CHP CLAIMS PORTAL MANUAL

Revised: September 23, 2025

Table of Contents

Provider Portal Registration

To access the CHP Portal, go to https://www.chpdelivers.com/ and click on the **Claims and Authorization Portal Login** in the top right-hand corner.
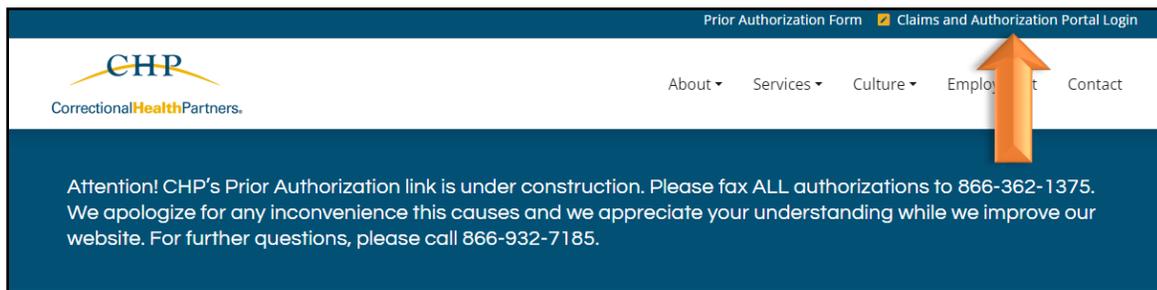
On the Self-Registration page, leave the Registration Type set to **Provider**.

Enter your Email address.

Enter your Tax ID on the next line and click "Find" to see a list of providers/locations registered with that Tax ID. **Do not use Dashes in the Tax ID number.**

On the last line, select the Provider/location that applies to you.

Click **Next.**

In the next box, fill in your personal information.

Click **Next.**

Fill in your Login Settings. Select a Username and a Password. It is recommended to use your email address as your username.

Select the checkmark box for the Terms of Use Agreement.

CHP Portal Manual

Click **Next.**

Once complete, you will receive the message below.

Registration complete! Your request has been received and will be reviewed by our administrative staff. You will receive an email when your account is activated. Thank you for registering to use our Healthcare Portal!

To log in, go to CHP Portal Login. This will take you to the log-in screen. Enter your username and password. If assistance is needed with your log in information, please contact Correctional Health Partners at portalsupport@chpdelivers.com or call (866) 932-7185.

If you have forgotten your password, you can click on the forgotten password link at the bottom of the log in screen to reset your password.

If you need to reactivate your account or have forgotten your password, click here.
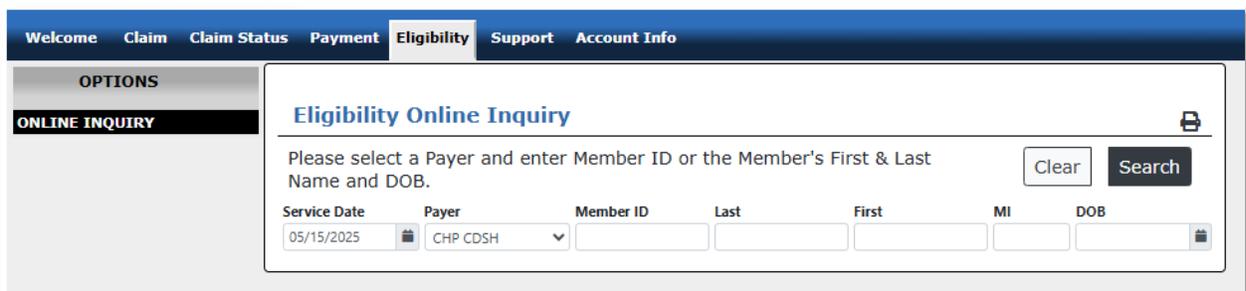
New users, click here to register.

Eligibility Look-Up

The Eligibility Lookup tab in the Claims Portal allows users to quickly verify a patient's eligibility for services.

