Thank you for serving our members.

Children's Community Health Plan (CCHP) is an HMO for BadgerCare Plus eligible children and adults living in Brown, Calumet, Kenosha, Milwaukee, Oshkosh, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca and Winnebago counties. We are affiliated with Children’s Hospital of Wisconsin.

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Overview

The Children’s Community Health Plan Provider Portal is a Web-based application designed to provide multi-transaction capabilities online. The Claims Look-up Portal is kept within the main CCHP Provider Portal. The Claims Look-up tool helps streamline and automate key business functions, including eligibility verification and claim status look-up.

When you see this icon throughout this guide, please be sure to read the note next to it for important information.

1 Access to the Provider Portal

1.1 Are you registered?

If you are new to Children’s Community Health Plan and your organization’s designated site administrator, you can start the Provider Portal registration process by calling Children’s Community Health Plan at 414-266-5747.

Next, Children’s Community Health Plan will mail you a letter with important information and a unique registration code you will need to complete your online Provider Portal registration.

After you receive your registration code, go to our main Provider Portal website at: Provider.childrenscommunityhealthplan.org.

If you are the first person from your organization to register on the Children’s Community Health Plan’s Provider Portal, you will be considered the site administrator.
1 Access to the Provider Portal (continued)

1.2 Steps to register for the Provider Portal

Step 1 Open registration form

- Click on “Need to register?” at the bottom of the Provider Portal page. A Portal Registration window will display.

Step 2 Add information

- Enter information in all fields
- Enter your unique registration code
- In the drop-down menu “What type of user are you registering?”, site administrators select “A User with Administrative Rights”.

Step 3 Complete registration form

- Click on the Register button.

Step 4 Verify your email address

- Within 30 minutes of submitting your online registration form, CCHP will send you an email to verify the email address you provided – click on the link in that email.
- CCHP will send you an “Email Verification Completed” email.
- CCHP will send you an email with your user login information and password within 3 business days.

Once you’ve completed the registration on the Provider Portal, you will need to complete the Provider Self-enrollment process in order to access the Children’s Community Health Plan Claims Look-up Portal.

Already registered?

If you have already registered your organization on the Children’s Community Health Plan’s Provider Portal, proceed to the Claims Look-up Portal.
2 Logging in to the Claims Look-up Portal

There are a few ways to login:

1. New to Children’s Community Health Plan
   If you are new to the CCHP Claim’s Look-up Portal, select **Enroll New Customer**, which is located at the bottom left corner of the login page. A Pre-Registration page will appear for you to complete the Provider Self-Enrollment process (see page 4).

2. An account has already been created
   If an account has already been created, enter the primary Username and Password, and select **Login**. After a few seconds, the home page appears, as shown on page 9.

3. Forgot Password?
   If you already have an account, but forgot your password when logging in, reset it by selecting **Forgot Password?** located at the bottom right corner of the Login page.

   An I Forgot My Password window will popup and ask your security questions, Tax ID and ZIP code.

   After entering the required information, click the **Submit** button.

   **tip** Passwords must be 8 to 30 characters, and contain:
   - Two numeric digits (0-9)
   - Upper case letters (A-Z)
   - Lowercase letters (a-z)

   **Do not use:**
   - Previous or variations of passwords
   - Your user ID or name as part of your password

   **important!** HIPAA guidelines prohibit users from sharing login information.
3 Register for Provider Self-Enrollment

Register for Provider Self-Enrollment by completing the required fields marked with a red asterisk (*). Enter your primary Email Address, Organization Tax ID, and Security Word. After you complete these fields, click Submit.

Shortly, you’ll receive an email from officenotify@emdeon.com (example shown below). This email will be sent to the primary email address supplied. Click the URL supplied within the email to activate the Provider Self-Enrollment process.

Thank you for your enrollment request. Please follow the link below to complete your enrollment


If you have not completed your enrollment within 3 days, your request will be deleted.

If you don’t receive an email with the subject “Enrollment Request” right away, please check to see if it’s in your junk mail folder.
4 Provider Self-Enrollment process

Once the Provider Self-Enrollment activation link appears, the following window will display. You will enter information in three tabs, starting with the Organization tab.

