Health Information Portal (HIP)
Training Workbook
Version 2.2
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Document Change Control

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Objective

The objective of this workbook is to familiarize the user with:

- The use of Community Health Plan of Washington Health Information Portal (HIP)

Prerequisites

Prior to working in this web portal all users should have familiarity using Microsoft Internet Explorer 7.0 or later, as well as comfort in navigating in a Microsoft Windows application environment.

System Requirements

The minimum system requirements for assessing the Health Information Portal (HIP) are:

Browser

- Supported browser - Microsoft Internet Explorer 7.0 through version 11.
- Mobile browsers are not supported

Internet connection speed – DSL 1.5 Mbs or faster

Operating system

- Supported operating systems: Windows 7, 8 and 10

Minimum hardware needed

- 800 MHz PC
- 512 MB RAM

Screen resolution - 1024 x 768
Overview of CHPW Health Information Portal (HIP)

The Community Health Plan of Washington (CHPW) Health Information Portal (HIP) allows the Provider convenient access to information such as:

- Patient eligibility verification
- Benefits
- Claims status inquiry
- Patient roster reports

Signing Up for HIP Access

To sign up for HIP:

1. Launch Internet Explorer

   a. Enter the HIP web address (URL) [https://hip.chpw.org](https://hip.chpw.org) in your web browser address field. Press Enter, the Community Health Plan of Washington HIP Home/Login Page is displayed:

   ![Login Page]

   ![Sign Up for HIP Access]

   2. Click Sign Up from the menu on the left of the page, the Sign Up for HIP Access page is displayed. Select Request for Provider Access
2. Follow the instructions and complete the on-line form
3. Click the Submit Button
4. Community Health Plan staff will review the completed form and when request is approved will issue a User Name and Password via an email.
First logon to HIP

To log in to HIP:

1. Launch your web browser

2. Type the HIP URL in the internet address line: https://hip.chpw.org the HIP log on page is displayed:

3. Enter your User ID (provided by CHPW)

4. Enter your Password (provided by CHPW refer to Password Change section for information)

5. Select the Login button (or press the Enter key), the Change Password screen will display:

   ¡ The password has been reset. You need to change the password.

6. Create new password based on the instructions, then select Submit Change. A successful change will display the following screen:
Your password was Successfully Changed.

1. Enter your **User ID**
2. Enter your New **Password**
3. Select the **Login** button (or press the Enter key)
4. The Security Question screen will display. The answers on this screen will permit you to change your password with the **Forgot Password** option at the logon screen.

**Set/Change Security Questions**

5. Enter current password
6. Select two security questions and their answers. Two questions are required. Note: answers are not case-sensitive.

7. Select Submit and the following screen will display

User (PROVTEST) Security Questions have been changed.

Provider Home

<table>
<thead>
<tr>
<th>Provider Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Held Claims Aging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
</tr>
</tbody>
</table>

8. An email will be sent to the email address on file for the account being changed.
The HIP Provider Home page contains:

- Menu selection in a frame on the left side of the page
- Messages from CHPW
- Provider Statistics and Held Claims Aging information is not functional

**Change Password**

There are three types of password change:

1. When prompted at the logon screen that your password has expired
2. A HIP administer has reset your password
3. Manually change the password when logged in

1. When prompted from the logon screen that your password has expired, the following screen will display:
User password has been expired.

2. Password has been reset by a HIP administrator.

The password has been reset. You need to change the password.

3. HIP permits a manual password change when logged in. Selecting the **Change Password** Menu presents the following screen:
Change Password

TIPS for password change (applies to all password scenarios above)

NOTE: Please follow all on screen messages carefully when changing your password.

1. If the screen below displays after entering your new password, select No.

2. When you have entered your new password, be sure that you see the message Your password was successfully changed. If you do not see this message, then your password has not been changed and you will need to start over using your current password.

3. When you logon the next time, you will use the password you created in step 2.

4. If your new password created in step 2 does not work, then close all Internet Explorer windows, open a new Internet Explorer window and try again with the password you created from step 2.