By entering key patient information, users can view the active dates of eligibility, ensuring the patient was eligible for services on a specific date of service. This tool is essential for confirming coverage prior to claim submission and helps reduce denials due to eligibility issues.
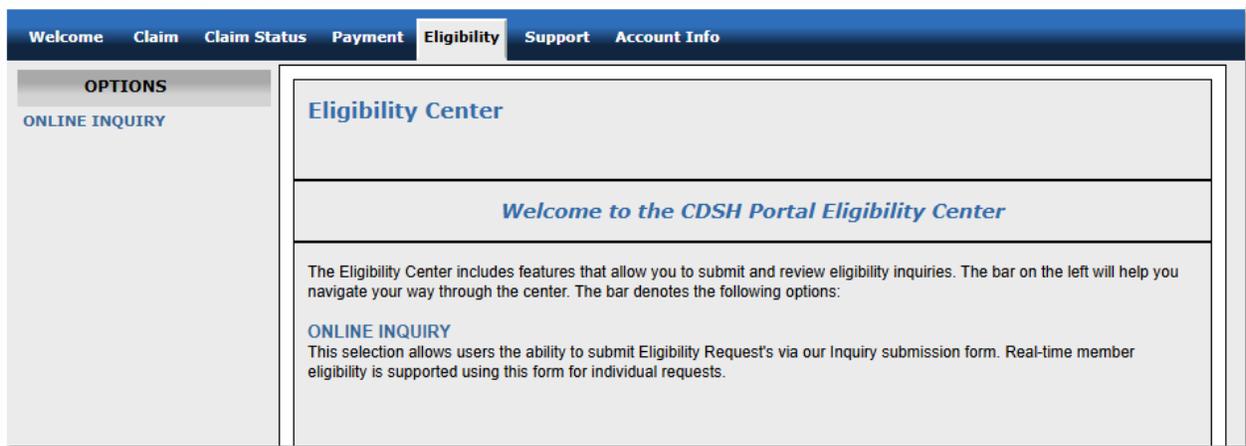
Please select a Payer and enter Member ID **or** the Member's First & Last Name and DOB.
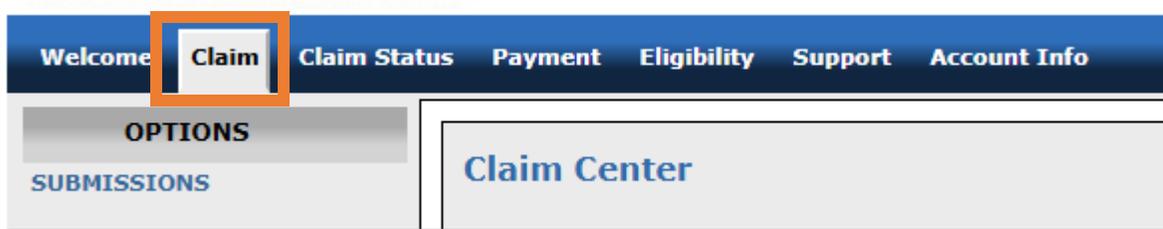
Direct Entry CMS-1500 Claim

The Direct Entry feature in the Claims Portal allows users to submit claims electronically, eliminating the need for paper submissions and significantly reducing turnaround time. This functionality supports the entry of CMS-1500, UB-04, and ADA claim formats. Direct Entry also provides the opportunity to review and correct claims before submission, reducing errors and improving processing efficiency.

This section of the manual focuses specifically on the entry of professional standard CMS-1500 claims, guiding users through the step-by-step process to ensure accurate and complete claim submissions.

To enter a Claim, click on the **Claim** tab at the top of the screen.