4.1 Organization tab

Add the organization information for your primary office, clinic, agent or hospital. The search criteria steps marked with a red asterisk (*) are required fields.

When you have completed the required fields, click the Next button to activate the Primary Contact tab window.
4 Provider Self-Enrollment Process (continued)

4.2 Primary Contact tab

The following window will display for the Primary Contact tab. The primary user is the designated contact and serves as the site administrator. The search criteria marked with a red asterisk (*) are required fields.

When you have completed the required fields, click the Next button to activate the Provider Info tab.
4 Provider Self-Enrollment Process (continued)

4.3 Provider Info tab

The following window will display for the Provider Info tab. The search criteria marked with a red asterisk (*) are required fields.

When you have completed the required fields, click the Finish button to activate a popup Enrollment Message window.
4 Provider Self-Enrollment Process (continued)

4.4 Provider Self-Enrollment confirmation

Once the enrollment is complete, an Enrollment Message popup window will display with a summary of your user account information. Please note your User ID, Password and Login Page URL.

Click the OK button.

Enrollment Message

Congratulations! Your user account has been created and is ready for use. To access your account, please use:

User ID: primary/user
Password: msm
Login Page: https://office.emdeon.com/vendorfiles/CCHP.htm

PLEASE MAKE A NOTE OF THIS PASSWORD AS IT WILL NOT BE PROVIDED TO YOU AGAIN.

If you lose your password, select the I Forgot My Password link from the Login Page to reset it.

OK

4.5 Confirmation email

A confirmation email will be sent to the primary email address supplied (site administrator). This email contains the User ID and a URL to activate the Claims Look-up Portal login page.

Your user account has been created and is ready for use. To access your account please use:

User ID: primary user
Login Page: https://office.emdeon.com/vendorfiles/CCHP.htm

If you lose your password, select the I Forgot My Password link from the Login page to reset it.

That’s it! The new user may now login to the CCHP Claims Look-up Portal.
5 Home Page

5.1 The home icon

The home page is the first screen you see after logging in.

The home page is designated by the home icon, which is on left side of the Navigation bar.

5.2 The Navigation bar

The Navigation bar is located in the upper gray area and is used to navigate throughout each function. The functions may vary depending on which services you are set up to use. Therefore, there are some features that may appear in the screen but not visible to all users.

<table>
<thead>
<tr>
<th>Function Name</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>Allows users to view real-time patient eligibility and benefits.*</td>
</tr>
<tr>
<td>Claims</td>
<td>Allows users to view real-time claim status.*</td>
</tr>
<tr>
<td>Medical Codes</td>
<td>Allows the search for procedure codes, diagnosis codes, and NDC codes.</td>
</tr>
<tr>
<td>Setup</td>
<td>Allows you to setup your account and site administrators to manage users.</td>
</tr>
<tr>
<td>Logout</td>
<td>You should log out every time you leave your workstation for an extended period of time in order to ensure the confidentiality of patient data.</td>
</tr>
</tbody>
</table>

* First-time site administrators need to contact Provider Relations upon completion of their Claims Look-up Portal enrollment to view these tabs. You can reach Provider Relations at 1.844.229.2775.
5 Home Page (continued)

5.3 Other sections

Located in the middle of the home page screen are other sections:

<table>
<thead>
<tr>
<th>Section Name</th>
<th>Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message Center</td>
<td>This section provides access to email messages. For more information, refer to the Message Center section.</td>
</tr>
<tr>
<td>Flash Messages</td>
<td>This will include both alerts, important updates about upcoming enhancements or changes and announcements.</td>
</tr>
<tr>
<td>Customer Support</td>
<td>This section provides online support and training, a general user guide, system requirements and other information.</td>
</tr>
<tr>
<td>Children’s Community Health Plan Library</td>
<td>This section consists of helpful documents and links, some of which may be available online at childrenscommunityhealthplan.com</td>
</tr>
<tr>
<td>Help</td>
<td>The Help function is context sensitive — the information displayed depends on the window that is currently active.</td>
</tr>
<tr>
<td>Print</td>
<td>The Print function prints the content that is displayed</td>
</tr>
<tr>
<td>Logout</td>
<td>You should log out every time you leave your workstation for an extended period of time in order to ensure the confidentiality of patient data.</td>
</tr>
</tbody>
</table>
6 Eligibility and Benefits

6.1 Check benefits

To verify eligibility and check benefits, follow the steps listed below.

