

Dental Connect Providers



Preface

This user guide is intended to be used as a companion to the Claim Upload File Manager. The Claim Upload File Manager is currently in beta. As such, functionality is intended and expected to change. Therefore, the instructions outlined in this document may also change without prior notice.

Disclaimer

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Introduction

Change Healthcare places great value in its partners. To allow the greatest efficiency between Change Healthcare and its partners, an internet based provider services application is available that allows providers access to claim, attachment, eligibility, claim status, Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) information on a 24/7 basis.

This guide covers registration, account management, claims and attachments, claim status, eligibility, ERA/EFT enrollment, and reporting. Although Dental Connect for Providers is very intuitive, we hope you find this reference guide to be a valuable addition to your use of Change Healthcare Dental's internet based services. Change Healthcare values you as a client and provider of dental services and desires to make your experience a beneficial one.

Please note: The use of the Dental Connect for Providers and its associated displays should not be relied upon as a guarantee of payment or eligibility for any given insurance carrier inquiry. The information provided via Dental Connect for Providers is based on information provided directly from the insurance carrier.

Minimum System Requirements

- Microsoft Internet Explorer 10 or later
- Mozilla Firefox
- Google Chrome
- Safari 5.0 or later
- Adobe Acrobat Reader 6.0 or later

Overview

This guide is composed of the following sections:


- **Introduction:** Scope, overview, and related references.
- **Access Dental Connect:** How to log in to Dental Connect for Providers.
- **Registration:** How to register for Dental Connect.
- **Login:** How to login for Dental Connect.
- **Reset Password:** How to reset your Dental Connect password.
- **Services:** What services are offered through Dental Connect.
- **Claiming:** How to submit, search and view a claim and its related data.
- **Payer lists:** How to access and view payers partnered with Change Healthcare.
- **Payer Enrollment:** How to enroll in Eligibility, ERA, EFT, and Batch Claims.
- **Administration:** How to manage your account and view billing information.
- **Profile:** How to setup your profile and security questions.
- **Logout:** How to logout of Dental Connect.
- **Contact Information:** How to get help.



Access Dental Connect for Providers

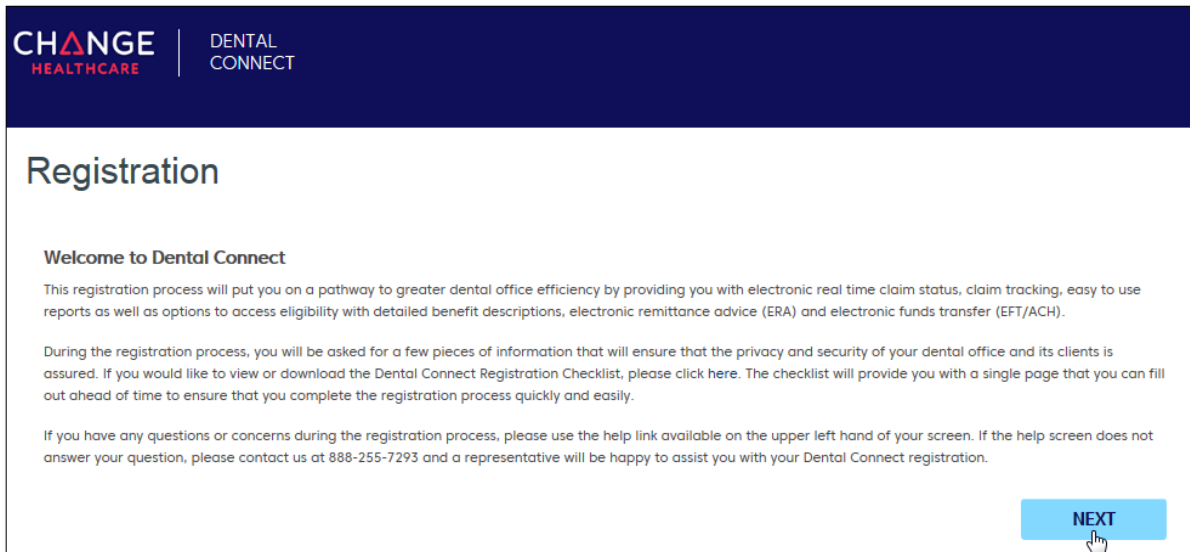
To access Dental Connect for Providers, browse to dental.changehealthcare.com. The page displayed will be similar to the one pictured below (this page may change from time to time, without notice, to represent the various current and new products and services available from Change Healthcare Dental):



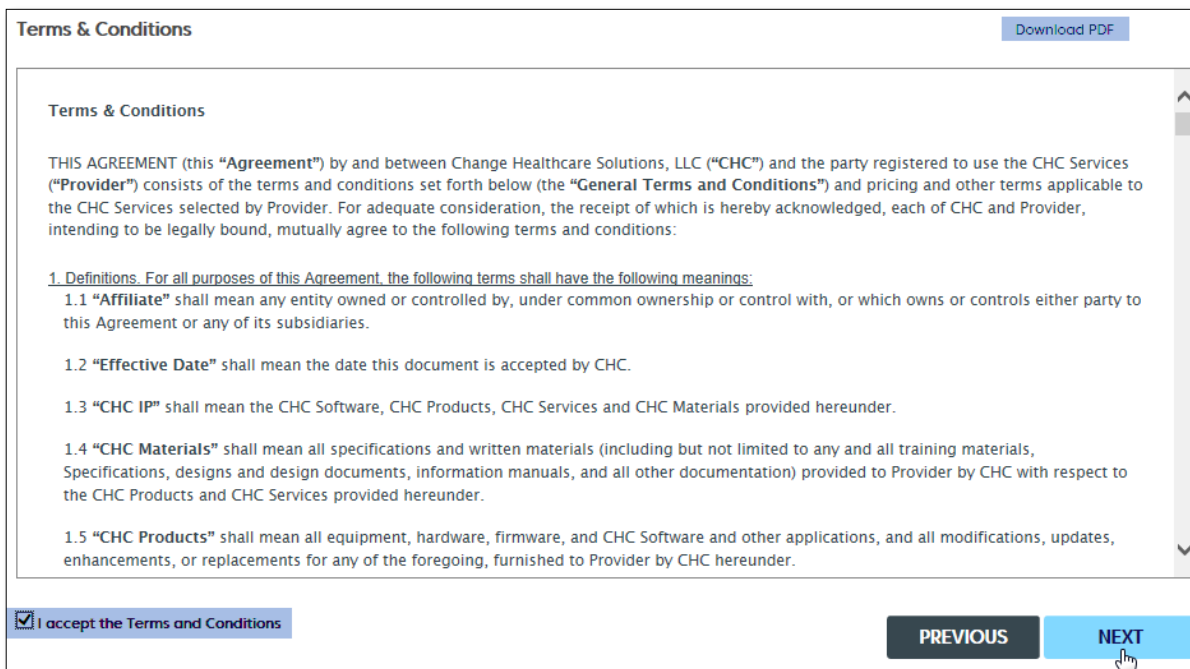
If you are new to Dental Connect for Providers, simply click on “**Register for Dental Connect**” to begin the registration process. If you have already created an account, click on “**Provider Login**” to access the application. If you have any questions about the Dental Connect for Providers, click on  for contact information.

Registration

Registration: Upon selecting “**Register for Dental Connect**” from the Change Healthcare Dental home page, you will be directed to the Dental Connect “**Registration**” page. Click “**Next**” to begin the registration process:



Terms & Conditions: If you have not previously accepted the Terms & Conditions, you will be prompted to do so now. Please review the document and click the “I accept the Terms and Conditions” check box. To continue, click “**Next**”:



Account/User Profile Information: Please provide information about your practice and the user who will access Dental Connect for Providers. Fields marked with an asterisk (*) are required. If you do not complete a field marked with an (*), you will receive an error message. Upon completion, click **“Next”**:

*** Required Fields**

Account Information

Name of Practice* **I am an Insurance Broker.**
check here if you are an Insurance Broker and not a Dental Provider

Street Address*

Street Address 2

City* **State*** **Zip Code***

User Profile Information

We need your name and other information in case you ever need to reset your password.

First Name* **Last Name***

Telephone Number **Mobile Number**

Four digit personal identification number* **Your Practice's Street Number (number only)***

Create a four-digit number that can be used as a PIN. Keep this number safe as we use it to help verify your identity should you need to reset your password.

Your Email Address

We use this email address to notify you of any changes to your account or if you have trouble logging into your account.

Email Address* **Confirm Email Address***

User Name and Password

User Name*

Password* **Confirm Password***

Passwords must be at least eight characters in length, contain uppercase and lowercase characters, at least one number, at least one special character.

Promotional Code

If you have received a Promotion or Partner Code, please enter it here.

Promotion/Partner Code

optional

PREVIOUS
NEXT

Note: Your User ID can be up to 20 characters and must not include spaces.

Security Questions: Users will be required to complete the “Security Questions” screen. Select three security questions from the fields provided and enter the answer to each in its corresponding space. Click “**Next**”:

The screenshot shows a registration form titled "Registration" with a sub-section "Security Questions". Below the title, it says "These questions help us to verify your identity in case you ever need to reset your password." There are three security questions, each with a dropdown menu and a corresponding text input field for the answer. The questions are: "What is your favorite hobby or pastime?", "What city were you born in?", and "Who is your favorite politician?". At the bottom right, there are two buttons: "PREVIOUS" and "NEXT". A mouse cursor is pointing at the "NEXT" button.

Registration Confirmation: Once you have entered all the required information, you will receive the following confirmation page. Click “**Finish**” to continue:

The screenshot shows a registration confirmation page titled "Registration". It contains the text "We have all the information we need to create your account." At the bottom right, there are two buttons: "PREVIOUS" and "FINISH". A mouse cursor is pointing at the "FINISH" button.

When you have completed the registration process, the Dental Connect for Providers Home page will be displayed as seen below:

The screenshot shows the user interface of the Dental Connect Provider Portal. At the top, there is a dark blue header with the 'CHANGE HEALTHCARE' logo on the left and 'DENTAL CONNECT' on the right. In the top right corner of the header, it says 'Logged in as: [redacted] | Account ID: [redacted]'. Below the header is a light grey navigation bar with links for 'Home', 'Payer Lists', 'Payer Enrollment', 'Administration', and 'Profile'. The main content area is white and features a large 'Home' heading. Below this, there is a section titled 'Please Activate Your Account' with a sub-heading 'Please Activate Your Account'. The text reads: 'To utilize Dental Connect, you must activate your account by verifying your Tax ID with Change Healthcare.' Below this text is a dark blue button with white text that says 'VERIFY YOUR TAX ID ONLINE'. Further down, there is a section titled 'More Options for Your Practice' with the text: 'Dental Connect offers products and services to help simplify And streamline your work.' Below this text is a dark blue button with white text that says 'LEARN MORE'. At the bottom of the page, there is a 'News' section with a sub-heading 'Important Security Update, 02/26/2018'. The text in this section is red and reads: 'ATTENTION: Change Healthcare will soon be enforcing TLS 1.2 for all connections to this portal. Your browser must be compatible to avoid service interruption.' Below this text is a link that says 'To read more, click here.'

Login

A valid User Name and Password (case sensitive) are necessary to log into the secure Dental Connect for Providers application. Enter your User Name and Password, then click “Login”:

The screenshot shows the login interface for the Dental Connect for Providers application. At the top, there is a dark blue header with the 'CHANGE HEALTHCARE' logo on the left and 'DENTAL CONNECT' text on the right. Below the header, the word 'Login' is displayed in a large, dark font. Underneath, a prompt reads 'Please enter your Username and Password to login.' There are two input fields: 'User Name' and 'Password'. The 'User Name' field contains a blurred placeholder, and the 'Password' field contains a series of dots. To the right of the password field is a blue 'LOGIN' button with a white mouse cursor icon pointing at it. Below the button, there are two links: 'Forgot Username?' and 'Reset Password'. At the bottom, a note states: 'NOTE: You will be locked out after three failed login attempts.'

If entered incorrectly, the “**Incorrect Username/Password combination**” error message will appear:

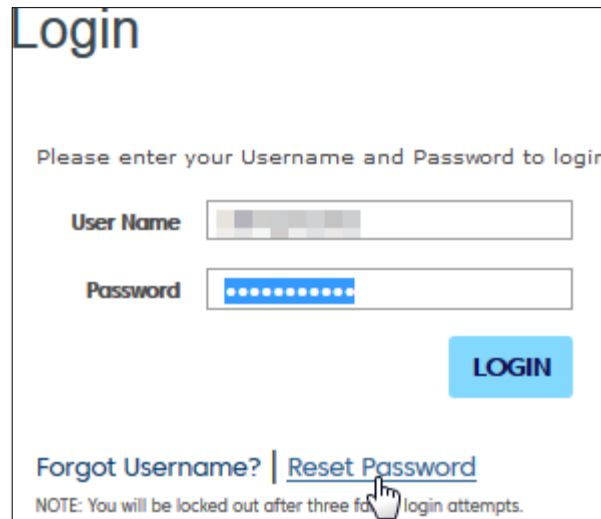
The screenshot shows the error message displayed on the login page. The word 'Login' is visible at the top left. Below it, a red-bordered box contains the following text: 'Incorrect Username/Password combination.' followed by a paragraph: 'If you are having trouble logging in or do not have a login, please contact your administrator. If you are the administrator, please contact Dental Support at 888.255.7293.'

Once the user has successfully logged into the application, they will be directed to the Dental Connect for Providers “Home” page.

Reset Password

Security Questions – Option 1

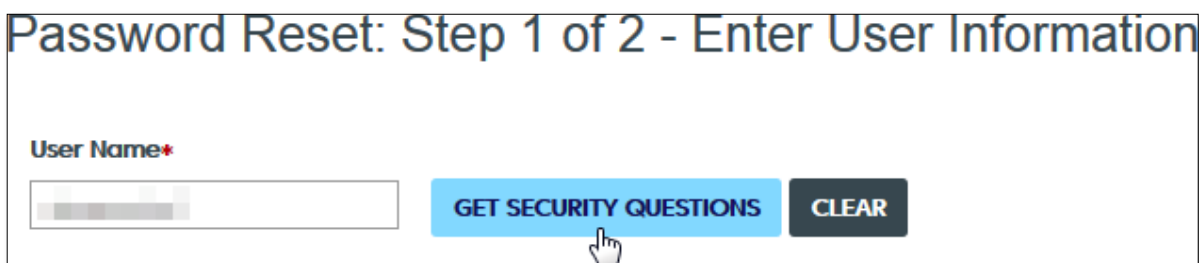
If a user is locked out of their account (after three failed login attempts) or wishes to change their password, they will be required to use the “**Reset Password**” option available on the Dental Connect for Providers Login page:



The screenshot shows a login form titled "Login". Below the title is the instruction "Please enter your Username and Password to login." There are two input fields: "User Name" and "Password". The "Password" field is masked with blue dots. To the right of the fields is a blue "LOGIN" button. Below the fields are two links: "Forgot Username?" and "Reset Password". A mouse cursor is pointing at the "Reset Password" link. At the bottom, there is a note: "NOTE: You will be locked out after three failed login attempts."

When the user clicks the “**Reset Password**” link, they will be directed to the “Password Reset” wizard screen. The Password Reset wizard consists of two steps that need to be completed for a password to be reset. All fields are **required**.

Enter “**User Name**” and click “**Get security Questions**”:



The screenshot shows the "Password Reset: Step 1 of 2 - Enter User Information" screen. It features a "User Name*" label above a text input field. To the right of the input field are two buttons: a blue "GET SECURITY QUESTIONS" button and a dark grey "CLEAR" button. A mouse cursor is pointing at the "GET SECURITY QUESTIONS" button.

If you know the answers to your security questions, input them and click “**Continue**”:

Password Reset: Step 1 of 2 - Enter User Information

User Name*

[GET SECURITY QUESTIONS](#) [CLEAR](#)

If you know the answers for the security questions please enter below to continue or click [Reset Password](#) to auto reset your password.

Security Questions
Please answer your security questions.