1. From **Claim Center**, select **Options** > **Direct Entry**.

2. Select the appropriate Form Type from the drop-down menu.

For CSM1500 claim, choose Professional form type. This selection dictates the display fields, entry requirements, and validation rules.
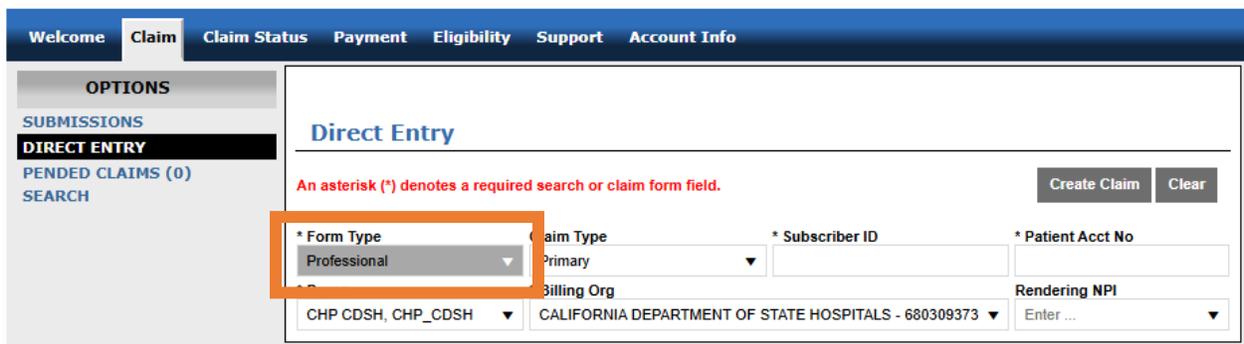
3. Claim Type will automatically load as Primary.

4. Enter additional required fields:

- **Subscriber ID** – This is the Patient or Member ID associated with the claim.

- **Patient Account Number** – This is required and is your reference number. For example, you could add the Date of Service or Month of Service as a reference number for your internal records.

- **Payer** – This field will automatically populate with CHP_CDSH. No changes are needed.

- **Billing Organization** – If you are associated with multiple provider organizations, you can select the appropriate one from the drop-down menu. If not, this field will auto-populate with your assigned organization.

  o If it does not pre-populate, start by typing some of the hospital, clinic, or provider name. The Billing Org. will be what is listed in your CHP contract.
  o You can also search by TIN (Federal Tax ID number), if the above does not populate.

- **Rendering NPI** – the rendering NPI is required and will be the NPI of the provider.

5. Click **Create Claim**.

6. **Patient information** will auto populate, and Subscriber will include the address to the facility in relation to the patient.

PATIENT

PATIENT (If different from subscriber)

Last	First	Middle	DOB	Sex	Relationship
DEFAULT	DEFAULT		01/01/1900	U	Self

Address	City	ST	Zip
		CA	

SUBSCRIBER

Last	First	Middle	DOB	Sex	Subscriber ID
DEFAULT	DEFAULT		01/01/1900	U	default

Address	City	ST	Zip
		CA	

Policy	Group	Employer	Medicare 2nd Insurance

7. **Payers section** will pre-populate, and no information needs to be entered.

PAYERS

CURRENT PAYER INFORMATION

Name	Address 1	*Payer ID
CHP CDSH		CHP_CDSH

Address 2	City	ST	Zip

9

CHP Portal Manual

8. Some of the fields in the **Providers** section will auto-populate based on the record the plan has on file. Key in all other pertinent **Provider** and **Facility** information required for the type of claim you are submitting, just as you would on a CMS-1500 or UB-04.

- Ensure the Billing Provider Tax ID and NPI are listed.

- A rendering Provider is required for the professional CMS-1500.

- If it is a Lab or DME, which would be entered through the professional CMS-1500 claim form, a rendering is not required.

9. **Facility / Service Location** is required for CMS-1500, also known as (Box 32) on the CMS-1500 claim form and is used to report on the service facility location system, that is, the physical location where the services were rendered. This is particularly important when the location of service is different from the billing provider's address (Box 33).

- It must include the **name, address, city, state, and ZIP code** of the service facility.

- Please refer to the below if services were rendered on site at one of the California Department of State Hospitals:

Department of State Hospital Atascadero 10333 El Camino Real, Atascadero, CA 93422 NPI: 1174573802
Department of State Hospital Patton 3102 East Highland Ave, Patton, CA 92369 NPI: 1043249204
Department of State Hospital Coalinga 24511 W. Jayne Ave, Coalinga, CA 93210 NPI: 1124078704
Department of State Hospital Napa 2100 Napa Vallejo Hwy, Napa, CA 94558 NPI: 1326098161
Department of State Hospital Metropolitan 11401 Bloomfield Ave, Norwalk, CA 90650 NPI: 1265406565

- If services were rendered at multiple locations, use separate claim forms for each location.

- Box 32 is required when the place of service code indicates the service was rendered somewhere other than the billing provider's location (e.g., in a hospital, SNF, or ambulatory surgery center).

