

WEB Portal User Manual

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

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Login / Access

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 be 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



Children's Special Health Care Services

Login

Username

Password

Login

[Forgot Password?](#)

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

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b. Forgot Password Screen



Children's Special Health Care Services

Forgot Password

Username

Continue Cancel

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c. Forgot Password Confirmation Screen

Children Special Healthcare Services

Confirmation

An automated e-mail has been generated and sent to your personal email id. Please follow the instructions and reset your password.

Ok

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

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Security Verification

Please answer the following security questions.

What is your father's middle name?

What was your first pet's name?

What was the color of your first car?

Continue

Cancel

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- e. Change Password Screen

Children Special Healthcare Services

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

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

Children's Special Health Care Services [Logout](#)

Welcome Sinko May , you are logged in as EDI Administrator

- Home Page
- Web Enrollment
- Provider
- Billing Company
- User
- Eligibility
- Eligibility Inquiry
- Claims
- Warrant Inquiry
- Claims Inquiry
- Manage Profile
- FAQ
- Help
- Contact Us

Eligibility Inquiry

Participant ID: <input type="text"/>	Participant DOB: <input type="text"/> mm/dd/yyyy
Last Name: <input type="text"/>	First Name: <input type="text"/> Matching criteria:
Eligibility From: <input type="text"/> mm/dd/yyyy	Eligibility To: <input type="text"/> mm/dd/yyyy
SSN (Last 4): <input type="text"/>	<ul style="list-style-type: none">Enter last name/first name AND participant ID; orEnter last name/first name AND participant date of birth; orEnter last name/first name AND last 4 digits of SSN; orEnter participant ID AND last 4 digits of SSN; orEnter participant ID AND participant date of birth

Eligibility Disclaimer:
Enrollment in the CSHCS 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 daily. Please contact the CSHCS program eligibility unit at 1-800-475-1355 if you have any questions.

HIPAA Disclaimer:
NOTICE: 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 CSHCS program at 1-800-475-1355 immediately.

b. Eligibility Inquiry Search Results

Logout

Children's Special Health Care Services

Welcome Sinko May, you are logged in as EDI Administrator

Home Page

Web Enrollment

Provider

Billing Company

User

Eligibility

Eligibility Inquiry

Claims

Warrant Inquiry

Claims Inquiry

Manage Profile

FAQ

Help

Contact Us

Eligibility Inquiry

Participant ID: Participant DOB: mm/dd/yyyy

Last Name: First Name: Matching criteria:

Eligibility From: mm/dd/yyyy Eligibility To: mm/dd/yyyy

SSN (Last 4):

- Enter last name/first name AND participant ID; or
- Enter last name/first name AND participant date of birth; or
- Enter last name/first name AND last 4 digits of SSN; or
- Enter participant ID AND last 4 digits of SSN; or
- Enter participant ID AND participant date of birth

One record found.

1

Participant ID	Participant DOB	Eligibility From	Eligibility To	Eligibility Detail
902119	01/01/2001	12/20/2004		

One record found.

1

Eligibility Disclaimer:
Enrollment in the CSHCS 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 daily. Please contact the CSHCS program eligibility unit at 1-800-475-1355 if you have any questions.

HIPAA Disclaimer:

c. Eligibility Detail

Date Printed: 06/09/2009

Eligibility Detail

Participant

CSHCS ID: 902119 Eligible From: 12/20/2004

Name: TEST, NOCOB2 Eligible To:

Date Of Birth: 01/01/2001

Other Insurance

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

Medicaid

Medicaid Number	Effective Date	Term Date
-----------------	----------------	-----------

1 of 1

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

Children's Special Health Care Services [Logout](#)

Welcome JEFFREY RECTOR, you are logged in as Provider

Claims Inquiry

Claim ID: <input type="text"/>	Claim Type: <input type="text" value="All"/>
Participant ID: <input type="text"/>	Claim Status: <input type="text" value="All"/>
Participant Last Name: <input type="text"/>	Participant First Name: <input type="text"/>
Check / EFT No: <input type="text"/>	Check / EFT Date: <input type="text" value="mm/dd/yyyy"/>
Service From Date: <input type="text" value="mm/dd/yyyy"/>	Service To Date: <input type="text" value="mm/dd/yyyy"/>
Patient Account No: <input type="text"/>	SSN (Last 4): <input type="text"/>

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 prior to that, please call 1-800-475-1355 and select option 5 for the claims unit.

Claims Disclaimer:
Enrollment in the CSHCS 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 daily. Payment is based on Indiana Medicaid allowed rates. Insurance and Medicaid must be billed first, and all primary insurance/Medicaid policies must be followed before CSHCS can consider payment. Balances for approved services may not be billed to the family. Please contact the CSHCS program claims unit at 1-800-475-1355 if you have any questions.

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ii. Search Results

Eligibility

Claims

Warrant Inquiry

Claims Inquiry

Manage Profile

FAQ

Help

Contact Us

Claim ID:

Participant ID:

Participant Last Name:

Check / EFT No:

Service From Date:

Patient Account No:

Claim Type:

Claim Status:

Participant First Name:

Check / EFT Date:

Service To Date:

SSN (Last 4):

11 records found, displaying all records.

1

Participant Name	Participant ID	Service From	Service To	Amount Billed	Amount Paid	Warrant#	Claim Status	Claim/Warrant EOP
TEST, NOCOB2	902119	05/01/2009	05/01/2009	\$200.00	\$0.50	04363059	Paid	/
TEST, NOCOB2	902119	04/06/2009	04/06/2009	\$5.09	\$5.09	03363060	Paid	/
TEST, NOCOB2	902119	03/10/2009	03/10/2009	\$115.00	\$101.60	03363061	Paid	/
TEST, NOCOB2	902119	02/14/2009	02/14/2009	\$260.50	\$23.90	12345	Paid	/
TEST, NOCOB2	902119	01/10/2009	01/10/2009	\$260.50	\$90.71	12345	Paid	/
TEST, NOCOB2	902119	01/10/2009	01/10/2009	\$22.04	\$10.00	12345	Paid	/
TEST, NOCOB2	902119	01/04/2009	01/04/2009	\$38.29	\$38.29	12345	Paid	/
TEST, NOCOB2	902119	01/04/2009	01/04/2009	\$260.50	\$17.42	12345	Paid	/
TEST, NOCOB2	902119	05/22/2008	05/22/2008	\$60.50	\$12.51	00006	Paid	/
TEST, NOCOB2	902119	11/01/2007	11/01/2007	\$172.50	\$36.06	CHK071228-1	Paid	/
TEST, NOCOB2	902119	03/28/2007	03/28/2007	\$60.50	\$11.81	10771722	Paid	/

11 records found, displaying all records.

1

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

[Logout](#)

Children's Special Health Care Services

Welcome Sinko May , you are logged in as EDI Administrator

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- Web Enrollment
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- Claims Inquiry
- Manage Profile
- FAQ
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- Contact Us

Warrant Inquiry

Check / EFT No:

Check / EFT Date From: mm/dd/yyyy Check / EFT Date To: mm/dd/yyyy

Claim Processed From: mm/dd/yyyy Claim Processed To: mm/dd/yyyy

One record found.

1

Warrant#	Warrant Date	Process Date	Warrant Amount	Provider Name	NPI	Warrant EOP
12345	02/25/2009	02/25/2009	\$180.32	MARSH DRUGS 7037	1649285552	

One record found.

1

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 prior to that, please call 1-800-475-1355 and select option 5 for the claims unit.

Claims Disclaimer:
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