Security Question 1

Answer to Security Question 1

Security Question 2

Answer to Security Question 2

Security Question 3

Answer to Security Question 3

[CONTINUE](#) [CANCEL](#)

Enter a new password and confirm the password by entering it a second time. Click “**Reset Password**”:

Password Reset: Step 2 of 2 - Enter New Password

Enter your new password and confirm.

Passwords must be at least eight characters in length, contain uppercase and lowercase characters, at least one number, at least one special character, and not be any one of the previous four passwords.

New Password

Confirm New Password

[RESET PASSWORD](#) [CANCEL](#)

The following success page will be displayed:

Password Reset: Step 2 of 2 - Enter New Password

You have successfully reset your password.

Please click here to return to the login page.

An email will be sent to the address in the user profile to confirm the recent change to the user's password:

Dear [REDACTED],

This is a notice confirming a recent change to your password.

If you did not request a password change, please contact your administrator or immediate supervisor.

Sincerely,

Change Healthcare Dental Support

Temporary Password – Option 2

If you don't recall the answers to your security questions, click the **"Reset Password"** link to obtain a temporary password via email.

Password Reset: Step 1 of 2 - Enter User Information

User Name*

GET SECURITY QUESTIONS CLEAR

If you know the answers for the security questions please enter below to continue or click [Reset Password](#) to auto reset your password.

Enter the Tax Id and Email Address associated with your account and click “**Reset Password**”:

Password Reset: Step 2 of 2 - Enter below information to get temporary password

User Profile Information
We need your tax id to reset your password.

Tax Id*

Your Email Address
We use this email address to notify you of any changes to your account or if you have trouble logging into your account.

Email Address*

RESET PASSWORD **CANCEL**

If the information you entered matched out system, a confirmation message will appear with instructions related to the temporary password email:

Password Reset: Step 2 of 2 - Enter below information to get temporary password

Please try to login in 10~15 minutes with temporary password which was sent to your mail address.

Note: Please verify the Spam/Junk folder if you do not received the temporary password email in your inbox

[Please click here to return to the login page.](#)

Temporary password received from Change Healthcare:

Dear [redacted],

You recently asked to reset your Dental Connect password. Following is your temporary password:

[redacted]

You will be prompted to change your password upon your next login.

If you did not request a password reset, please contact your administrator or immediate supervisor.

Sincerely,

Change Healthcare Dental Support

Please update security questions on your profile which would help you to reset the password from the portal directly

Logging in with temporary password will prompt the user to change their password:

Change Password

Your password has expired. Please enter a new password.

User Name

Current Password

New Password

Confirm New Password

CLEAR **CANCEL** **CHANGE**

If the change of password was successful the following confirmation will be displayed to the user:

Change Password

Password successfully changed.

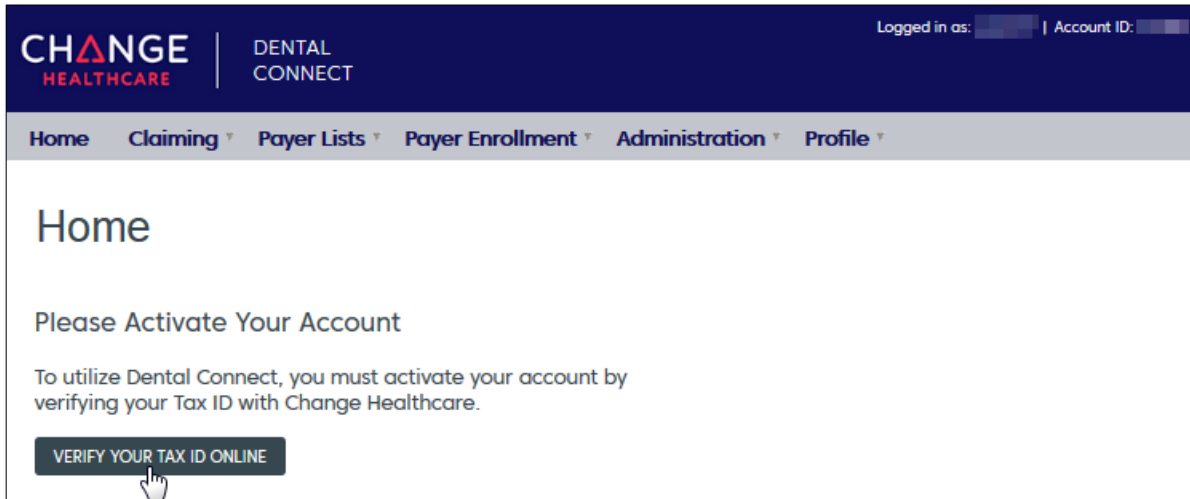
Your password was successfully changed. Please click "Continue" to return to the login page.

CONTINUE

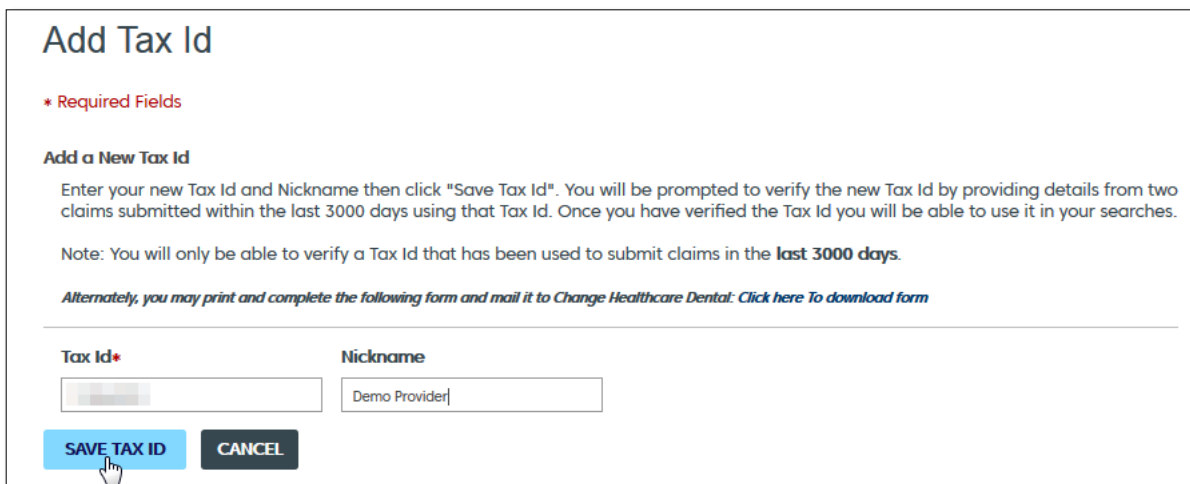
Dental Connect for Providers Home

Activate Account

Once a user account has been created successfully, you must verify the Tax ID used to submit claims to access any of your purchased products. To verify your Tax ID and activate the account, click "**VERIFY YOUR TAX ID ONLINE**":



Add a New Tax ID: To enroll, we will need to determine if you submit electronic claims through Change Healthcare Dental. This will be accomplished by entering the Tax ID(s) and name that your office uses to submit claims. After entering all Tax IDs, click "**Save Tax ID**":



Note: Only register Tax IDs that have been used by your dental office to submit claims, adding other Tax IDs may cause confusion when you attempt to obtain tracking or status information as the Tax IDs will not have any claims associated with them.

Verify your New Tax ID: We perform this verification to ensure that only authorized individuals can view your claims and protect your patients' Personal Health Information. Enter the Subscriber ID and Total Claim Amount of two dental claims submitted in the last 30 days, click **"Submit"**:

Tax Id Verification

* Required Fields

Verify Your Tax Id

Before you can use this Tax Id you must verify it by supplying us with two pieces of information from two *dental* claims that were submitted using this Tax Id. We perform this verification to ensure that only authorized individuals can view your claims and protect your patients' Personal Health Information.

Please supply the Subscriber Id and the total dollar Claim Amount for each of two dental claims. Pre-treatments and resubmitted claims are not accepted for validation. The two claims must be claims for two different patients where the date of service falls within the last 3000 days. When selecting a dental claim for authorization, please choose a claim with only one date of service. It is also recommended that you do not use claims that were submitted today.

Alternately, you may print and complete the following form and mail it to Change Healthcare Dental. [Click here to download form](#)

Tax Id - (Demo Provider)

	Subscriber Id*	Claim Amount*
<i>Claim 1</i>	 	201
<i>Claim 2</i>	 	203

SUBMIT
Cancel

Verification Complete: After your Tax ID(s) have been verified, the following confirmation page will be displayed to the user. If you wish to enroll in other services, you may click the links for **"ERA Enrollment"**, **"EFT Enrollment"**, **"Claim Submission Enrollment"**, or **"Dental Attachments Enrollment"**. To return to the home page, click **"Return to Home"**:

Tax Id Verified

Verification Complete

Congratulations! We have successfully verified your Tax Id and claim information. You may now take advantage of our real time dental services, including claim status and claim tracking services at no cost.

If you would like to register for our ERA Services, EFT Services, or Attachments, please click the appropriate link below to begin the enrollment process. If you would like to register for our ERA services, EFT services, Claim Submission services, or Attachments, please click the appropriate link below to begin the enrollment process.

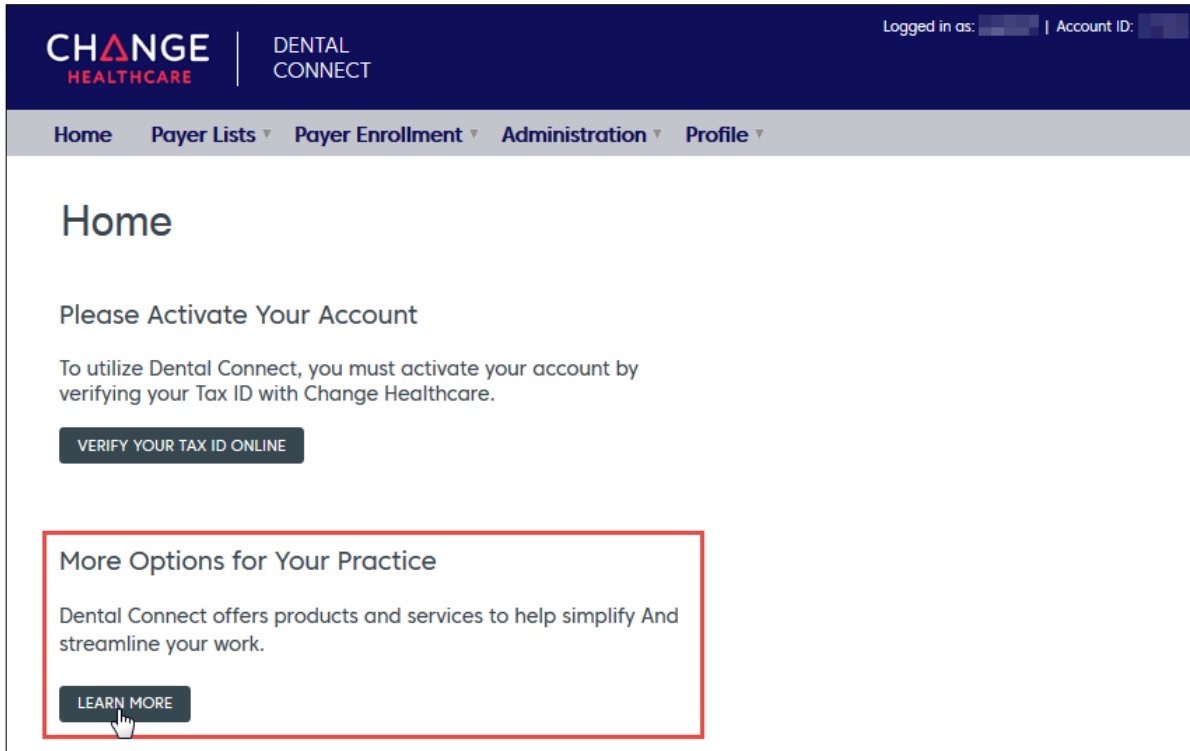
[ERA Enrollment](#)
[EFT Enrollment](#)
[Dental Attachments Enrollment](#)

RETURN TO HOME

Note: If the Tax ID and claim combination are not found in our system, you will receive a message indicating such. If you feel you are entering the correct information, please contact our customer support department at 888-255-7293.

Product Purchase

Once the account has been activated via Tax ID verification the user may begin to take advantage of the products available via Dental Connect for Providers. To view a list of available products, click the **LEARN MORE** button located in the “**More Options for Your Practice**” section of the page.



Change Healthcare offers users a variety of services aimed at supporting an efficient revenue cycle management office workflow. Click “**LEARN MORE**” to view a description of the services and/or purchase the product(s):

Products			
Dental Connect Basic	Claim Status, ERA, and basic EFT Services	\$0.00	LEARN MORE
Dental Connect Eligibility	Real-Time Eligibility	\$24.95 per month	LEARN MORE
Dental Connect Claiming	Claims and Attachments	\$19.95 per month	LEARN MORE
Dental Connect Eligibility / Claiming Bundle	Real-Time Eligibility, Claims, and Attachments	\$29.95 per month	LEARN MORE
			Total Monthly Charges - \$0.00
Eligibility pass-through charges and per-transaction fees are not included in the above monthly rate.			
VIEW THE LIST OF PAYER PASS-THROUGH CHARGES			

Clicking on “**LEARN MORE**” will direct the user to a description of the service bundle, what’s included, and the monthly price. Click “**PURCHASE**” to buy the bundle:

Dental Connect Eligibility / Claiming Bundle - \$29.95 per Month

Eligibility pass-through charges and per-transaction fees are not included in the above monthly rate.
[VIEW THE LIST OF PAYER PASS-THROUGH CHARGES](#)

Eligibility

Verify Eligibility to Prevent Denied Claims and Get Paid Faster

Phone calls to payers for eligibility information are a thing of the past. Through our eligibility offering, Change Healthcare provides dental offices increased efficiency and reduced costs associated with patient benefits verification. Our Intelligent Healthcare Network™ connects you to more than 650 dental payers nationwide to facilitate fast and accurate eligibility information. By verifying eligibility electronically, your practice will have access to a permanent record of patient eligibility information which will consistently decrease turnaround time for eligibility requests as well as fewer returned or denied claims. No more wasted administrative time and costs associated with eligibility verification.

Direct Claim Entry

Change Healthcare offers Dental Connect Claiming, providing dental offices the ability to submit electronic claims directly to Change Healthcare, the industry leader in electronic claim submission to payers. Providers may remove or cancel claims before processing, utilize unique reporting features to aid in receivables and monitor claims at the patient or payer level resulting in improved efficiency and increased revenues. For a low monthly fee providers will have access to over 600 payer connections.

Dental Claim Attachments

Facilitates fast, cost-efficient claims settlement

Leverage the industry’s largest dental network to capture more electronic attachments and help reap significant cost savings. Providers gain a streamlined workflow that integrates each payer’s specific attachment criteria. This makes it easy to understand when – and - what attachments are required, which helps increase the accuracy of submissions. Providers are often rewarded with faster claims payments, which further encourages compliance.

CANCEL **PURCHASE**

Please specify the method of payment (Credit Card/Direct Debit) and provide the payment details as requested:

Purchasing Dental Connect Eligibility / Claiming Bundle

Purchase Dental Connect Eligibility / Claiming Bundle at \$29.95 per Month

By clicking "Purchase" I understand that my account will be charged \$29.95 per Month, starting with the first full month after purchase. I may cancel the service at any time.

Please Specify your Method of Payment




Credit Card Direct Debit

Name on Card

Card Number

Expiration Date

Credit Card Zip Code

***Important Billing Information:** There is no charge for the eligibility service during the first month of use. However, once **the** eligibility product is billed, it's done so at a monthly rate. Invoices for this product are processed and mailed the month following your cancellation. Therefore, if the eligibility product is cancelled at any time during the current month, the invoice for the current month's charges will not be received until the following month.

