC002</td>
<td>82110</td>
<td>04/06/2009</td>
<td>04/06/2009</td>
<td>$5.00</td>
<td>$5.00</td>
<td>03/31/2009</td>
<td>Paid</td>
<td></td>
</tr>
<tr>
<td>TEST.NOC002</td>
<td>82110</td>
<td>05/10/2009</td>
<td>05/10/2009</td>
<td>$115.80</td>
<td>$101.60</td>
<td>03/31/2009</td>
<td>Paid</td>
<td></td>
</tr>
<tr>
<td>TEST.NOC002</td>
<td>82110</td>
<td>02/14/2009</td>
<td>02/14/2009</td>
<td>$280.80</td>
<td>$23.80</td>
<td>12/31/2008</td>
<td>Paid</td>
<td></td>
</tr>
<tr>
<td>TEST.NOC002</td>
<td>82110</td>
<td>01/10/2009</td>
<td>01/10/2009</td>
<td>$90.71</td>
<td>$90.71</td>
<td>12/31/2008</td>
<td>Paid</td>
<td></td>
</tr>
<tr>
<td>TEST.NOC002</td>
<td>82110</td>
<td>01/04/2009</td>
<td>01/04/2009</td>
<td>$224.00</td>
<td>$10.80</td>
<td>12/31/2008</td>
<td>Paid</td>
<td></td>
</tr>
<tr>
<td>TEST.NOC002</td>
<td>82110</td>
<td>01/04/2009</td>
<td>01/04/2009</td>
<td>$280.80</td>
<td>$17.42</td>
<td>12/31/2008</td>
<td>Paid</td>
<td></td>
</tr>
<tr>
<td>TEST.NOC002</td>
<td>82110</td>
<td>02/02/2009</td>
<td>02/02/2009</td>
<td>$60.08</td>
<td>$12.00</td>
<td>06/30/2009</td>
<td>Paid</td>
<td></td>
</tr>
<tr>
<td>TEST.NOC002</td>
<td>82110</td>
<td>11/01/2009</td>
<td>11/01/2009</td>
<td>$172.80</td>
<td>$30.80</td>
<td>09/30/2009</td>
<td>Paid</td>
<td></td>
</tr>
<tr>
<td>TEST.NOC002</td>
<td>82110</td>
<td>03/08/2009</td>
<td>03/08/2009</td>
<td>$60.08</td>
<td>$11.41</td>
<td>10/27/2009</td>
<td>Paid</td>
<td></td>
</tr>
</tbody>
</table>

11 records found, displaying all records.

11 records found, displaying all records.

Attention:

Please note that you may only inquire about claims that have been processed by the program in the last 4 years. If you have questions about claims processed
2. **Warrant Inquiry:**

   a. **Use:**
      Warrant Inquiry is available to view and print an Explanation of Payment (EOP) that will show all claims paid for a particular warrant/EFT.

   b. **Search Criteria:**
      You can look up an EOP by using the following search criteria:
      - Check/EFT #
      - Check/EFT Amount
      - Check/EFT Date From / Check/EFT Date To
      - Claim Processed From / Claim Processed To

   c. **Search Tips/Information:**
      - Some search results may be too large and you will need to add another search element to obtain your results.
      - You will be able to print any EOPS that are viewable.
      - You can only view claims based on the NPI numbers that you included on your WEB Enrollment Application.

   d. **Search Results:**
      - Search results will be returned directly below the criteria section.
      - There could be more than one record returned depending on the search criteria entered.
      - Search results can be sorted by any of the headings in either ascending or descending order by clicking on the heading.
      - You can view the EOP in a PDF version by clicking on the PDF Icon for the record. You can print from the open PDF file.
      - Based on the search criteria entered the search results may be too large to display. If this happens the following message will be received “Search results too large to display, please redefine your search criteria by adding an additional search element”. Add additional criteria to your search elements to further refine your search.
e. Warrant Inquiry Screen Prints