**Step 1** Select payer
- Children’s Community Health Plan

**Step 2** Select how you wish to search
- There are two search options: 1. Member ID & DOB and 2. Member Name & DOB

**Step 3** Enter search criteria

The search criteria steps marked with a red asterisk (*) are required fields.
- *Member ID
- *Date of Birth
- *Member Last Name
- *Member First Name (First Initial can be used)
- Patient Account #
- *Service Type
- *Start Date
- End Date

**In the Requesting Provider section:**
- *Provider NPI
- *Last Name/Organization
- *Individual/Organization

If an individual provider is selected, the First Name will need to be entered.

The provider details will default to the information added on the self-enrollment pages by the Site Admin. To add or update provider details, the Site Admin can click the Select button located in the Requesting Provider section and follow the steps to either edit the provider or set up a new provider.
6 Eligibility and Benefits (continued)

Step 4 Begin Search

- Send to Payer
  Processes your search

- Reset Page
  Your search will start all over.

Once the Send to Payer option is selected, the completed request will appear with detailed information about the subscriber’s eligibility. This page also has a quick-link button to Check Claims status. See example below.

![Image of the Children's Community Health Plan Claims Look-up Portal]

Use the quick link to check claim status.

Begin and end dates of coverage.
7 Claim status look-up

There are two menu items under the Claims tab. Click on arrow next to Claims, scroll down and select Claim Status from the drop-down menu.

Step 1 Select payer
— Children’s Community Health Plan

Step 2 Enter search criteria

The search criteria steps marked with a red asterisk (*) are required fields.

- *Member ID
- Patient Account #
- *Member Last Name
- *First Name
- *Member DOB
- *Start Date
- *End Date
- Total Charges

If the Service Provider information is the same as the Requesting Provider, check box next to “Same as Requesting Provider”
7 Claim status look-up (continued)

Step 2 Enter search criteria

In the Requesting Provider section

- *Provider ID Type. There are two search options indicated, NPI (and Payer Assigned ID).
- *Provider ID (NPI Type 2)
- *Last Name/Organization
- *Individual/Organization

If an individual provider is selected the First Name will need to be entered.

In the Service Provider section: If the information is the same as the requesting provider, select Same as Requesting Provider.

Step 3 Begin search

- Send to Payer This option processes your search.
- Reset Page This option clears all data, and your search starts over.

Once the Send to Payer option is selected the transaction will result in claim status. The claim details will include status; processed date; total claim charge amount; claim payment amount; adjudication date; check or EFT Number.

For multiple-line details, refer to your Explanation of Payment (EOP).

Maximum claim look-up is 12 months.
8 Message Center

8.1 View unread messages
To identify any received messages, go to the mail messages link, which is located on the Home page in the Message Center section.
To view messages, select unread mail messages.

8.2 Folders and Messages Lists feature
Messages are located in the Folders and Message Lists feature. Select the message by either double-clicking or clicking on the message and selecting the icon.

Unread messages appear in bold.
9 Payment Remits

9.1 Search payment

The Payment Remits feature allows providers to access claim payment information online. The Remits functionality is located under the Payment tab on the navigation bar. Once the Payment tab is selected, two options will be displayed.

1. Remits (Payment Remits)
2. More (Payment Additional Resources)

The More option takes you to the payment resource page, where you may access relevant forms, tutorials, a user guide, and the Complete Emdeon Payer List.

Selecting Remits will prompt additional subfeatures to display.

For Children’s Community Health Plan, the only available feature is the Payment Remits functionality.

You can do the following with the Remits service:

1. Locate payment information for a specific patient or claim using a variety of search options
2. Print documents that are needed in hard copy
3. Track which remits you have posted against your accounts receivable and which remain to be worked.