Example:

- **September 2017:** Eligibility product purchased → No charge for the month of September
- **October 2017:** Eligibility product active → First eligible month for billing
- **November 2017:** Eligibility product cancelled on 11/10/17 → Provider charged for October 2017 eligibility use
- **December 2017:** Provider charged for November 2017 eligibility use

Clicking "**PURCHASE**" will buy the service bundle and direct the user to the product page displaying their active services and monthly charges:

Products

Dental Connect Basic	Claim Status, ERA, and basic EFT Services	\$0.00	LEARN MORE
Dental Connect Eligibility / Claiming Bundle	Real-Time Eligibility, Claims, and Attachments	\$29.95 per month	CANCEL

Total Monthly Charges - \$29.95

Eligibility pass-through charges and per-transaction fees are not included in the above monthly rate.

[VIEW THE LIST OF PAYER PASS-THROUGH CHARGES](#)

Payment Method

Credit Card [ADD PROMOTION](#)

Visa ending in ...1111
Expires April 2021

[CHANGE PAYMENT METHOD](#)

From the product page, the user can cancel their service bundle, change a payment method, or add a promotion code. To add a promotion code, click "**ADD PROMOTION**". This will direct the user to the promotions screen to add their code:

Promotions

* Required Fields

Current Promotion
Your account does not have an active promotion.

Enter New Promotion Code

Promotion Code*

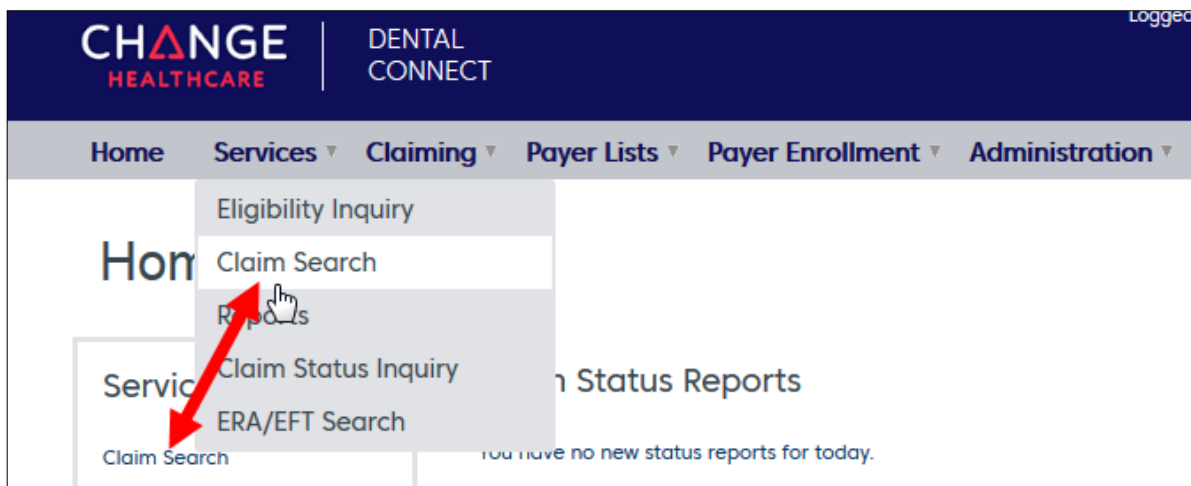
CANCEL **APPLY CODE**

Services

Claim status and ERA are included as part of the basic services offered through Dental Connect for Providers. However, if you haven't done so previously, you will need to verify your TIN before the services are available for use. Click "**Continue**":

Claim Search

Dental Connect for Providers allows a user to obtain claim detail, status, and tracking information for claims submitted through the Change Healthcare Dental platform. To access the Claim Search service, navigate to "**Services**" → "**Claim Search**" or click on "**Claim Search**" in the "**Services**" section of the Home page:



Search for Claims: Conduct a search for specific claims utilizing the search criteria options available:

- **Select Tax ID:** Select the Tax ID from the drop-down list that is associated with the claims being searched.
- **Select Search Type:** Select the type of search you would like to conduct (**Please note:** the search display will change based on the "**Search Type**" selected). Upon entering the information for the selected "**Search Type**", click "**Submit**"
- **Search Claim by Date:**
 - **All Claims:** Search for all claims sent for the date entered.
 - **Accepted Claims Only:** Search for all claims that were sent successfully by Change Healthcare and accepted by the payer.
 - **Rejected Claims Only:** Search for all claims rejected by either Change Healthcare or the payer.
 - **Date Type:** Select either "Date of Service" or "Date Processed" from the drop-down menu. Choose a single date or a date range by clicking on the

calendar icon or by typing in the dates directly using the correct format (MM/DD/YYYY).

- **Rendering Provider Last Name:** Enter rendering provider's last name exactly as it was entered on the submitted electronic claim. This is an optional field.
- **Treatment Location:** Select the location where the treatment was rendered (optional).
- **By Patient Name:**
 - **Patient Last Name:** Enter a patient last name exactly as it was entered on the submitted electronic claim. This is a required field.
 - **Patient First Name:** Enter a patient first name exactly as it was entered on the submitted electronic claim. This is an optional field.
 - **Date Type:** Select either "**Date of Service**" or "**Date Processed**" from the drop-down menu. Choose a single date or a date range by clicking on the calendar icon or by typing in the dates directly using the correct format (MM/DD/YYYY).
 - **Rendering Provider Last Name:** Enter rendering provider's last name exactly as it was entered on the submitted electronic claim. This is an optional field.
- **By Payer Name:**
 - **Payer Name:** Select an available payer from the drop-down box.
 - **Date Type:** Select either "**Date of Service**" or "**Date Processed**" from the drop-down menu. Choose a single date or a date range by clicking on the calendar icon or by typing in the dates directly using the correct format (MM/DD/YYYY).
 - **Rendering Provider Last Name:** Enter rendering provider's last name exactly as it was entered on the submitted electronic claim. This is an optional field.

Claim Search Results: View claims that were submitted to Change Healthcare electronically based on the criteria you have chosen. The results include a **Claim Summary** pie chart indicating the number of claims **Accepted** and **Rejected** for the period searched:

Select Tax Id

Tax Id *

Select Search Type

By Date
 By Patient Name
 By Payer Name

Search by Payer and Date

Payer Name *


Date Type * Start Date * End Date *

Rendering Provider Last Name

Claims Count by Category

Claims Summary

Accepted (9 Claims)



Patient	Service	Processed	Rendering Provider	Amount	Payer	Status	Location	View Attachment
[REDACTED]	01/06/16	02/01/16	[REDACTED]	\$282.00	Aetna Life & Casualty Co.	A	Unknown	
[REDACTED]	01/13/16	02/01/16	[REDACTED]	\$142.00	Aetna Life & Casualty Co.	A	Unknown	
[REDACTED]	01/13/16	02/01/16	[REDACTED]	\$1,902.00	Aetna Life & Casualty Co.	A	Unknown	
[REDACTED]	01/13/16	02/01/16	[REDACTED]	\$33.00	Aetna Life & Casualty Co.	A	Unknown	
[REDACTED]	01/28/16	02/01/16	[REDACTED]	\$207.00	Aetna Life & Casualty Co.	A	Unknown	
[REDACTED]	Pretreatment	02/01/16	[REDACTED]	\$5,665.00	Aetna Life & Casualty Co.	A	Unknown	
[REDACTED]	Pretreatment	02/01/16	[REDACTED]	\$2,931.00	Aetna Life & Casualty Co.	A	Unknown	
[REDACTED]	01/28/16	02/01/16	[REDACTED]	\$354.00	Aetna Life & Casualty Co.	A	Unknown	
[REDACTED]	01/26/16	02/01/16	[REDACTED]	\$330.00	Aetna Life & Casualty Co.	A	Unknown	

1-9 of 9
Show Rows: 10

Each result column may be sorted in ascending or descending order by clicking on the title of the column. An arrow will appear next to the title that was selected for sorting. The direction of the arrow indicates whether the sort is in ascending or descending order:

The Claim Search result grid is made up of the following details:

- **Patient:** Patient last, first name as listed on the claim.
- **Service:** Date of service as listed on the claim.
- **Processed:** Date the claim was processed by Change Healthcare.
- **Rendering Provider:** Provider last, first name as listed on the claim.
- **Amount:** Total charge amount as listed on the claim.
- **Payer:** Name of the payer to which the claim was submitted.
- **Status:** Displays an “**A**” for an accepted claim or an “**R**” for a claim that was rejected by either Change Healthcare or the payer. Rejected claims will always appear in red. To view claim status and tracking information, click on the “**A**” status indicator.
- **Location:** Location of the practice submitting claims via the Dental Connect Claiming product.
- **Upload Attachment:** Attachments can be added to a claim by clicking its corresponding “Upload Attachment” icon (**Coming Soon**).
- **View Attachment:** Claims with attachments already submitted will display a magnifying glass icon.

Claim Detail: Click on the “**Patient Name**” to view the claim detail. The claim detail display consists of claim information that was originally submitted to Change Healthcare and subsequently forwarded to the payer:

[print](#) [show claim status](#)

Claim ID	Payer Control #
<hr/>	
Payer	
Payer	AETNA 2016
Address	P.O. BOX 14094 LEXINGTON, KY 40512
<hr/>	
Insured	
Insured Name	Insured ID
Address	Insured DOB
Group Policy #	Group Policy Name
Employer Name	Union Local
Employer Address	
<hr/>	
Patient	
Patient Name	Relationship
Address	Patient DOB
Marital Status	Employment Status
Student Status	Phone
<hr/>	
Provider	
Organization	Rendering Provider
Billing Provider	Address
Address	License
License	Tax ID Type
Tax ID	Rendering NPI
Billing NPI	Blue Lic
State Lic	Other Lic
Medicaid Lic	Referring Name
Accepts Assignment	Referring License
Outside Lab	
<hr/>	
Claim Form Questions	
Occupat Accident	Description
Auto Accident	Accident State
Orthodontics	

This screen can be printed for your files by clicking “**print.**” Click “**show claim status**” to view the detailed claim status display for this claim.

Claim Status: The claim status display provides you with claim status and tracking information about the claim you selected. The information related specifically to payer claim status is limited to the information provided by the specific payer. Claim Status is not a guarantee of payment and the accuracy of the claim status is limited to information provided to Change Healthcare by the payer:

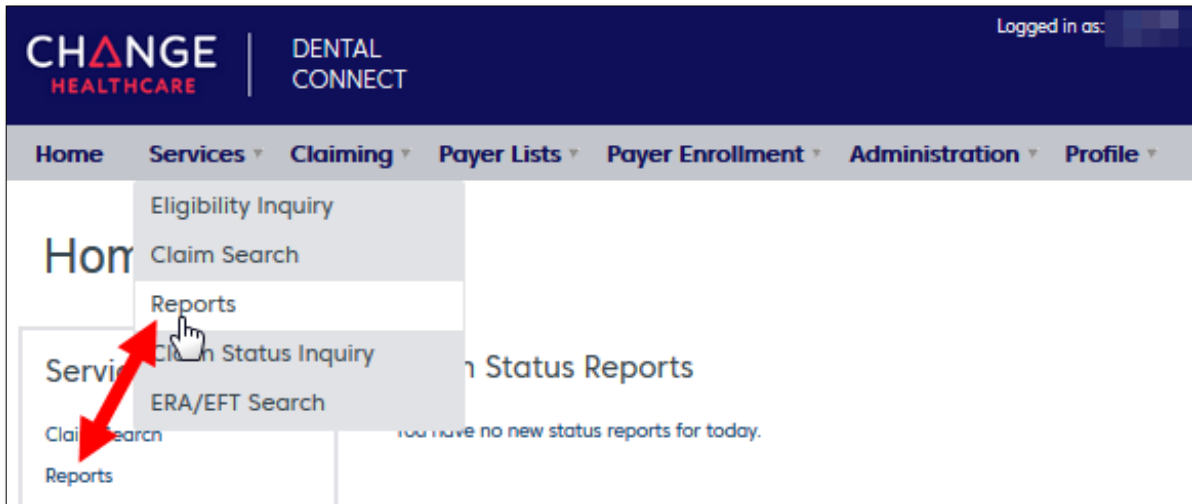
The claim status display made up of the following information as it was provided by both Change Healthcare and the payer:

- **Finalized Claim Status:** Displays current information regarding claim status.
- **Claim Tracking:** Displays claim transmission status step by step.
- **Real-Time Claim Status Item Detail:** Displays service line claim status information.

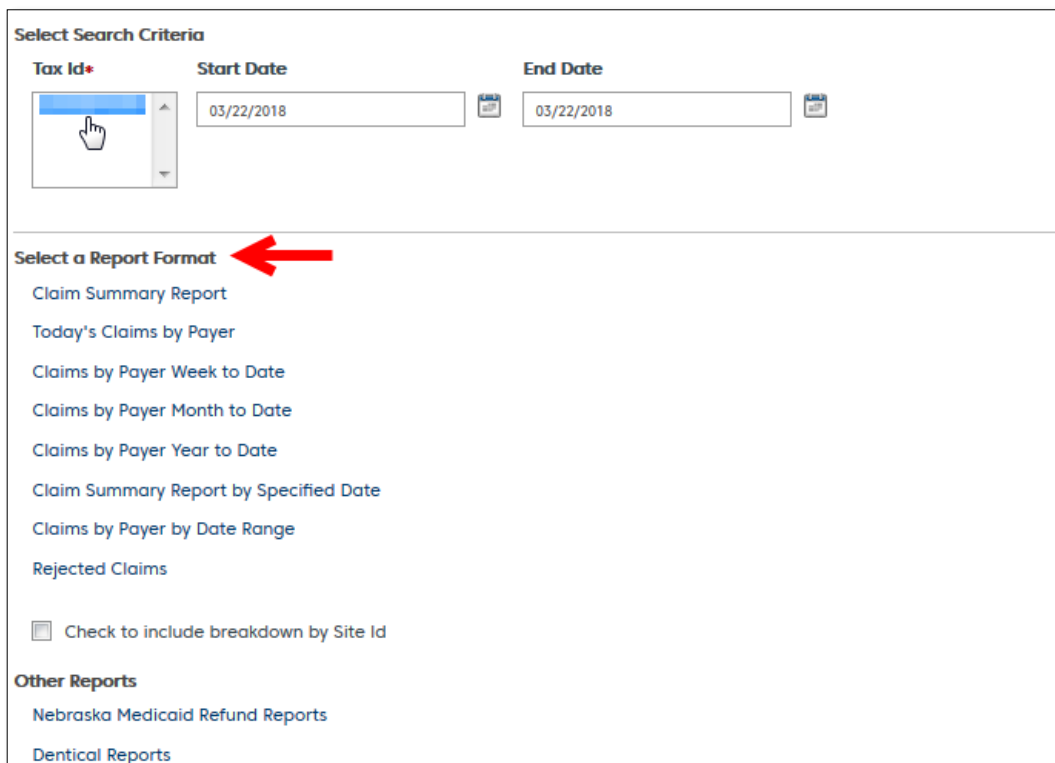
This screen can be printed for your files by clicking “**print.**” Click “**show claim detail**” to return to the claim detail screen for this claim.