Failing to complete Box 32 correctly can result in claim denials or delays in processing.

Ambulance Pick up & Drop off Information would be only applicable for ambulance transportation charges.

AMBULANCE PICK UP & DROP OFF INFORMATION

Ambulance Pick Up Address	City	ST	Zip

Ambulance Drop Off Address	City	ST	Zip

10. In the **Detail** section, enter **Diagnosis Codes** that are applicable to the services rendered. Click 'Add new line'.

- **Dates of Service** – Enter the start and end Date of Service for the procedure or service rendered.

  The Date of Service represents the actual calendar day(s) on which the patient received care. If the service occurred on a single day, the start and end dates would be the same. Accurate entry of this date is critical, as it determines eligibility, timely filing, and payment processing.

- **Line Sequence** – This is the sequential line number for each service line (i.e., Line 1, Line 2, Line 3, etc.). Each new service line should increment in sequence.

- **Place of Service (POS)** – Select the appropriate **Place of Service** code that corresponds to where the services were rendered (e.g., 11 for Office, 21 for Inpatient Hospital, 51 for onsite at one of the Department of State Hospitals). This is a required field and ensures the claim is accurately processed based on the care setting.

- **Modifiers** – If applicable, enter up to four modifiers to provide additional detail about the performed procedure (e.g., 25 for significant, separately identifiable E/M service, 59 for distinct procedural service). Modifiers help clarify the procedure and may impact reimbursement. Use the appropriate modifier codes as defined by CMS.

- **Diagnosis Pointers** – Enter the numbers(s) (e.g., 1,2,3,4) that correspond to the diagnosis codes listed in the "Diagnosis" section of the claim. This links each procedure code to the relevant diagnosis. You may enter up to four pointers per line, to indicate medical necessity for the service(s) rendered.

- **Units and Billed Amount** – In this section, Units refers to the number of times a service or procedure was performed (e.g., 1 unit for a single office visit, 2 units for two injections). **Billed Amount is the total charge** for that specific line item based on the number of units provided.

  Note: The claims portal does not automatically calculate this for you. You must enter the total billed amount for the line, not the unit cost. For example, if the service cost is $50 per unit and 2 units are provided, the total billed amount should be entered as $100.

12. No further data needs to be entered as you scroll/tab right, unless it is non-standard, or a line needs to be **Removed**.

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DETAIL								
CLAIM DETAIL								

Diagnosis

Primary	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8
B20							

Code 9	Code 10	Code 11	Code 12

*At least one claim line is required.
Do not use decimal points when entering diagnosis codes.

				Purch. Service	Drug					Tooth	Tooth Surface Codes					
irst	MI	Taxonomy	NPI	NPI		Unit Qual	Unit Count	Unit Price	NDC	Code	1	2	3	4	5	✗ Remove

13. If more than one Line is needed, click **+Add a new line**.

14. Key any pertinent information into the **Other** section. If the claim type or payer requires Referral or Authorization #s, be sure to add them here.

15. Click **Save Claim**.

16. Your claim will be saved, and a Claim number will be created. Feel free to save Claim number for your reference and Claim numbers can be looked up under the Submissions tab.

- If the claim is pended, review pend messages, make necessary changes, and then click the **Save** icon in the upper right corner of the window.

- If the claim is in received status, it has not completed processing. Check the claim again later.

- If the claim is in validated status, the claim will be routed to the payer.

View and Resolve Pended Claims

View and resolve pended claims on the Pended Claims page. You can also view past claim file submissions. Pended claims should be resolved daily.