The ability to use additional features falling under the Remit functionality may vary depending on which services a user is set up for with both Emdeon and Children’s Community Health Plan. The following sub tabs: Home, Claims, Payments, Preferences, and Support under the Remits feature, may not be applicable to your entity. Therefore, some of the features that may appear under this function will not be available to all users.
9 Payment Remits (continued)

9.2 Payment Remits Search Payment

The Search Payment screen is used to query Electronic Remit Advice (ERA) payments.

There are two search criteria, Basic and Advanced. There are two search methods, By Batch and By Claim. Each of these search methods will display certain search criteria.

9.3 Basic Search

A basic search can be performed with using categories such as:

1. Provider Name
   - Select from the drop-down list the name of the provider who rendered services to a patient.
   - The default option is “Any”.

2. Payer Name
   - Select Dean Health Plan from the drop-down list.
   - The default option is “Any”.

3. Time Period
   - Select a time period from the drop-down list.
   - The default option is “Any”.

![Search Payment Screen]

The Search Payment screen is used to query Electronic Remit Advice (ERA) payments. There are two search criteria, Basic and Advanced. There are two search methods, By Batch and By Claim. Each of these search methods will display certain search criteria.

![Basic Search]

A basic search can be performed with using categories such as:

1. Provider Name
   - Select from the drop-down list the name of the provider who rendered services to a patient.
   - The default option is “Any”.

2. Payer Name
   - Select Dean Health Plan from the drop-down list.
   - The default option is “Any”.

3. Time Period
   - Select a time period from the drop-down list.
   - The default option is “Any”.

---

Children’s Community Health Plan | Claims Look-up Portal User Guide
9 Payment Remits (continued)

9.4 Advance Search

The Advance Search methods are By Batch or By Claim.

1. By Batch
   - The By Batch Search Method is the default and used to search for ERAs by batch details.
2. By Claim

9.5 By Batch search

When selecting By Batch Search Method, the below information will be displayed.

<table>
<thead>
<tr>
<th>Load Batch ID</th>
<th>Tax ID</th>
<th>NPI</th>
<th>Payment Information</th>
<th>Payment Amount</th>
<th>RA Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All (Default)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Non-Retrieved 835</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Non-Printed Documents</td>
</tr>
</tbody>
</table>

The By Batch Search Method is the default and used to search for ERAs by batch details. Available search criteria includes:

1. Load Batch ID
2. Tax ID
3. NPI
4. Payment Information
   - Payment #
   - Payment Amount
   - Load Batch ID
5. RA Status
   - Non-Retrieved 835
   - Non-Printed Documents
   - All (Default)
6. Work Status
   - Unworked
   - Worked
   - All (Default)

9.6 By Claim search

When selecting By Claim Search Method, the below information will be displayed.

To search for ERAs by claim information select the By Claim button. Available search criteria include:

1. Patient Name
2. Patient Control #
3. Subscriber ID
4. Status
5. Service Dates
6. Various Codes
   - ICN/DCN
   - Reason Code
   - CPT/HCPCS Code
   - Remark Code
9 Payment Remits (continued)

9.7 Searching for ERAs

Step 1 Select the Search criteria

Basic Search criteria

Step 2 Enter applicable data
Complete the fields in the search criteria selected.

Step 3 Search Results
Select the Search button located at the bottom left corner of the Search Payment form. A message will display indicating Query In Progress.

The results will display at the bottom of the screen.

Search Results using Basic criteria
9 Payment Remits (continued)

Search Results using Advanced criteria — By Batch method.