5. A successful password change will display the following screen:
Your password was Successfully Changed.

Provider Services Menu

Provider Services include:

- The ability to view the status of authorizations
- The ability to check a patient's eligibility
- Messages are not functional
- A link to the Community Health Plan of Washington Provider Directory
- The ability to view Provider Roster Reports
- The ability to view claim status
Welcome PROVIDER TEST

Provider Home

Provider Statistics

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>ID</th>
<th>Members</th>
<th>Held Claims</th>
<th>Held Charges</th>
<th>Resolved Claims</th>
<th>Payable/FFS Equivalent</th>
</tr>
</thead>
</table>

Held Claims Aging

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>ID</th>
<th>1-15</th>
<th>16-30</th>
<th>31-60</th>
<th>61-90</th>
<th>90+</th>
<th>Totals</th>
</tr>
</thead>
</table>
Authorizations

HIP enables you to view the status of authorization requests. Authorization requests are completed in the CHPW Jiva Care Management Provider Portal. A link is provided in HIP to facilitate navigation to the Care Management Provider Portal.

Authorization Inquiries

To inquire about an authorization:

1. Click **Authorizations** on the Provider Services menu, Inquiry and Request options are displayed in the menu
2. Click **Inquiry**, the Authorization Inquiry screen is displayed:

Authorization Inquiry

![Authorization Inquiry Search](image)
3. Enter **authorization search criteria** (at least one of the following – authorization number, Member ID, Member first and last name, request from and to date, authorization status)

4. Click the **Search** button, the Authorization Inquiry Results screen is displayed

5. Click the underlined **Auth Number** in the Auth Number column, the Authorization Detail screen is displayed for that line item:
Authorization Request

To request an authorization:

Click **Authorizations** on the Provider Services menu, Inquiry and Request options are displayed in the menu

1. Selecting the Request option, will launch the Care Management Portal (Jiva) where referrals and auths can be entered. This web site requires a separate user name and password.
Member Eligibility

To verify a patient’s CHPW’s eligibility:

1. Select **Member Eligibility** from the Provider Services menu, the Member Eligibility Search Screen is displayed. The screen below contains information to aid in the search for the member’s eligibility.
2. Enter search criteria as follows:
   a. Provider: Leave this field set to ALL
   b. CHPW subscriber ID (first 8 digits only) or Member First name, Last name and Date of Birth (mm/dd/yyyy)
   c. Member *Eligible as of Date: Defaults to current days date (mm/dd/yyyy) The Eligibility Inquiry Results screen is displayed

*Eligible as of Date – if no results are returned, this date should be set to the last time the member was in your office or to the first day of a previous month until results are returned.

3. Click the link in the Subscriber ID column, the Member Eligibility Detail screen is displayed
This screen displays:

- Member contact information
- Eligibility history
- Member Benefits
- Member OHI (COB)
Claim benefit accumulators There are also links:
- To view claims
- To view authorizations

**Benefit Package**

To view information about a patient’s Benefit Package, rule details:

1. Click the **link under Benefit Package** on the Member Eligibility screen to (the link is an acronym for the name of the benefit package), the Member Benefit Rules Detail screen is displayed.