Reports

Select the “**Reports**” option from the “**Services**” menu item or the “**Services**” section of the homepage:



Select Tax ID(s) as well as the report Start Date and End Date. Click on the report link of your choice from the list available. To select multiple Tax IDs, hold the “**CTRL**” key while clicking on a Tax ID. If more than one Tax ID is selected, the claim counts will be grouped by Tax ID:



Claim Summary Report: This report provides a count of claims processed by Change Healthcare on the current business day. The count is further broken down by the number of claims processed electronically, the number of claims printed/mailed/rejected by Change Healthcare, and the total charge amount of the claims:

Time Period		# Claims	Total Charge	Electronic	Paper	Rejected
Report Date	3/22/2018	0	\$0.00	0	0	0
Week to Date	03/18/2018 to 03/22/2018	0	\$0.00	0	0	0
Month to Date	03/01/2018 to 03/22/2018	0	\$0.00	0	0	0
Year to Date	01/01/2018 to 03/22/2018	0	\$0.00	0	0	0

Claims by Payer (Daily, Weekly, Monthly, and Yearly): These four reports differ only in the preset date range that they cover. The four reports cover claims processed by Change Healthcare on the current business day, week to date (starting on Sunday), month to date, and year to date. The count is broken down by payer name, the number of claims processed electronically, and the total charge amount of the claims:

Payer Name	# Claims	Total Charge
Anthem Blue Cross	1	\$39.00
Blue Cross of Massachusetts	2	\$456.00
Delta Dental of California	1	\$787.00
Delta Dental of Illinois	4	\$812.00
Delta Dental of Oregon (Oregon Dental Service)	7	\$2,629.00
Delta Dental of Virginia	1	\$4,980.00
Delta Dental of Wisconsin	1	\$374.00

Claim Summary Report by Specified Date: Get a summary for a single day using **the first date field**. Weekly, monthly, and year to date summaries are also included:

Time Period		# Claims	Total Charge	Electronic	Paper	Rejected
Report Date	2/1/2016	344	\$265,277.98	323	17	4
Week to Date	01/31/2016 to 02/01/2016	344	\$265,277.98	323	17	4
Month to Date	02/01/2016 to 02/01/2016	344	\$265,277.98	323	17	4
Year to Date	01/01/2016 to 02/01/2016	344	\$265,277.98	323	17	4

Claims by Payer by Date Range: Get a list of claims submitted by payer for a specified date range:

Payer Name	# Claims	Total Charge
AARP	1	\$302.00
Aetna	11	\$12,590.00
Allied Benefit Systems	2	\$522.00
Ameritas Life Insurance Corp.	5	\$1,693.00
Anthem Blue Cross	1	\$1,382.00
Automated Group Administration, Inc. (AGA)	1	\$683.00
BCBS ASSOC FEP	3	\$863.00
Best Life & Health Insurance Company	1	\$2,628.00
Blue Cross Blue Shield of Michigan	1	\$215.00
Blue Cross of Alaska and Washington	1	\$669.00

Rejected Claims: This report displays a list of claims that were rejected for the date range entered by the user (Enter date under “**Claim Submission Reports by Date Range**” section). By default, that timeframe is set to the current business day. The report includes claims that were rejected by Change Healthcare Dental and the payer. The rejected claims are listed individually and broken down by patient name, Insured ID, the payer name, rendering provider name, date the service, total charge of the claim, and reason for the rejection:

CHANGE HEALTHCARE		Rejected Claims	02/01/2016 to 02/02/2016
		For Tax ID [REDACTED]	
Tax ID	[REDACTED]		
Patient Name	[REDACTED]	Insured ID	[REDACTED]
Rendering Provider	[REDACTED]		
Date of Service	[REDACTED]		
Total Charge	[REDACTED]		
Carrier Name	[REDACTED]		
Rejected by Change Healthcare:			<input type="checkbox"/>
Invalid fee			
Patient Name	[REDACTED]	Insured ID	[REDACTED]
Rendering Provider	[REDACTED]		
Date of Service	[REDACTED]		
Total Charge	[REDACTED]		
Carrier Name	[REDACTED]		
Rejected by Change Healthcare:			<input type="checkbox"/>
Invalid fee			
Patient Name	[REDACTED]	Insured ID	[REDACTED]
Rendering Provider	[REDACTED]		
Date of Service	[REDACTED]		
Total Charge	[REDACTED]		
Carrier Name	[REDACTED]		
Rejected by Payer:			<input type="checkbox"/>
SUBSCRIBER AND SUBSCRIBER ID NOT FOUND.			

Other reports available include the **Nebraska Medicaid Refund** and **Dentical** reports. Each are specific to those providers that submit to those payers and will not yield results for all users.

Claims Status Inquiry

The Claim Status inquiry is specific to claims that were not processed electronically via Change Healthcare (e.g. sent via paper). To access the Claim Search service, navigate to **“Services”** → **“Claim Status Inquiry”** or click on **“Claim Status Inquiry”** in the **“Services”** section of the Home page:



Perform a Claim Status Inquiry: Request status for specific claims utilizing the search criteria available and click **“Submit”**:

Payer Id*
Lincoln Financial (CX061)

Enter Search Criteria

Provider First Name* **Provider Last Name*** **Provider Tax Id***

Provider NPI

Insured First Name* **Insured Last Name*** **Insured Id*** **Insured is Patient**

Patient First Name **Patient Last Name** **Patient Birth Date***

Patient Gender*

Charge Amount* **Low Service Date*** **High Service Date***

03/15/2018

SUBMIT **RESET**

- **Payer ID:** Select the Payer ID from the drop-down list that is associated with the claims submission.
- **Provider First/Last Name:** First/Last name of the provider submitted on the claim.
- **Provider Tax ID:** Tax ID of the provider submitted on the claim.
- **Provider NPI:** NPI of the provider submitted on the claim.
- **Insured First/Last Name:** First/Last name of the insured submitted on the claim.
- **Insured ID:** The ID of the insured submitted on the claim.
- **Insured is Patient:** Check if the Insured is the patient.
- **Patient First/Last Name:** First/Last name of the patient submitted on the claim, if patient is different than insured.
- **Patient Birth Date:** Birth date of the patient submitted on the claim.
- **Patient Gender:** Gender of the patient submitted on the claim.
- **Charge Amount:** Total charge amount submitted on the claim.
- **Low Service Date:** Select the start date the service was performed.
- **High Service Date:** Select the end date the service was performed.

Claim Status Response:

Information Source

Name [Redacted]
Payer ID [Redacted]

Information Receiver

Name [Redacted]
ETIN [Redacted]

Service Provider

Name [Redacted]
National Provider ID [Redacted]

Subscriber

Name [Redacted]
Member ID [Redacted]

Claim Information

Trace Number	[Redacted]	Charge Amount	[Redacted]
Claim Date	[Redacted]	Paid Amount	[Redacted]
Status Date	[Redacted]	Pay/Adj Date	[Redacted]
Payer Reference No.	[Redacted]	Payment Method	[Redacted]
		Check/EFT Date	[Redacted]
		Check/EFT Number	[Redacted]

Claim Status **Pended: Partial payment made for this claim.**

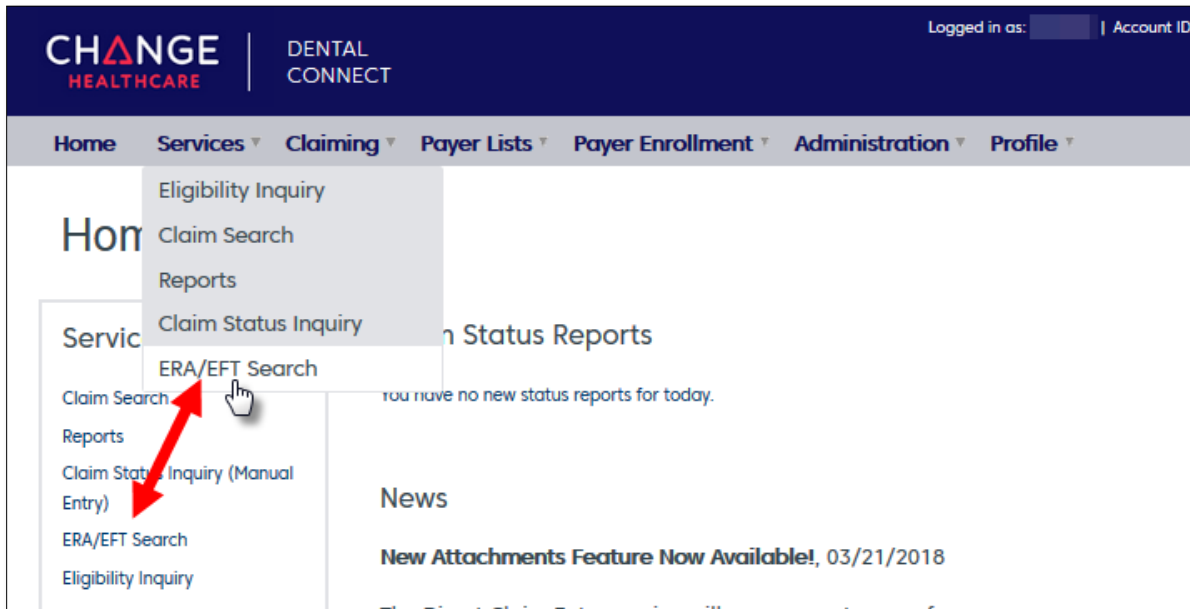
Service Detail

Date	Procedure Code	Charge Amount	Paid Amount	Control Number
[Redacted]	D2392	\$228.00	\$72.80	01

Complete: Partial payment made for this claim.

ERA/EFT Search

If a user enrolls to receive ERA/EFT from a payer(s), they can search, view, and print those ERA/EFTs via this screen. To access the ERA/EFT Search, navigate to **"Services"** → **"ERA/EFT Search"** or click on **"ERA/EFT Search"** in the **"Services"** section of the Home page:



To begin receiving ERA/EFTs from our supported payers, you must first enroll. See the section on ERA and EFT enrollment for more details on this process.

Search for ERA/EFT: Conduct a search for ERA/EFTs utilizing the search criteria options. At a minimum Tax ID and Data Type are required to conduct a search. Click **“Submit”**:

The screenshot shows a search form with the following fields and options:

- Tax Id***: A dropdown menu.
- NPI**: A text input field.
- Payee Name**: A text input field.
- Payer**: A dropdown menu.
- Include Only ERA/EFT Enrolled Payers**: A checkbox.
- Patient Last Name**: A text input field.
- Patient First Name**: A text input field.
- Insured ID**: A text input field.
- Date Type***: A dropdown menu set to "Payment Date".
- Start Date***: A date input field containing "02/01/016".
- End Date***: A date input field containing "02/02/2016".
- Check or EFT Number**: A text input field.
- Patient Control Number**: A text input field.
- SUBMIT**: A blue button.
- RESET**: A dark grey button.

A search can be further refined by completing one or more of the text boxes listed below:

- **Payee Name:** Enter the name of the payee in which payment is being made.
- **Payer:** Select the payer that is associated with the ERAs being searched.
- **Patient Last Name:** Enter the last name of the patient as it submitted on the claim.
- **Patient First Name:** Enter the first name of the patient as it was submitted on the claim.
- **Insured ID:** Enter the insured ID of the patient as it was submitted on the claim.
- **Date:** Enter either the ERA process date or a claim date of service.
- **Check or EFT Number:** Enter the Check or EFT Number under which the ERA was issued.
- **Patient Control Number:** Enter the patient control # as it was submitted on the claim.

ERA/EFT Search Results: View ERA/EFTs that were received by Change Healthcare based on the criteria you have chosen. Each column may be sorted in ascending or descending order by clicking on the title of the column. An arrow will appear next to the title that was selected for sorting. The direction of the arrow indicates whether the sort is in ascending or descending order:

ERA/EFT Search Results							
New search							
Payment Date ^	Payer Name	Payee Name	# Claims	Charged	Paid	Check/EFT Number	
02/01/2016	AMERITAS LIFE INSURANCE CORP.		1	\$298.00	\$117.60		
02/02/2016	AMERITAS LIFE INSURANCE CORP.		2	\$423.00	\$129.00		
02/02/2016	RELIANCE STANDARD LIFE INSURANCE CO.		1	\$1,672.00	\$545.00		
02/02/2016	RELIANCE STANDARD LIFE INSURANCE CO.		1	\$380.00	\$169.40		

The result grid is made up of the following details:

- **Date (Payment, Processed, Service):** Based on date type chosen as part of search criteria.
- **Payer Name:** Name of the payer as listed on the ERA/EFT.
- **Payee Name:** Name of the payee as listed on the ERA/EFT.
- **# Claims:** The total number of claims contained within the ERA/EFT.
- **Charged:** Total charge amount of all claims listed within the ERA/EFT.
- **Paid:** Total paid amount of all claims listed within the ERA/EFT.
- **Check/EFT Number:** Check or EFT number as listed within the ERA/EFT.

ERA Detail: The details of any ERA/EFT can be viewed by clicking “Date” on the “ERA/EFT Search Result” screen. A new window will open and display the ERA. Click “print” to print a copy of the ERA/EFT as shown:

The screenshot displays the ERA Detail interface. At the top right, there is a 'print' button with a hand cursor. The main content is organized into several sections:

- Change Healthcare ID**: [Redacted]
- Payer Identification**:
 - Payer
 - Address
 - City St Zip
 - Claim Office Contact
 - Claim Office Telephone
 - Claim Office FAX
 - Tech Contact
 - Tech Telephone
 - Tech Extension
 - Payer ID
 - Tax ID
- Payee Identification**:
 - Payee
 - Address
 - City St Zip
 - NPI
 - Tax ID
- Financial Information**:

Description	Remittance Information Only
Payment Method	Check
Payment Amount	[Redacted]
CHK/EFT Date	[Redacted]
CHK/EFT Number	[Redacted]
- Claim Payment Information**:

Patient	Claim Received
Insured	Billed Amount
Insured ID	Claim Payment Amount
Group or Policy Number	Patient Resp Amount
Claim Control Number	Claim Status
NPI	Payer Reference Number
Claim Type	[Redacted]
- Service Payment Information**:

Service Date	Procedure Code	Charge Amount	Payment Amount	Control Number
01/18/16	D1110	\$103.00	\$49.00	628974018-1
	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.			
	Contractual Obligations \$54.00			
01/18/16	D1206	\$54.00	\$18.00	628974018-2
	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.			
	Contractual Obligations \$36.00			
01/18/16	D0330	\$125.00	\$64.00	628974018-3

The ERA/EFT detail display is a human readable representation of the payment data. Included in the display are Payer/Payee Identification, Financial, Provider, and Claim/Service Payment information.

EFT Dashboard

Once an EFT enrollment has been finalized and approved, a user can manage their EFT activities via the “**EFT Dashboard**”, which is accessible from the Dental Connect for Providers Home page. The dashboard provides a snapshot of the current EFT activity and allows the user to maintain and manage all aspects of their EFT account:

EFT Dashboard

Include Inactive Items

Tax IDs & NPIs

Tax ID	NPI	Nickname	Status	Edit	Delete
123456789	1234567893	Demo Provider	Activated		

ADD TAX ID

Payer Mappings

Tax ID	NPI	Payer	Bank	Group ID	Other ID	Status	Delete
123456789	1234567893	Access Dental	Demo Bank		12345	Activated	

ADD EFT PAYER

Authorized Representatives

Name	Title	Phone	Email	Status	Edit	Delete
Contact Name	Office Manager	555-555-5555	cgolia@changehealthcare.com	Activated		

ADD AUTH REP

Financial Institutions

Bank Name	Routing Number	Account Type	Account Type	Account Number	Account Owner	Status	Print	Delete
Demo Bank	021101108	Demo Provider	Checking	Account Ending ...3210	Demo Provider	Activated		

ADD BANK

Provider Information

Demo Practice
220 Burnham St
South Windsor, CT 06074

EDIT

Cancel EFT

If you wish to cancel your EFT account, begin the process by clicking [here](#).