<table>
<thead>
<tr>
<th>Select</th>
<th>Payor Name</th>
<th>Payor ID</th>
<th>Batch ID</th>
<th>Payment Date</th>
<th>Upload Date</th>
<th>Payment #</th>
<th>Method</th>
<th>Tax ID</th>
<th>NPI #</th>
<th>Provider Name</th>
<th>Total Charge</th>
<th>Total Pay</th>
<th>Total #</th>
<th>ISD Retrieval</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DEAN HEALTH</td>
<td>99999</td>
<td>00000000</td>
<td>10/02/13</td>
<td>10/02/13</td>
<td>00000000</td>
<td>ACH</td>
<td></td>
<td></td>
<td></td>
<td>$2,240.00</td>
<td>$2,240.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,240.00</td>
<td>$2,240.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # Selected</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Search Results using Advanced criteria — By Claim method.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient Ctrl #</th>
<th>Subscriber ID</th>
<th>ICN/DON</th>
<th>DOS</th>
<th>Provider Name</th>
<th>Payor Name</th>
<th>Batch ID</th>
<th>Payment Date</th>
<th>Payment #</th>
<th>Method</th>
<th>Tax ID</th>
<th>NPI #</th>
<th>Total Charge</th>
<th>Total Pay</th>
<th>Total #</th>
<th>ISD Retrieval</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunny Davis</td>
<td>111111111111</td>
<td>000011111111</td>
<td>2015000000000001</td>
<td>08/24/19</td>
<td>DEAN HEALTH...</td>
<td>DEAN HEALTH...</td>
<td>87654321</td>
<td>08/24/19</td>
<td>555555555555</td>
<td>ACH</td>
<td>0000000000</td>
<td>0000000000</td>
<td>0245.00</td>
<td>27.29</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Step 4 View ERA

By Batch Transaction

To view an ERA from a particular batch transaction, click on the Payment # under the Payment # column. A list of all claims with the transaction will be displayed.

For additional information click the “Additional Info” button displayed under the documents column. This will bring up a printable Explanation of Payment.

By Claim Transaction

To view an ERA for a particular claim from a specific transaction click on the patient control number under the Patient Ctrl # column. A list of all claims with the transaction will be displayed.

There is an option to view the entire ERA that includes the individual claim by selecting the Payment # for that claim transaction. There is then an option to search by Patient Last Name, Claim Sequence # or PCN (Patient Control Number).
9 Payment Remits (continued)

9.8 Payment Search Results

The **Show Payment** includes:

- **Claim Display Options**
  Choose Hide or Show the display service line information
  If the Payment# is selected from the ERA view transaction, an option to sort all claims by will be available. The drop-down list consist of Patient Last Name, Claim Sequence # and PCN (Patient Control Number).

- **Financial Summary**
  A financial summary is provided when viewing ERAs by batch or claim.
  This section can be expanded as needed by selecting the (+) symbol.
  Detailed provider information includes grand totals for charges, and adjustments

- **Service Line Info**
  This section can be expanded as needed by selecting the (+) symbol to display the Service Line Information of each claim.

*Reminder: For Children’s Community Health Plan the only available feature is the Payment Remits functionality.*

The first part of the ERA "Show Payment" may vary depending on the type of ERA transaction (By Batch/By Claim). The difference is the Claim Display Options — Sort all claims by feature.

---

<table>
<thead>
<tr>
<th><strong>Show Payment</strong></th>
<th><strong>Show Payment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Claim Display Options</strong></td>
<td><strong>Financial Summary</strong></td>
</tr>
<tr>
<td>Sort all claims by Patient Last Name</td>
<td>This section can be expanded as needed by selecting the (+) symbol to display the Service Line Information of each claim.</td>
</tr>
<tr>
<td>Hide or Show claim service line details</td>
<td>Details for All claims</td>
</tr>
</tbody>
</table>

---

*Additional Info* | *Electronic Remittance Advice*
---|---
| PROVIDER NAME | **Payment #:**
| STREET ADDRESS | **Payment Date:**
| CITY, STATE, ZIP CODE | **Payment Amount:**
| Tax ID: |  |
| Provider: |  |
| NPI: |  |

---

*Electronic Remittance Advice*

| *Sources: CH*

---

*DEAN HEALTH PLAN INC.*
PO Box 56066, Madison, WI 53705-2390
**TELEPHONE:** 800-354-9189
**EXTENSION:** 4320
**EMAIL:** DHPEDIODECARE.COM
**URL:** WWW.DENOCARE.COM
## Financial Summary

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability) This change effective 11/1/2015: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Note: this must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)</td>
</tr>
<tr>
<td>251</td>
<td>The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).</td>
</tr>
<tr>
<td>CO</td>
<td>Contractual Obligations</td>
</tr>
<tr>
<td>N28</td>
<td>Consent form requirements not fulfilled.</td>
</tr>
</tbody>
</table>