To access Pended Claims, in the **Claim Center** select **Options > Pended Claims**. All pended claims will appear in the search results.
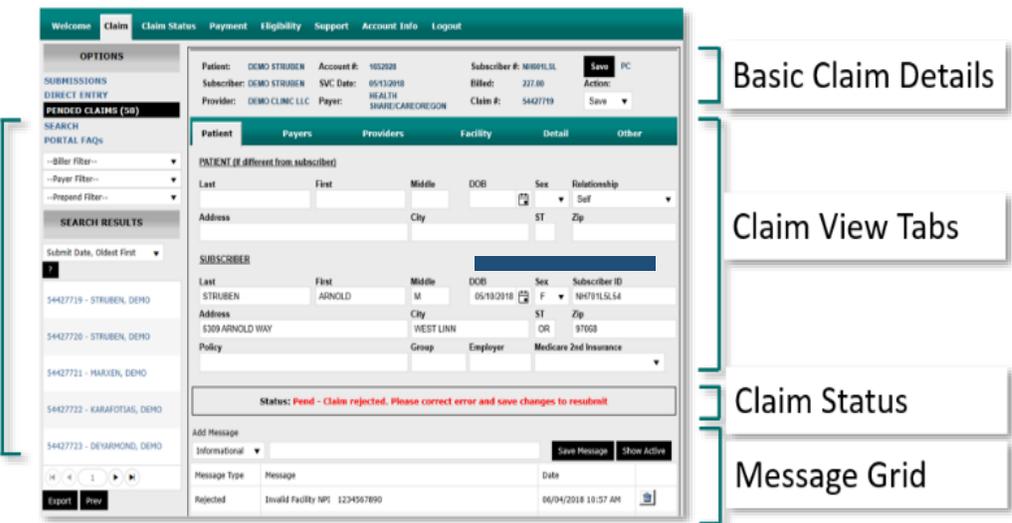
To resolve pended claims, review messages within the grid with the 'Rejected' Message Type, make the necessary changes to the claim, and save. If it is not clear to you what needs to be corrected, refer to industry standard billing guidelines and billing instructions provided by the payer.

Error Filters & Search Results

Use the Error Filters to narrow pended claims. Each filter displays the count of claims in each pend bucket based on any other filter criteria already in place (such as a specific payer).

Claims may have more than one error. Reference the Message Grid to ensure all errors have been corrected before saving and resubmitting a claim.

Each filter displays the count of claims for a specific error category.
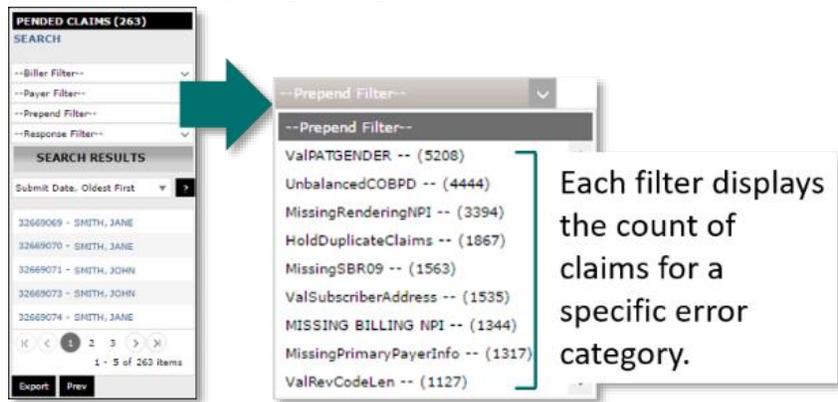
Filter Option	Description
Biller Filter	Filter by a specific plan.
Filter by Payer	Filter by a specific destination.
Prepend Filter	Displays pends resulting from a preset business rule. These pended claims have not been sent to the destination.
Response Filter	Displays messages provided by the destination on claims sent to them. These messages can communicate acceptance or rejection.

Submitting a Support Ticket

Below is the information for CHP Portal Support:

- Email portalsupport@chpdelivers.com for any issues accessing, resetting passwords, or logging into the portal.
- Submit a **Support Ticket** for any issues with Authorization submissions or Claims Status.
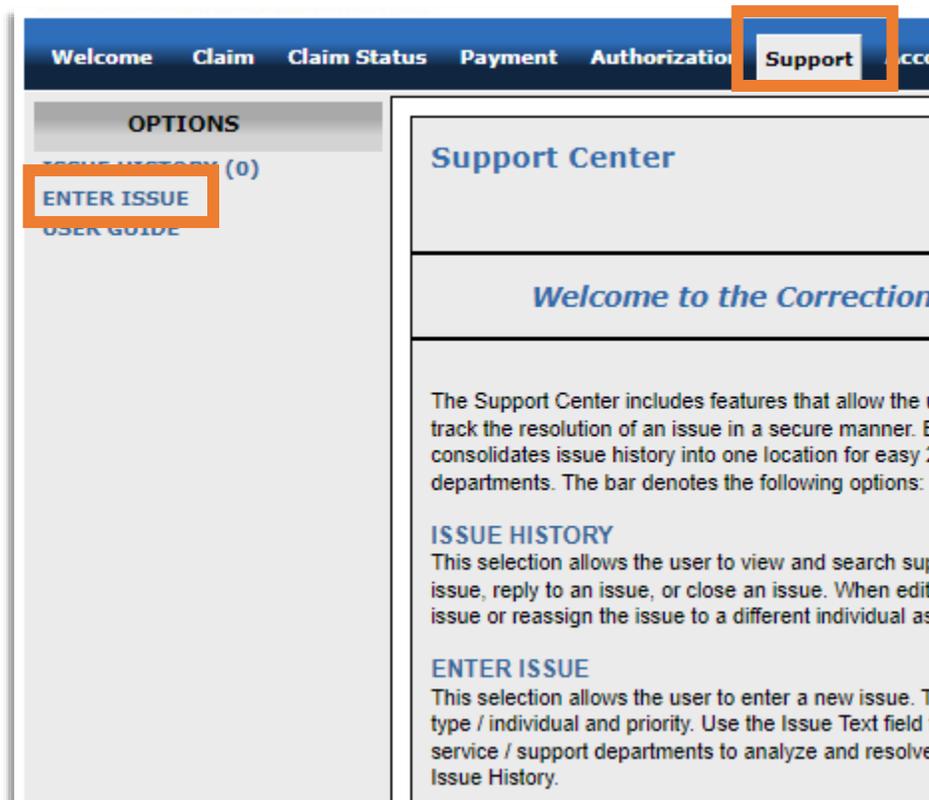
For issues entering an Authorizations include the required information:

- Subject Line: Urgent or Routine & Facility Name
- Auth Type
- Subscriber ID
- Requester Name (Either provider or facility)
- Diagnosis code & CPT Code
- Servicer Name (referring to)
- Include a description of the error that occurred (and a screenshot if applicable).

CHP Portal Manual

For questions on an Authorization already entered include the required information:

- Authorization number
- Additional issue description or question related to the Authorization.

For an issue with a Claim include the required information:

- Claims number
- Additional issue description or question related to the Claim.

For Portal technical issues:

- Include the issue description and as much information of what occurred.
- Include a screenshot if applicable.

The Support system will allow the CHP Portal team to facilitate any requests in a timelier manner.

Payment and Claim Status

For Payment and Claim Status, you will go to the Payment tab.

To access payment information, click on **SEARCH**.
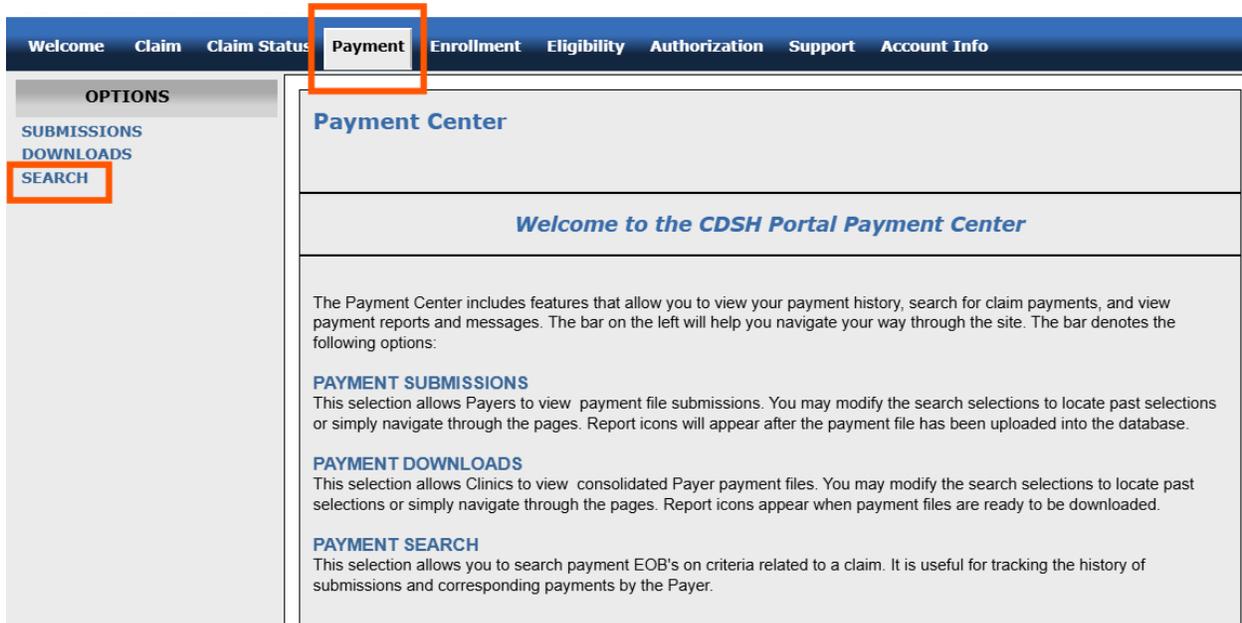
There are two ways to look up payment.