The following functions are available via this screen:

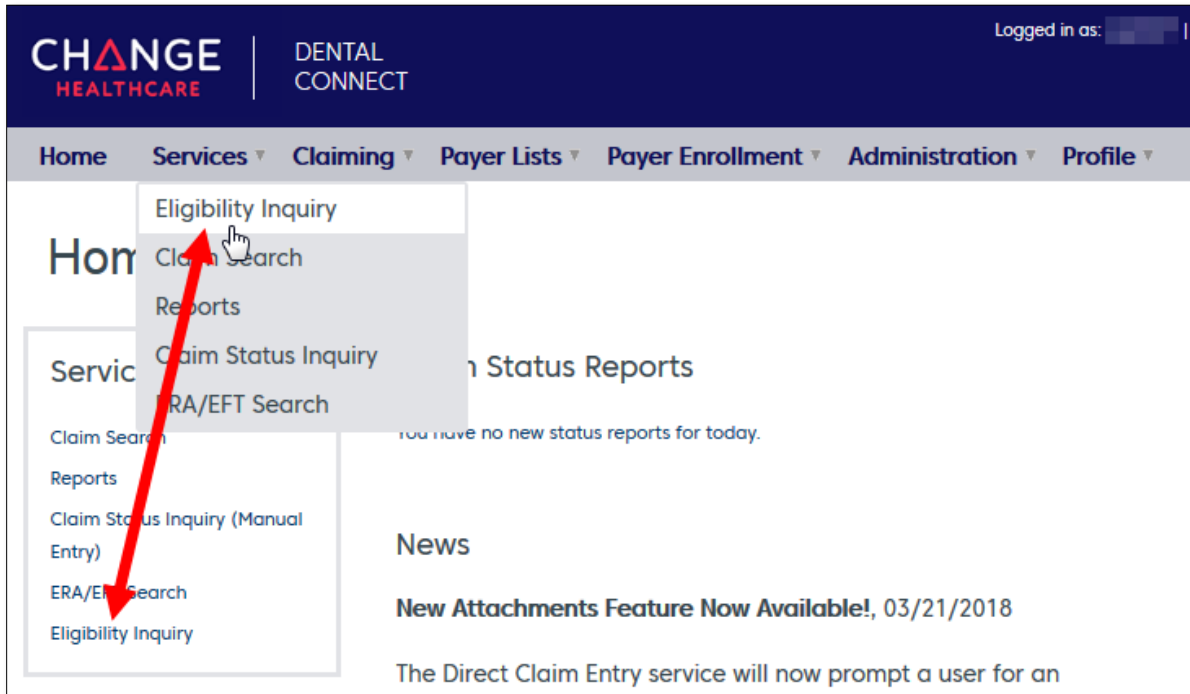
- Add Payers, Provider Identifiers, Provider Contact, and Financial Institution records.
- Delete (✗) Payers, Provider Identifiers, Provider Contact, and Financial Institution records. Deleting a Payer, Provider Identifiers, or Financial Institution will prompt the user to confirm their request before proceeding. **(Please note:** The last active record for any one of these EFT categories

cannot be deleted. If you would like to opt out of EFT, please use the “**Cancel EFT**” option).

- Edit (✎) Provider Information, Provider Identifiers, and Provider Contact records. (**Please note:** Only “Nickname” is available for edit on the Provider Identifiers screen. If you would like to change a Provider Identifier combination, please delete the record and add a new one).
- Print (🖨) Financial Institution information (Available when a financial institution record is in a “**pending**” status to allow the user the ability to re-print the **EFT Bank Account Add/Delete Authorization Form**).
- View the detailed activity of any record by clicking on the link in the “Status” column.
- Cancel the EFT service provided through Change Healthcare.
- Return to the Dental Connect for Providers Home page.
- Include Inactive Items will display records with a status of “**Inactive**” when checked.

Eligibility Inquiry

To access the Eligibility, navigate to **"Services"** → **"Eligibility Inquiry"** or click on **"Eligibility Inquiry"** in the **"Services"** section of the Home page:



Eligibility information provided is limited to the information provided by the payer. Eligibility information provided in Dental Connect for Providers is not a guarantee of eligibility; however, the information is retrieved in real time from the payer.

Select a Payer: From the “**Eligibility Inquiry**” screen, the user can select the payer for which they desire to check patient eligibility. If the payer name has an asterisk (*) next to its listing, this payer requires special enrollment to submit an eligibility inquiry in real time. Navigate to “**Payer Enrollment**” → “**Eligibility**” menu item to enroll with a payer to submit eligibility inquiries.

The screenshot shows the 'Eligibility Inquiry' form. At the top, it says '* Required Fields'. Below that is the 'Select Payer' section with a dropdown menu. The selected option is 'Aetna / Prudential (60054)', which has a black asterisk next to it. A red arrow points to this option. Below the dropdown, it says 'Payer names marked with a black * require enrollment.' The 'Provider' section includes fields for 'Provider First Name', 'Provider Last Name', 'Provider Type', 'Provider Tax ID (SSN or TIN)*', and 'Provider NPI*'. The 'Provider Tax ID' field has a dropdown menu and a text input field below it with the prompt 'select or enter tax id'.

If you are unable to locate the desired payer in the drop-down list, the payer is not currently partnered with Change Healthcare for real-time eligibility. However, check this list often as Change Healthcare is working to constantly add new payers:

Enter Search Information: Enter search information based on the payer you choose from the drop-down list. The fields will change based on the payer selected. Only use the dependent section if you require information on a dependent (items marked as required in the dependent section are only required if you are inquiring on a dependent). Upon entering search criteria, click **“Submit”**:

Eligibility Inquiry

*** Required Fields**

Select Payer

Aetna / Prudential (60054) ▼

Payer names marked with a black * require enrollment.

Provider

Provider First Name

Provider Last Name

Provider Type

Individual ▼

Provider Tax ID (SSN or TIN)*

▼

↑select or enter tax id ↓

Provider NPI*

Subscriber

You may use either the subscriber's Social Security Number or Aetna Id as the Member Id.
Note: You must include the subscriber's name if you use the subscriber's Social Security Number.

Member ID*

First Name

Last Name

Date of Birth*

Group ID

Dependent

Dependent fields marked required * are only needed if you are searching for a dependent.
If you are not searching for a dependent be sure to leave these fields blank.

First Name*

Last Name*

Date of Birth*

SUBMIT **RESET**

Search Results: The information returned is limited to the information provided to Change Healthcare by the payer and is not a guarantee of eligibility. If the search was successful, eligibility and benefit information will be presented. If an error occurs (e.g. Subscriber Not Found), that information will also be available to the user.

Eligibility Inquiry

GO BACK
NEW SEARCH
PRINT

Payer

Payer Name	AETNA INC	Transaction ID	[REDACTED]
-------------------	-----------	-----------------------	------------

Provider

Provider	[REDACTED]		
Address	[REDACTED]		
Provider ID	[REDACTED]	Tax ID	[REDACTED]

Subscriber

Patient Name	[REDACTED]		
Member ID	[REDACTED]	SSN	[REDACTED]
Group Number	[REDACTED]	Group Name	[REDACTED]
Date of Birth	[REDACTED]	Gender	[REDACTED]
Address	[REDACTED]		
Plan Number	[REDACTED]		

Coverage Type

Family, Active Coverage
PPO
PPO Dental 2000

Maxillofacial Prosthetics: Family, Non-Covered
PPO DENTAL 2000

Orthodontics: Family, Non-Covered
PPO DENTAL 2000

Coverage Dates

Subscriber Coverage Dates
Plan Begin Date 2/1/2017
Service Date 3/27/2018
Eligibility Begin 1/1/2014

Deductibles & Maximums

Deductible	All Networks
Individual, Restorative	\$100.00
Calendar Year Amount Met	\$0.00
Calendar Year Amount Remaining	\$100.00

The result can be printed via the “**print**” button. To conduct another eligibility search, click “**New Search**”.

Claiming

Direct Claim Entry

Before you can submit claims through Change Healthcare Dental Connect, you must set up your practice, if not previously completed.

Click the Add button (+) in each category to set up your practice.

Setup your Practice for Dental Connect Claiming

Before you can submit claims through Change Healthcare Dental Connect, you must finish setting up your practice.
Click the Add button in each category to set up your practice +

Primary Taxonomy
+ Add Primary Taxonomy

Service Location Information
+ Add Location

Tax ID - NPI Information
+ Add Tax ID - NPI

Rendering Provider Information
+ Add Provider

Primary Taxonomy: Select the primary taxonomy code for your practice and click "**Save**":

Primary Taxonomy Information

* Required Fields

Primary Taxonomy*

Dentists(122300000X) ▼

SAVE **CANCEL**

Service Location: Enter the service location(s) for your practice and click **“Save”**:

Service Location Information

* Required Fields

Practice Name* Dental Practice	Contact Name* Provider Contact
Provider Name* Dental Provider	Contact Title Office Manager
Street Address* 220 Burnham Street	Contact Email Address*
City* South Windsor	Contact Telephone* 8882557293
State* Connecticut	Contact Telephone Extension
ZIP Code* 06074	Contact Fax Number

SAVE **CANCEL**

Tax ID - NPI: Enter the Tax ID – NPI combination(s) for your practice and click **“Save”**:

Tax ID - NPI Information

Tax Id*	Group NPI*	Nickname
----------------	-------------------	-----------------

To add a new Tax Id to the dropdown list above, click here.

SAVE **CANCEL**

Rendering Provider: Enter the Rendering Provider(s) for your practice and click **“Save”**:

Rendering Provider Information

* Required Fields

First Name* Rendering	License Number* 123CT56
Last Name* Provider	License State* Connecticut
NPI*	Specialty* Dentists(122300000X)

SAVE **CANCEL**

Upon completing your practice setup, you will be presented with a summary of your completed selections/entries:

Manage Practice Setup

Primary Taxonomy
Primary Taxonomy: Dentists(122300000X)
[Change Primary Taxonomy](#)

Service Location Information

Practice Name	Provider Name	Street Address	City	State	Zip Code	Edit	Delete
Dental Practice	Dental Provider	220 Burnham Street	South Windsor	CT	06074		

+ Add Location

Tax ID - NPI Information

Tax ID	Group NPI	Nickname	Edit	Delete
		Combo 1		

+ Add Tax ID - NPI

Rendering Provider Information

Provider First Name	Provider Last Name	NPI	License Number	License State	Specialty	Edit	Delete
Rendering	Provider		123CT56	CT	Dentists(122300000X)		

+ Add Provider

To enter a claim, navigate to **“Claiming”** → **“Direct Claim Entry”** or click on **“Direct Claim Entry”** in the **“Claiming”** section of the Home page:

CHANGE HEALTHCARE | DENTAL CONNECT

Home Services Claiming Payer Lists Payer Enrollment Administration Profile

Home

- Direct Claim Entry
- Claim Submission History
- Claim Status Reports

Services

- Claim Search
- Reports
- Claim Status Inquiry (Manual Entry)
- ERA/EFT Search
- Eligibility Inquiry

Claiming

- Direct Claim Entry

Claim Status Reports

You have no new status reports for today.

News

New Attachments Feature Now Available!, 03/21/2018

The Direct Claim Entry service will now prompt a user for an attachment, if the procedure code submitted matches a payer's business rule within the Change Healthcare system.

This feature is intended to help providers streamline their revenue cycle management by avoiding unnecessary delays in claims.

Start: Please choose the “**Type of Transaction**”, “**Rendering Location**”, and “**Rendering Provider**”. The billing details are pre-filled based on the information entered during claim enrollment.

Primary Claims:

The screenshot shows the 'Claiming' interface with the following sections and callouts:

- Type of Transaction:** Includes radio buttons for 'Statement of Actual Service' (selected) and 'Request for Predetermination/Preauthorization'. Callout: 'Select Claim Type' with an arrow pointing to the radio buttons.
- Predetermination/Preauthorization Number:** A text input field. Callout: 'Enter Pre-D or Pre-Auth number (If applicable)' with an arrow pointing to the field.
- Billing Dentist or Dental Entity:** Pre-filled with 'CertTest, 220 Burnham Street, South Windsor, CT 06074, 8882557293'. Includes dropdowns for 'Tax ID' and 'Group NPI'. Callout: 'Select Tax Id and Group NPI' with an arrow pointing to the dropdowns.
- Treatment Location:** Includes a dropdown for 'Select a Rendering Location' (selected: 'Dental Practice, 220 Burnham Street'). Callout: 'Select a Rendering Location' with an arrow pointing to the dropdown.
- Rendering Provider:** Includes a dropdown for 'Select Rendering Provider' (selected: 'Provider, Rendering'). Callout: 'Select a Rendering Provider' with an arrow pointing to the dropdown.
- Rendering Provider Details:** A box containing 'NPI: 1234567893', 'License: 123CT56, CT', and 'Taxonomy: 122300000X'.
- Navigation:** A 'NEXT TAB' button at the bottom left.

Patient/Subscriber: Select a patient/subscriber from the drop-down menu or add a new one by clicking “Add New”:

Add New: Displays a set of patient/subscriber specific fields. Please complete all required patient/subscriber demographic and insurance information. Click “Next Tab”:

If “**Relationship to Insured**” is other than “**Self**”, a new set of fields will be displayed to allow entry of the subscriber demographic details:

Patient's Relationship to Insured*

Self
 Spouse
 Dependent
 Other

Subscriber

Last Name*
First Name*
Middle Initial

Suffix

Address 1*
Address 2

City*
State*
Zip Code*

Date of Birth*
Gender*
 M
 F

If coverage exists under a plan other than the primary insurer, check “**Yes**” and additional fields will display. Please see the “**Secondary Claim**” section on pages 54-57 on how to submit secondary claims:

Does coverage exist under any other insurance plan?

Yes

Secondary Insurance

Secondary Insurance Carrier*

Subscriber ID*
Plan/Group Number

Patient's Relationship to Insured*

Self
 Spouse
 Dependent
 Other

Name of Policyholder/Subscriber

Last Name*
First Name*
Middle Initial

Suffix

Address 1*
Address 2

City*
State*
Zip Code*

Date of Birth*
Gender*
 M
 F

Services: Please select “**Place of Treatment**”. If the treatment is related to **Orthodontics** or an **Accident**, new fields specific to those treatments will be presented for completion:

The screenshot shows a web form titled "Services" with tabs for "Start", "Patient/Subscriber", "Services", and "Review". The form includes a dropdown for "Place of Treatment" (set to "Office (11)"), a text field for "If Other, Please Specify Place of Service Code", and a "Date Appliance Placed*" field with a "mm/dd/yyyy" placeholder. Below these are "Total Months of Treatment*" and "Remaining Months*" fields. A section titled "Is this an Orthodontics Treatment?" has a checked "Yes" checkbox with a red arrow pointing to the "Date Appliance Placed" field. Another section titled "Is the treatment the result of an accident?" has a checked "Yes" checkbox with a red arrow pointing to the "Type of Accident?" radio buttons. The "Type of Accident?" options are "Occupational", "Auto Accident", and "Other Accident". There is also a "Date of Accident" field with a "mm/dd/yyyy" placeholder and an "Auto Accident State" field.

Service Lines: Enter the service information for the treatment(s) rendered. To add additional service lines, click “**Add a Service Line**”. To remove a service line, click the “**X**” icon at the end of the row:

The screenshot shows a "Service Lines" form with a "Diagnosis Code List Qualifier" dropdown set to "ICD-10 (AB)". Below is a table with the following columns: Proc Date*, Oral Cavity, Tooth Num, Tooth Surface, Proc Code*, Diag Pointer, Qty, Fee*, and Prosthesis?. The first row contains: 03/01/2018, -, , D1234, , 1, 100.00, and a checked box. Below the table is a "Is Prosthesis a Replacement?" checkbox (checked) and a "Prior Placement Date" field with the value 03/01/2018. At the bottom is a button labeled "ADD A SERVICE LINE" with a mouse cursor over it.

The service line details are made up of the following elements:

- **Diagnosis Code List Qualifier:** Select the type of diagnosis code from the drop-down list and enter the ICD-9/ICD-10 codes associated with the services rendered (up to four).
- **Proc Date:** Date the procedure was rendered.
- **Oral Cavity:** Area or quadrant of the mouth related to the procedure (if applicable).
- **Tooth Num:** Tooth number related to the procedure (if applicable).
- **Tooth Surface:** Tooth surface related to the procedure (if applicable).
- **Proc Code:** CDT procedure code.
- **Diag Pointer:** Identify which diagnosis (e.g. 1, 2, 3, or 4) applies to the procedure (if applicable) and place these in order of importance/relevance as they pertain to the service line. For instance, values entered as 3, 4, 2, 1 indicates that the third

diagnosis code is the primary code as it relates to the service line, and so forth for the remaining codes.

- **Qty:** Number of services rendered.
- **Fee:** Total charge for the procedure(s) rendered.
- **Prosthesis:** If the service is related to a prosthesis, check the “**Prosthesis?**” box and complete the additional fields.

Remarks and Benefit Assignment: Enter remarks related to the claim and/or service lines (if applicable), and select the benefit assignment. Click “**Next Tab**”:

Remarks

This is where remarks are entered, for example an attachment ID.