### Record Details

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient Control Number</th>
<th>Insured/Subscriber ID</th>
<th>MRN</th>
<th>Service Data</th>
<th>CCN/ICN</th>
<th>Network ID</th>
<th>Rendering Provider</th>
<th>Type of Bill</th>
<th>Claim Remarks</th>
<th>Claim Status</th>
</tr>
</thead>
</table>

### Covered Charges

<table>
<thead>
<tr>
<th>Covered Charges</th>
<th>Non-Covered Charges</th>
<th>Denied Charges</th>
<th>MSP Payments</th>
<th>Blood Deductible</th>
<th>Total DRG Amount</th>
</tr>
</thead>
</table>

### DRG

<table>
<thead>
<tr>
<th>DRG</th>
<th>DRG Weight</th>
<th>Per Diem</th>
<th>Reimbursement Rate</th>
<th>Disproportionate Share</th>
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</thead>
</table>

### Covered Days

<table>
<thead>
<tr>
<th>Covered Days</th>
<th>Non-Covered Days</th>
<th>PPS Operating Outlier Amount</th>
<th>PPS Operating Federal</th>
<th>Cost Report Days</th>
</tr>
</thead>
</table>

### Service Line Info

<table>
<thead>
<tr>
<th>Srvc From</th>
<th>Srvc Thru</th>
<th>Proc Code</th>
<th>Modes</th>
<th>Rev</th>
<th>APC</th>
<th>APC Price</th>
<th>Units</th>
<th>Charges</th>
<th>Allowed</th>
<th>Payment</th>
<th>Adjust</th>
<th>Adjustment Codes/Descriptions</th>
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<tbody>
<tr>
<td>08/24/2015</td>
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<td>85025</td>
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<td>$93.00</td>
<td>$10.37</td>
<td>$0.21</td>
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### Claim Totals

<table>
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<th>Claim Totals</th>
<th>$265.00</th>
<th>$27.95</th>
<th>$27.39</th>
<th>$237.61</th>
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*Only applicable with Claim Master Product*
10 Medical Codes

10.1 Medical Codes tab

After logging into the portal, select the Medical Codes tab located on the main menu/navigation bar.

The Medical Codes feature allows the search for:

- Procedure Codes
- Diagnosis Codes
- NDC Codes

10.2 Procedure Code Search

Step 1 Enter Search Criteria

- **Code Type:**
  - CPT/HCPCS
  - ICD9 Procedure
  - ICD10 Procedure
- **Code Value or Key Words**
  To search on multiple key words, separate them with spaces.
- **Max Result Rows:** 20, 50, & 100

Step 2 Submit Request

- **Submit or Reset**
10 Medical Codes (continued)

10.3 Diagnosis Code Search

Step 1 Enter Search Criteria
- **Code Type:** ICD9 & ICD10
- **Code Value or Key Words** — To search on multiple key words, separate them with spaces.
- **Max Result Rows:** 20, 50 or 100

Step 2 Submit Request
- Submit or Reset

10.4 NDC Code Search

Step 1 Enter Search Criteria
- **Code Type:** Defaults to NDC

Step 2 Submit Request
- Submit or Reset
11 Setup

11.1 Manage Users

The Manage Users feature is a subcategory of the Setup tab and is available to site administrators only.

Site administrators have the ability to:

- Add new location
- Edit location
- Change a primary contact for a location
- Add new users
- Edit user data
- Reset passwords
- Activate and deactivate users

11.2 My Account

The My Account feature is a subcategory of the Setup tab and is available to all users. This section allows the user to modify or make certain changes to their existing user information. This section will also indicate who the user’s site administrator is.

By default, the fields on the screen shown are populated with data currently contained in the portal database. To make any changes to the user’s account, all fields indicated with a red asterisk (*) must be entered before saving data.
12 Contact us

We’re here to help

If you have any questions on how to use the Claims Look-up Portal, please call Children’s Community Health Plan Provider Relations at **844-229-2775** or contact your CCHP Provider Relations Representative:

- Diana Schneider (A-L)  
  dschneider2@chw.org

- Tina Thomas (M-Z)  
  tthomas@chw.org

- Christina Sandoval  
  csandoval@chw.org