1.) By DSH/CHP Claim Number
2.) By Warrant/Payment/Check Number

Searching For Payment by Claim Number

When searching by claim number, select the **Account/Claim #** field and enter the claim number.

Please note that this number is numeric, and you will need to remove the three alpha characters at the beginning. For example, if the claim number is ASH02202025EDI0001, you should enter 02202025EDI0001 in this field.
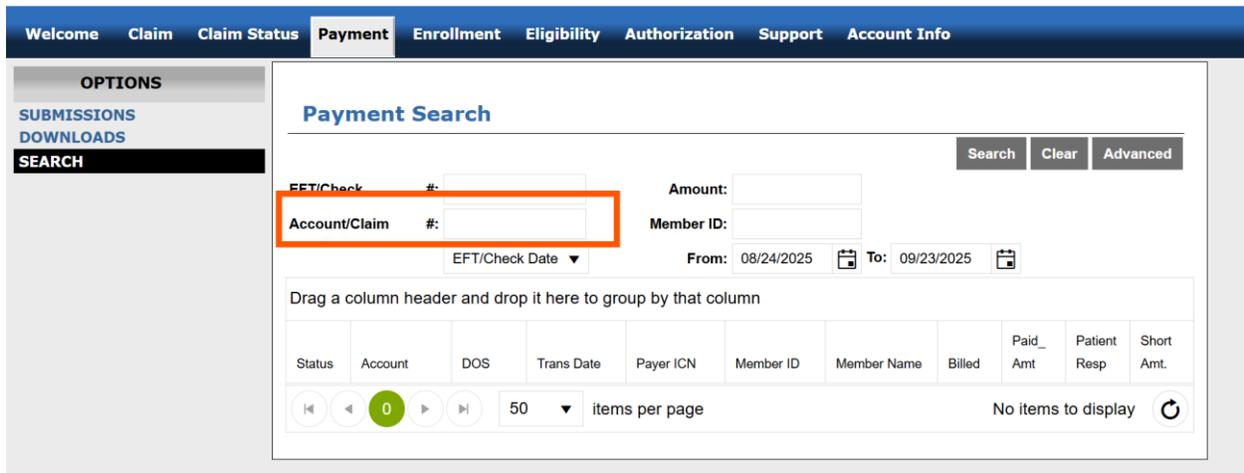
Next, click the drop-down menu located below the Account/Claim # field and select **Service Date**.
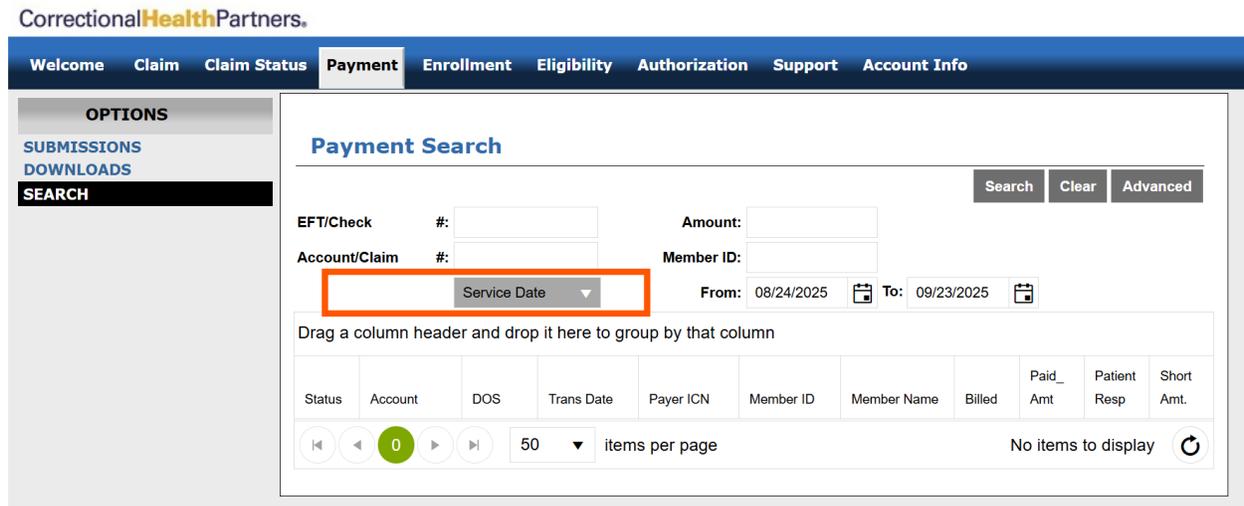
Next, fill in the **From** and **To** Service Date fields and select the **Search** button in the right-hand corner.