Are Benefits Assigned to Provider?*

No Yes

PREVIOUS TAB **NEXT TAB**

Review: Displays a summary of the primary claim data entered. If changes are required, you can navigate back to a specific section by clicking any of the tabs at the top of the wizard or via the “**Previous Tab**” button. Upon review, click “**Next**”:

Start
Patient/Subscriber
Services
Review

Claim

Claim Type: Statement of Actual Services Preauthorization Number: EPSDT/Title XIX: No

Provider

<p>Billing Provider</p> <p>CertTest 220 Burnham Street South Windsor, CT 06074 8882557293 Tax ID: 364364704 NPI: 1234567893</p>	<p>Treating Provider</p> <p>Rendering Provider 220 Burnham Street South Windsor, CT 06074 NPI: 1234567893 Lic Number: 123CT56 Taxonomy: 122300000X</p>
---	---

Patient/Subscriber

Patient

First Last
123 ABCD Ave

Townsville, AL 12345
Date of Birth: 01/01/1900 Patient Account#: 12345 Male
Relationship to Insured: Self

Primary Insurance (claim will be forwarded to this carrier)

First Last
123 ABCD Ave

Townsville, AL 12345
Date of Birth: 01/01/1900 Male
Aetna 60054 Subscriber ID: 777888999

Services

Place of Treatment: Office (11)
Orthodontics Claim: No
Accident Claim: No

Diagnosis Code List: ICD-10 (AB) Diagnosis Code 1: Diagnosis Code 2: Diagnosis Code 3: Diagnosis Code 4:

Svc	Proc Date	Area	Tooth Num	Tooth Surf	Proc Code	Diag Pointer	Qty	Fee
1	03/01/2018				D1234		1	\$100.00
Replacement prosthesis. Original placed 03/01/2018.								
							Total Fee:	\$100.00

Remarks

This is where remarks are entered, for example an attachment ID.

Assignment of Benefits: Benefits are assigned.

PREVIOUS TAB
NEXT

Secondary Claims:

Start: Please choose the “**Type of Transaction**”, “**Rendering Location**”, and “**Rendering Provider**”. The billing details are pre-filled based on the information entered during claim enrollment:

Type of Transaction

Statement of Actual Service Request for Predetermination/Preauthorization

EPSDT / Title XIX **This is a Secondary Claim**

Predetermination/Preauthorization Number

Patient/Subscriber: Select a patient/subscriber from the drop-down menu or add a new one by clicking “**Add New**” or “**Edit**”:

Start Patient/Subscriber Services Review

Patient/Subscriber

Find Patient/Subscriber

Danvers, Carol **ADD NEW**

Subscriber

Danvers, Carol
220 Burnham Street
South Windsor, CT 06074
Date of Birth: 01/01/1900 Female

Primary Insurance Carrier

Aveis (86098)
Subscriber ID: 987654321 Plan or Group Number: 55555 Employer: Marvel
Patient's Relationship to Insured: Self

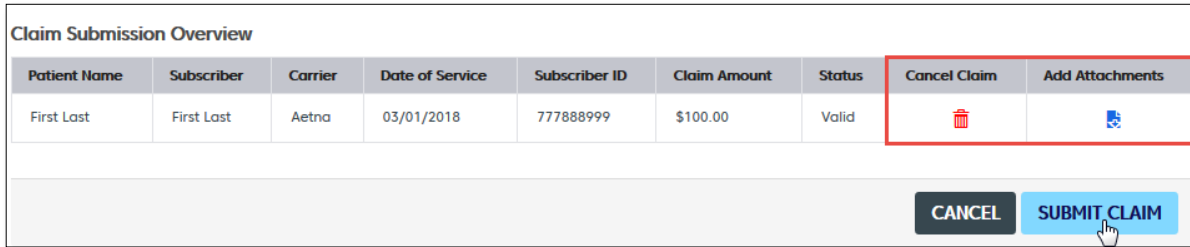
EDIT PATIENT\INSURED

Review: Displays a summary of the secondary claim data entered. If changes are required, you can navigate back to a specific section by clicking any of the tabs at the top of the wizard or via the **“Previous Tab”** button. Upon review, click **“Next”**:

Claim		
Claim Type: Statement of Actual Services	Preauthorization Number:	EPSDT/Title XIX: No
Provider		
Billing Provider	Treating Provider	
FakePractice	Claud Test	
220 Burnham Street	220 Burnham Street	
South Windsor, CT 06074	South Windsor, CT 06074	
888-255-7293	NPI: 1811366107	
Tax ID: 001326524	Lic Number: 123CA56	
NPI: 1234567893	Taxonomy: 1223G0001X	
Patient/Subscriber		
Patient	This is a Secondary Claim	
Carol Danvers	220 Burnham Street	
South Windsor, CT 06074	Date of Birth: 01/01/1900	
Date of Birth: 01/01/1900	Patient Account#:	Female
Relationship to Insured: Self		
Secondary Insurance (claim will be forwarded to this carrier)		
Carol Danvers	220 Burnham Street	
South Windsor, CT 06074	Date of Birth: 01/01/1900	
Date of Birth: 01/01/1900	Female	Subscriber ID: 123456789
Blue Cross of Massachusetts	CBMA1	
Primary Insurance		
Carol Danvers	Primary Payment Amount: \$25.00	
220 Burnham Street	Primary Payment Date: 05/01/2019	
South Windsor, CT 06074		
Date of Birth: 01/01/1900	Female	Subscriber ID: 987654321
Avesis	86098	
Relationship to Insured: Self		

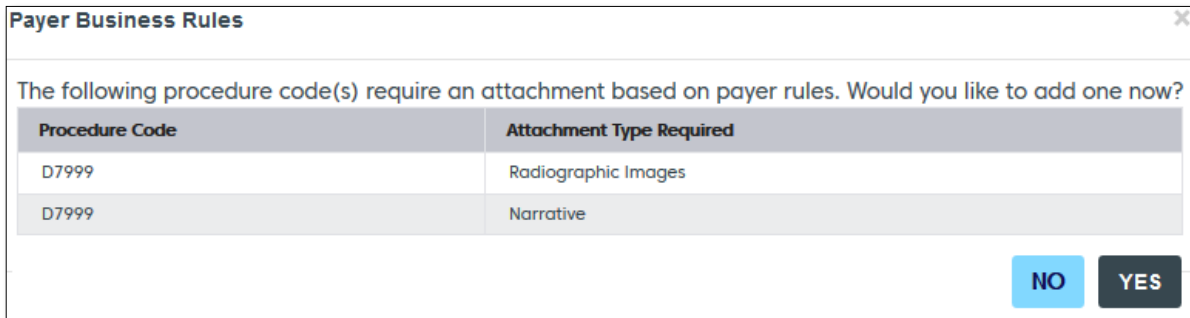
Claim Submission Overview: The Claims Submission Overview screen will display, giving you the option to add attachments or cancel the claim. To cancel the claim, click the trashcan icon in the **"Cancel Claim"** column. To add attachments, click the attachment icon under the **"Add Attachments"**

Click **"Submit Claim"** once any necessary changes have been made:

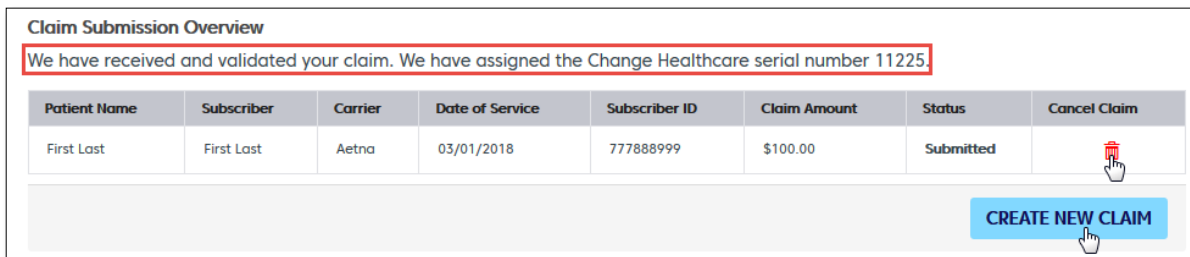


Upon clicking **"Submit Claim"**, if an attachment payer rule exists in our system for the procedure code submitted, the user will be prompted to add the attachment for that service.

Click **"Yes"** to add an attachment, and follow the instructions in the "Add Attachments" section of this guide (**pages 65-70**):



Clicking **"No"** will submit the claim without the requested attachment(s):



The Status column for this claim will now read as **"Submitted"**. If you would like to create another claim, click the **"Create a New Claim"** link. If you would like to cancel the claim submission, click the trash can icon under **"Cancel Claim"**:

Add Attachments

Attachments can be added during the final stage of the Claim Submission process. To add attachments as you submit a claim, click on the blue attachment icon under the “**Add Attachments**” column of the “Claims Submission Overview” screen:

Claim Submission Overview								
Patient Name	Subscriber	Carrier	Date of Service	Subscriber ID	Claim Amount	Status	Cancel Claim	Add Attachments
Donald Duck	Daisy Duck	Aetna	03/10/2018	987654321	\$100.00	Valid		

CANCEL SUBMIT CLAIM

Attachment Information: A new window will display the attachment information and require the Attachment Type to be selected. Click on the “**Attachment Type**” box and select the appropriate option from the list provided:

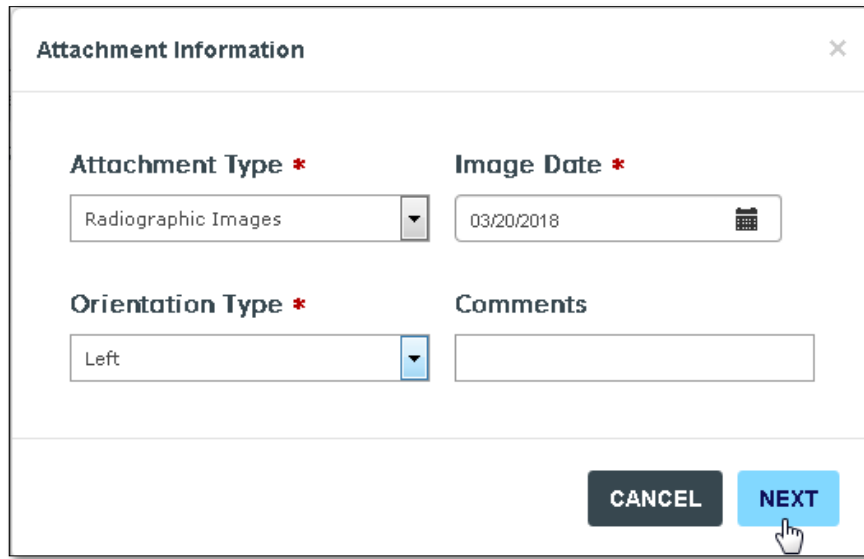
Attachment Information ✕

Attachment Type *

--Select Attachment Type--
▼

- Select Attachment Type--
- EOB or COB
- Narrative
- Student Verification
- Referral Form
- Diagnosis
- Reports
- Periodontal Charts
- Progress Notes
- Intraoral Image
- Full Mouth Series
- Bitewings
- Periapical
- Panoramic Film
- Partial Mount
- Cephalometric
- Radiographic Images

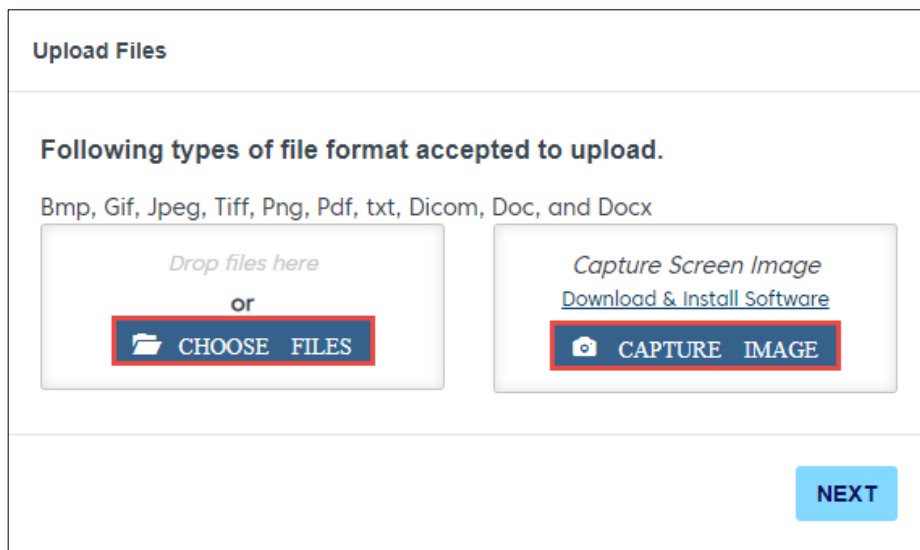
Additional Attachment Information: New fields will appear after selecting the Attachment Type. The Image Date and Orientation Type are required to be entered for images and x-ray films. Text pertaining to your attachment may be added in the “**Comments**” section. To enter an image date, click the calendar icon under “**Image Date**”. The orientation type can be selected by clicking the “**Orientation Type**” box and choosing the appropriate option. Upon completion, click “**Next**”:



The image shows a form titled "Attachment Information" with a close button (X) in the top right corner. The form contains four main sections: "Attachment Type *" with a dropdown menu showing "Radiographic Images"; "Image Date *" with a text input field containing "03/20/2018" and a calendar icon; "Orientation Type *" with a dropdown menu showing "Left"; and "Comments" with a large empty text area. At the bottom right, there are two buttons: a dark grey "CANCEL" button and a blue "NEXT" button with a mouse cursor pointing at it.

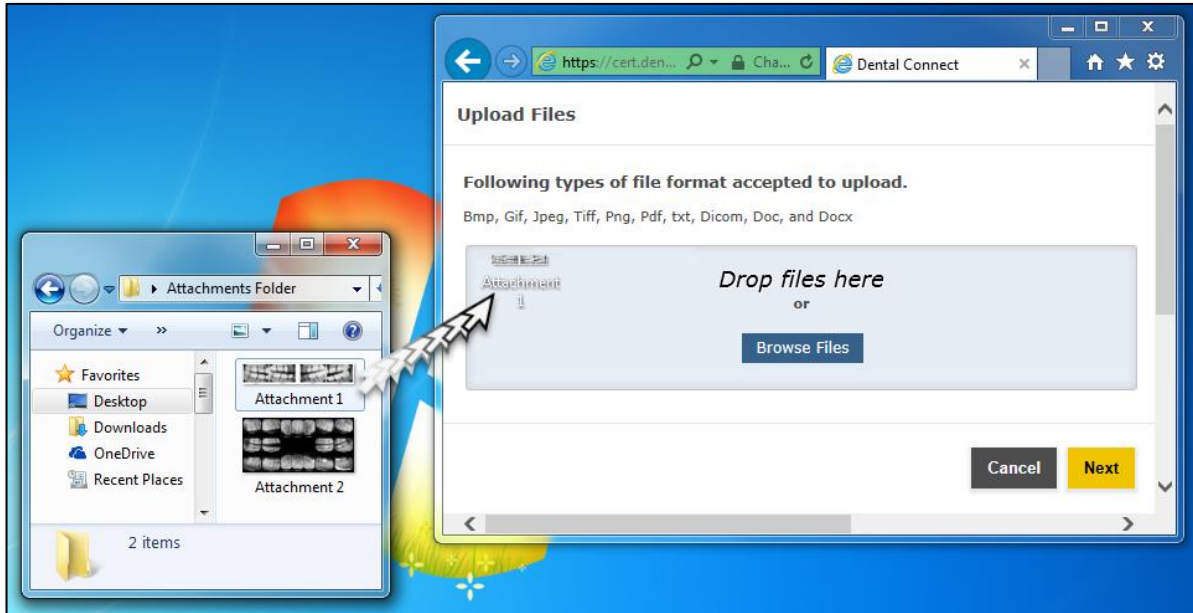
***Note:** Image Date is defined as the date the provider **acquired** the image, not the date it was uploaded.