<table>
<thead>
<tr>
<th>Rule Type</th>
<th>Rule ID</th>
<th>Rule Description</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limits</td>
<td>L12NEUPSXX</td>
<td>NEUROPSYCHOLOGICAL TESTING 12 LIFE COMBINED VISITS. EXCLUDE THE 12 OR MENTAL HEALTH VISIT MAX.</td>
<td>1/1/2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L1N1CUPXX</td>
<td>NICU / ICU 1 PER DAY</td>
<td>1/1/2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L28RAPSUXX</td>
<td>COVERED BRA’S 2 (POST SURGICAL) INITIALLY WITH REPLACEMENTS DUE TO NORMAL WEAR AND TEAR.</td>
<td>1/1/2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L1WAMMOPGX</td>
<td>MAMMOGRAM 1 AGE 49 AND OVER ALLOWED WITH MEDICAL CONDITION PER CALENDAR YEAR.</td>
<td>1/1/2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L200DIAPXX</td>
<td>LIMIT OF 200 DIAPERS PER MONTH</td>
<td>1/1/2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L150FILLXX</td>
<td>LIMIT 150 BRIEFS AND PULLUPS PER MONTH UP TO AGE 19</td>
<td>1/1/2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L1SLEEPXX</td>
<td>SLEEP STUDY 1 PER CALENDAR YEAR</td>
<td>1/1/2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L130STRPPX</td>
<td>LIMIT TO 100 BLOOD GLUCOSE TEST STRIPS EVERY THREE MONTHS</td>
<td>1/1/2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L3GENECOUX</td>
<td>GENETIC COUNSELING LTD TO 3 PER 11 WKS, EXCLUDE HCR &amp; SNIP</td>
<td>1/1/2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L520FLUMXX</td>
<td>CHF WILL REIMBURSE MEMBERS UP TO $20 WHEN A RECEIPT IS PROVIDED FOR FLUIMIST.</td>
<td>1/1/2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L60IBETXX</td>
<td>DIABETIC EDUCATION VISITS 5, INCLUDE GROUP AND/or INDIVIDUAL SESSIONS PER CALENDAR YEAR.</td>
<td>1/1/2010</td>
<td></td>
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<tr>
<td></td>
<td>L90OYPSPA</td>
<td>INPATIENT CARE, SA &amp; REHAB 90 DAYS PER BENEFIT PERIOD.</td>
<td>1/1/2010</td>
<td></td>
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<tr>
<td></td>
<td>L0MENTHIXX</td>
<td>MENTAL HEALTH OP VISITS 3 PER CALENDAR YEAR NO PA REQUIRED</td>
<td>1/1/2010</td>
<td></td>
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<tr>
<td></td>
<td>L12PATRHEX</td>
<td>PAIN CLINIC OUTPATIENT REHABILITATION 12 VISITS PER CALENDAR YEAR NO PA REQUIRED</td>
<td>1/1/2010</td>
<td></td>
</tr>
</tbody>
</table>

2. Use the **vertical scroll bar** on the right of the screen to view more benefit package rule details
Messages

This function is not operational

Provider Directory

To access the Provider Directory:

- Select Provider Directory from the Provider Services menu, you are linked to the CHPW Provider Directory
Provider Reports

Clicking Provider Reports on the Provider Services Menu will allow you to view the reports that are generated monthly.

- Capitation report in .CSV format
- Member Roster in .CSV format

1. Click on the Provider Report in the provider menu box, the following reports are displayed:

   Provider Reports

<table>
<thead>
<tr>
<th>Report File(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capitation RA For CHNW  IPA YYYY  DEC-2015</td>
</tr>
<tr>
<td>Member Roster For  IPA YYYY Dec-2015</td>
</tr>
</tbody>
</table>

2. Selecting either report choice will open that report in Excel.

View Claim Status

There are two ways to access information about a Member’s claims:

1. Click View Claim Status on the Provider Services menu, the Claim Inquiry screen is displayed without any search criteria entered

2. Click View Claims on the Member Eligibility Detail screen, the Claim Inquiry screen is displayed with the Member ID already entered as search criteria
3. Enter search criteria to narrow your claims search, or you can simply click the **Search for Claims** button, the Claims Inquiry Results screen is displayed.

**TIPS for Search:** Enter either the claim number **OR** first and last name **OR** member ID (select only one of the previous choices). Also, be sure to set **Claim Type** to the correct type of claim: Institutional or Professional.
4. Click a line item **claim number** to see details about a specific claim, the Professional Claim Detail screen is displayed:
Note: Payment of a claim by CHPW is subject to the patient’s coverage and eligibility at the time of service. Claims are only viewable to Participating (PAR) providers. The provider must also have been PAR at the time the claim was received by CHPW.
Claim Status Codes:

<table>
<thead>
<tr>
<th>Claim Status</th>
<th>Overall indicator of the purpose of the detail line, particularly with regard to payment.</th>
<th>Hard coded values are:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>P - Payable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D - Denied</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A - Adjustment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N - No check</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C - Capitated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S - Staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I – Informational</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process Status</th>
<th>Indicator of where the payment is in the accounts payable cycle.</th>
<th>Hard coded values for this field are:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>H - Held</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P - Paid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>U - Unposted (open)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F - Final (posted)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C - Check issued (paid)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N - Paid (no check)</td>
</tr>
</tbody>
</table>