Next click on the blue highlighted claim number under Payer ICN

This will take you to the Online Claim Status Inquiry.

To view claim details along with the EOB, click on the blue 'i' icon.

CHP Portal Manual

Searching for payment by Warrant/Check#

To look up payment by <u>warrant/check #</u>, place the warrant/check number in the **EFT/CHECK** box
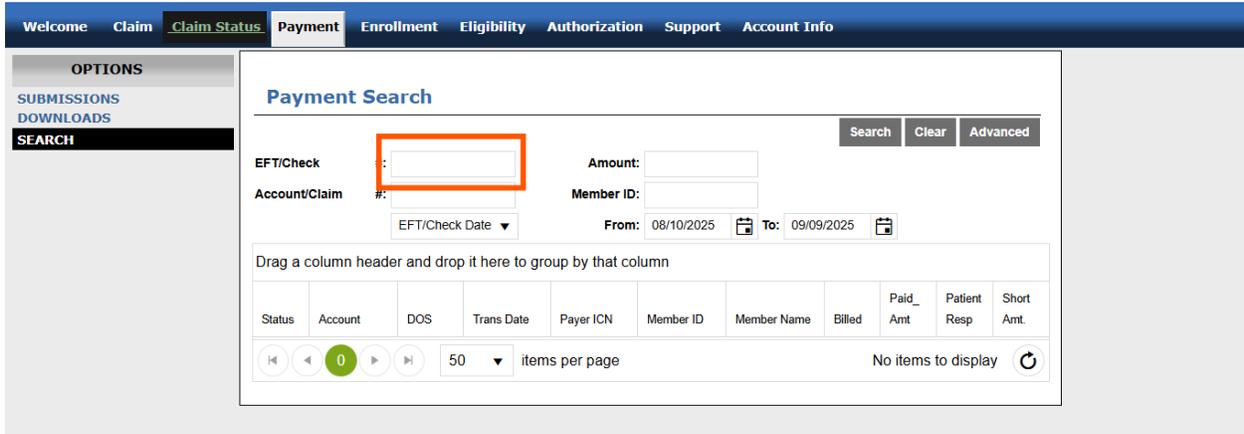
Enter the **'From' and 'To'** dates of the <u>check date</u>, then select **Search** in the upper right-hand corner.

CHP Portal Manual

Next click on the blue highlighted claim number under Payer ICN

This will take you to the Online Claim Status Inquiry.

To view claim details along with the EOB, click on the blue 'i' icon.

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Searching for Multiple Payments

If you are looking for multiple payments, use the Advanced Search button and fill in the required information below