Upload or Capture Image Files: A new screen will appear where attachment files can be uploaded in Bmp, Gif, Jpeg, Tiff, Png, Pdf, Txt, Dicom, Doc, and Docx formats or can be captured via the “Screen Capture” option:

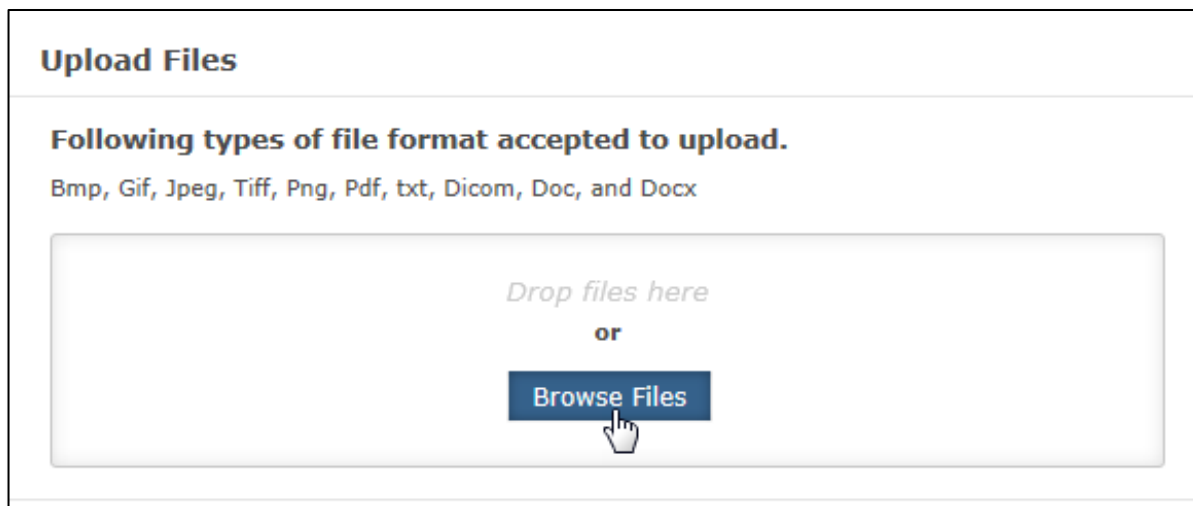


The image shows a form titled "Upload Files". Below the title, it states "Following types of file format accepted to upload." and lists "Bmp, Gif, Jpeg, Tiff, Png, Pdf, txt, Dicom, Doc, and Docx". There are two main options: "Drop files here" with a "CHOOSE FILES" button (highlighted with a red box) and "Capture Screen Image" with a "CAPTURE IMAGE" button (highlighted with a red box) and a link for "Download & Install Software". A blue "NEXT" button is located at the bottom right of the form.

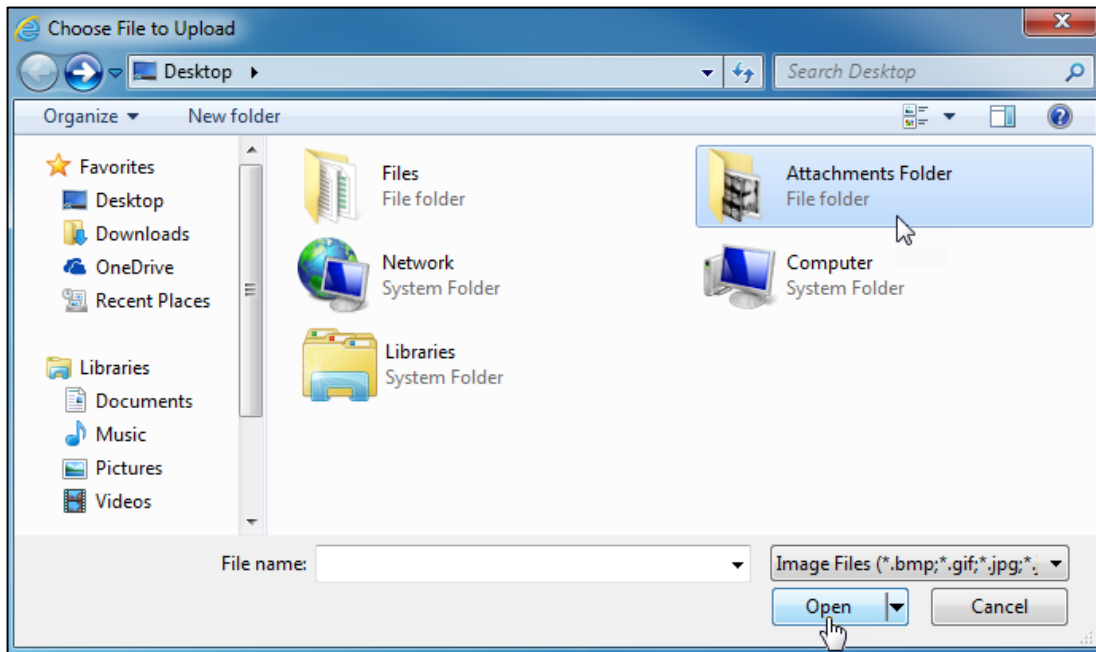
Drop Files: To drop attachment files, select the desired file(s) from their saved location on your computer, drag the file(s) onto the Upload Files screen, and drop them within the designated box that reads “**Drop files here**”:



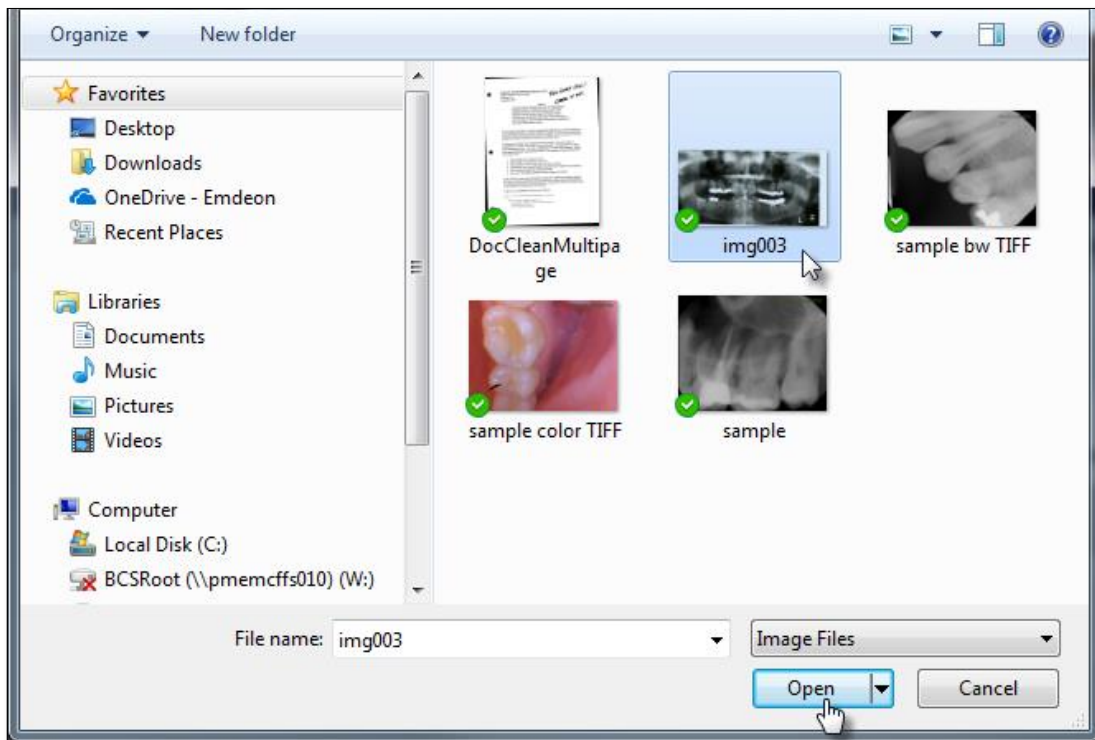
Browse Files: Uploading attachments by browsing for files saved on your computer can be done by clicking on the “**Browse Files**” button:



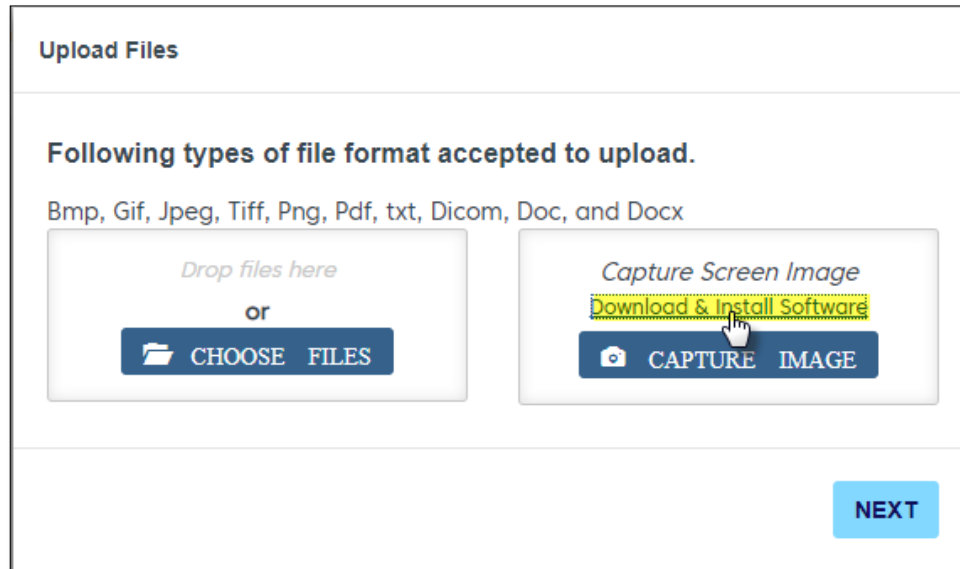
File Location: Select the location where the file(s) are saved on your computer and click “Open”:



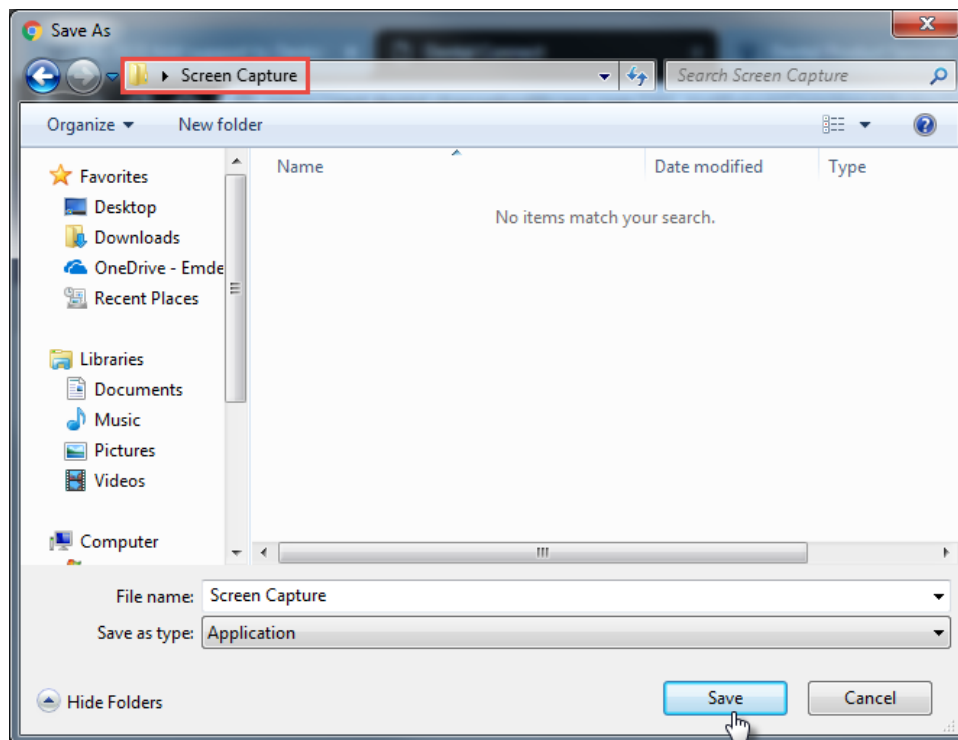
Choose Files to Upload: Select the file(s) that are to be uploaded for this claim and click “Open”:



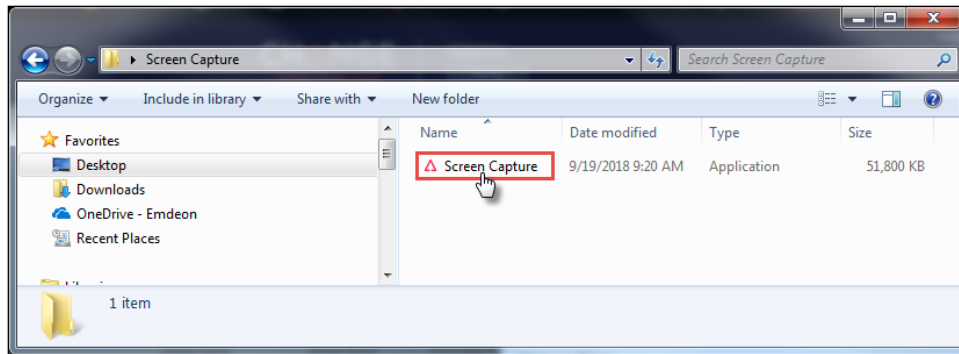
Screen Capture: To capture an image from your computer, click the “**Capture Image**” button (**Note:** If you have not installed the screen capture software previously, first click the “Download and Install Software” link. This will take you through the download and installation process).



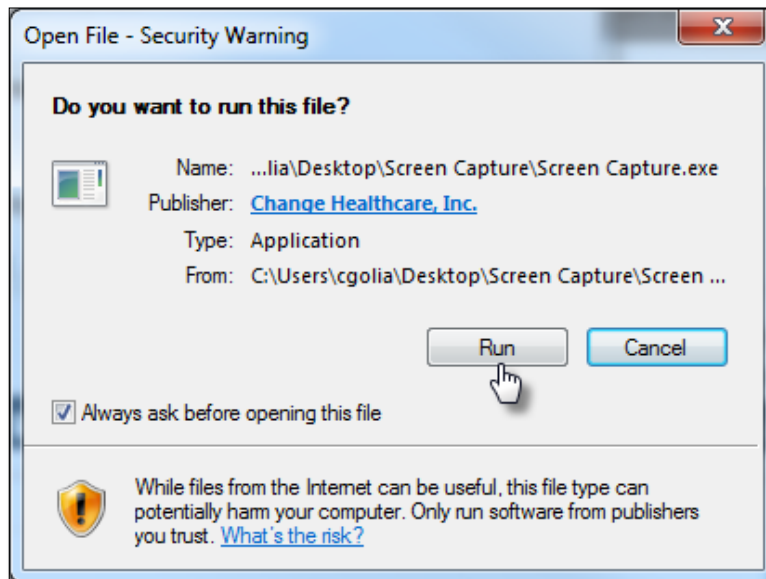
Download Software: Upon clicking the “Download and Install Software” link, the user will be asked to select a location to save the software:



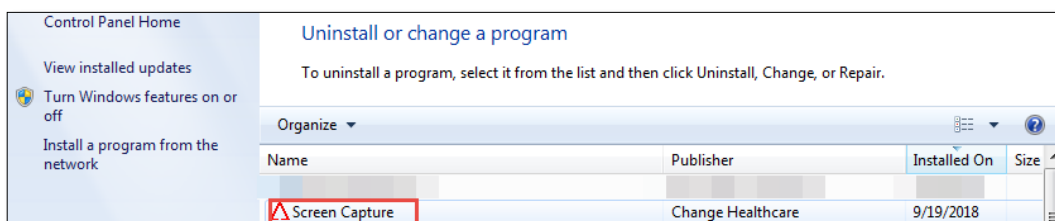
Install Software: Once the software has been downloaded and saved, double-click the file to begin the installation process:



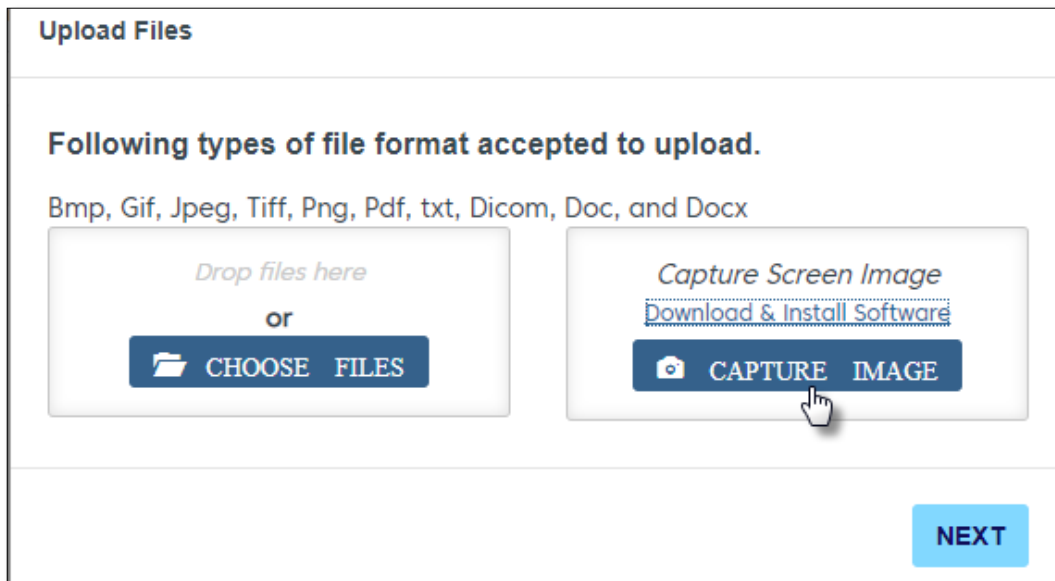
Click **“Run”** to install the software (Note: The installation process will be quick, and almost unnoticeable to the user):



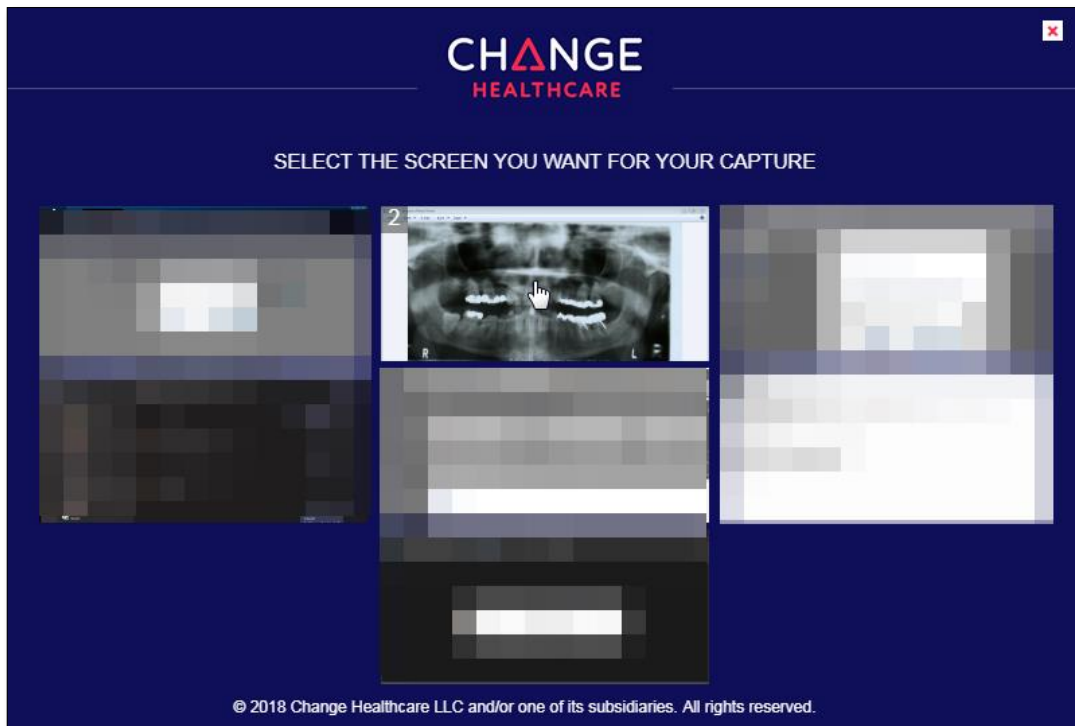
To confirm installation, navigate to **“Control Panel > Programs > Uninstall a Programs”** and look for **“Screen Capture”**:



Capture Image: Once the installation is completed successfully, click the “**Capture Image**” button:



Select Screen: Select the screen that contains the image that needs to be captured:



Select and Capture Image: Drag the red square over the image that needs to be captured, and click the camera icon to capture the image:



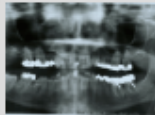
Once the files have been uploaded or captured, they will appear as thumbnails images along with the name and size of each file. The files can be removed and uploaded either individually or all together by selecting the corresponding options. After all desired file attachments for this claim are listed, click **“Upload”** or **“Upload All”**:

Upload Files

Following types of file format accepted to upload.
Bmp, Gif, Jpeg, Tiff, Png, Pdf, txt, Dicom, Doc, and Docx

Drop files here
or
CHOOSE FILES

Capture Screen Image
[Download & Install Software](#)
CAPTURE IMAGE

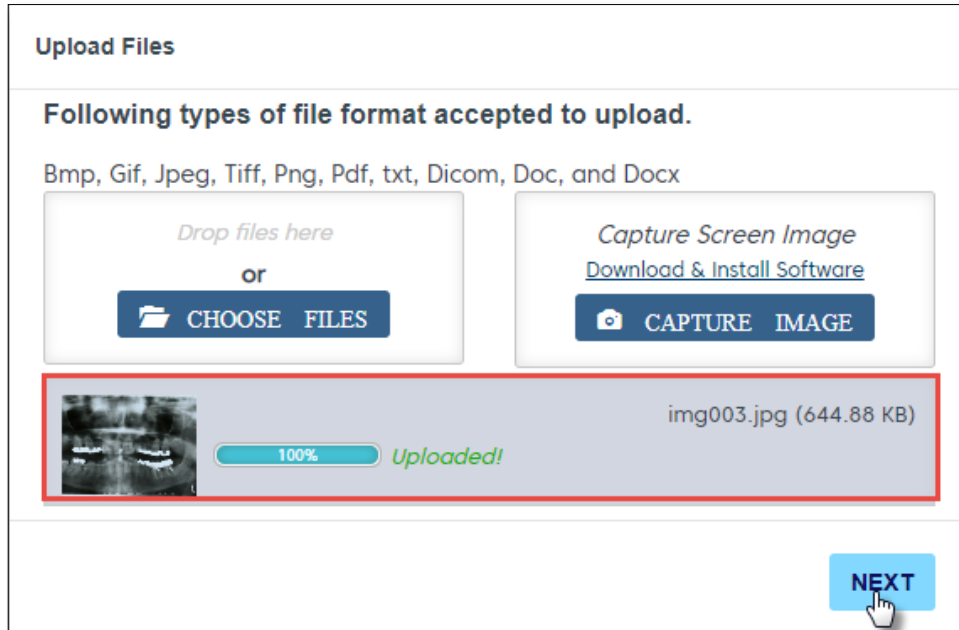


CHC_1537365129151.png (1.39 MB)

Remove **Upload**

Remove All **Upload All**

File Upload Confirmation: The files will then begin uploading. When they reach 100%, a file upload confirmation message will display for each file. Click **“Next”** after all files have uploaded:



Attachments Overview: You will be redirected to the “Claim Submission Overview” screen where an “Attachments Overview” section will now be visible.

The Attachments Overview includes the Attachment ID, Attachment Type, File Name, Page Count, File Size, Comments, and Status of each uploaded file for the claim.

In addition, each file will have an option to Download (via filename link), Delete, Edit, and View the attachment file added.

Click **“Submit Claim”** to submit both the claim and attachment for processing:

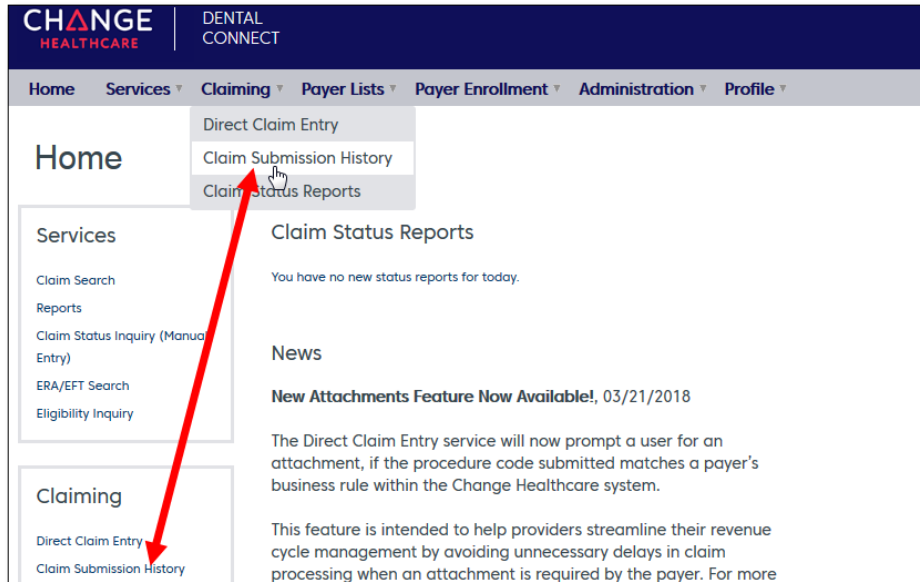
Claim Submission Overview									
Patient Name	Subscriber	Carrier	Date of Service	Subscriber ID	Claim Amount	Status	Cancel Claim	Add Attachments	
Daisy Duck	Daisy Duck	Principal Financial Group	09/18/2018	987654322	\$100.00	Valid			

Attachments Overview										
Attachment ID	Attachment Type	File Name	Page Count	File Size	File Upload Date	Comments	Status	Delete	Edit	View
45925	Radiographic Images	img003.jpg	1	281 KB	09/19/2018 10:14 AM	Demo	Uploaded			

CANCEL
SUBMIT CLAIM

Claim Submission History

Users can view their claim file history, including canceled files, via the “**Claim Submission History**” screen. To access claim submission history, navigate to “**Claiming**” → “**Claim Submission History**” or click on “**Claim Submission History**” in the “**Claiming**” section of the Home page:



The Claim Submission History screen date range will default to the last thirty (30) days and offer the user the option to enter additional search criteria. Enter the desired date range and search criteria and click “**Submit**”:

Claim Submission History

* Required Fields

Select Date Range

Start Date* **End Date***


Patient Last Name **Patient First Name** **Insured Last Name**

Insured First Name

Insured ID **Claim Status** **Treatment Location**

SUBMIT **RESET**

Clicking submit will bring up a historic list of submitted files. The search results also include the ability to sort by a specific column header:

File Ser Num	Submit Date	Patient	Insured	Insured ID	Carrier	Date of Service	Claim Amount	Status	Location	Attachment	Cancel
11225	03/29/18 07:41	Last, First	Last, First	777888999	Aetna	03/01/18	\$100.00	OK	Dental Practice		

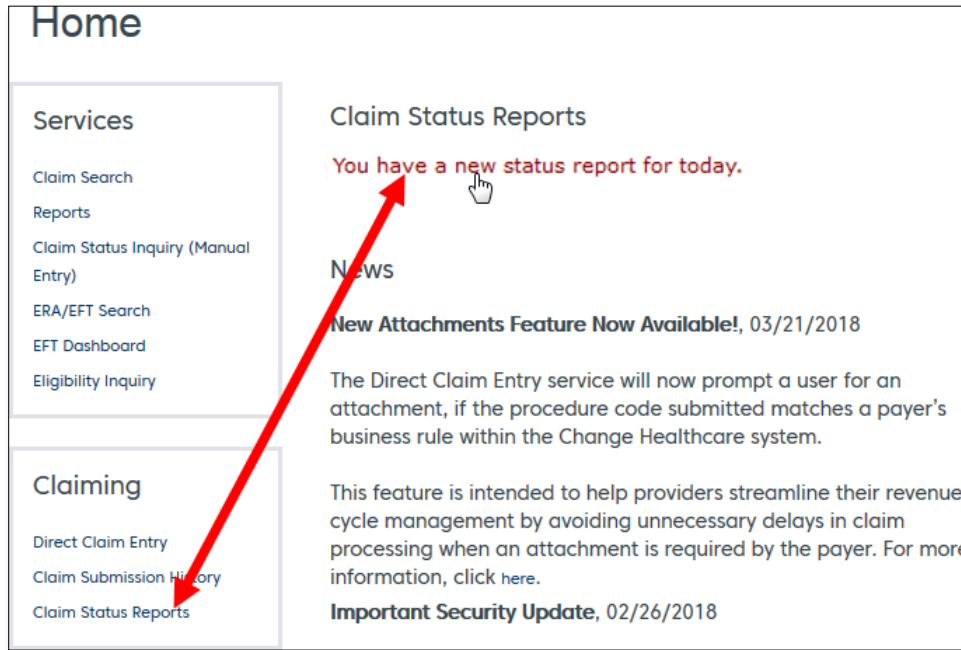
Claims 1 to 1 of 1 claims found

The claim file history result grid is made up of the following details:

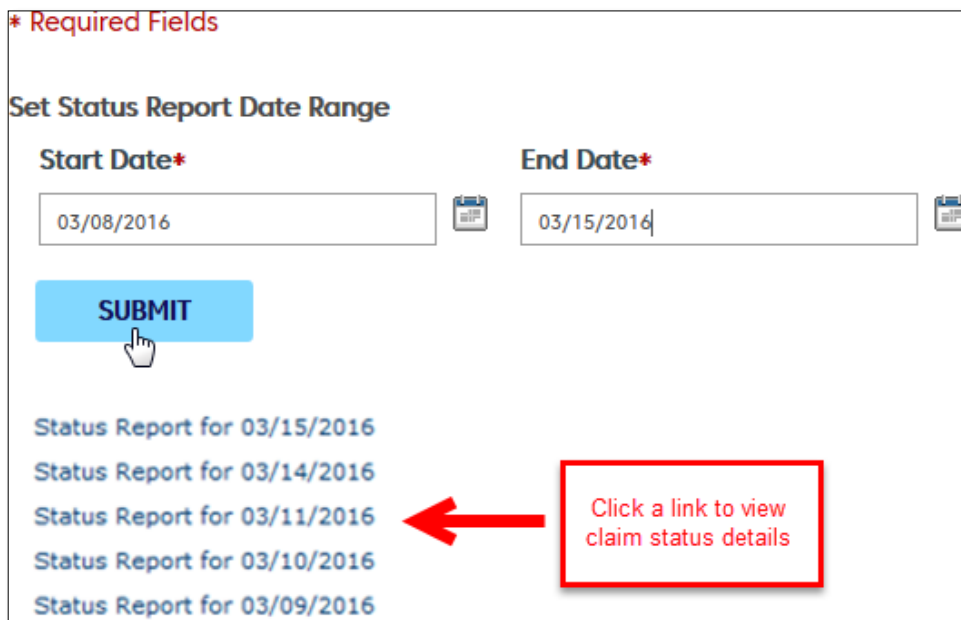
- **File Ser Num:** File serial number assigned to the submitted claim.
- **Submit Date:** The date the file was submitted via the Dental Connect portal.
- **Patient:** The first and last name of the patient submitted on the claim.
- **Insured:** The first and last name of the insured submitted on the claim.
- **Insured ID:** The ID of the insured submitted on the claim.
- **Carrier:** The name of the payer to which the claim was submitted.
- **Date of Service:** The service date that was submitted on the claim.
- **Claim Amount:** The total charge amount submitted on the claim.
- **Status:** Status of the submitted claim.
- **Location:** The name of the location that submitted the claim.
- **Attachment:** A flag that indicates if an attachment was submitted with the claim.
- **Cancel:** Cancels the claim and removes it from processing by clicking on the "Trash Can" icon.

Claim Status Reports

Users can view daily claim status reports by clicking the “You have a new status report for today” link or clicking on “Claim Status Reports” in the “Claiming” section of the Home page:



The “Dental Connect Claiming Status Reports” screen displays all the status reports received within the last seven days (default date range). To view status reports for any date, enter a start and end date and click “Submit”:



Claim status report details will be displayed when link is selected:

Date:		MAR 15, 2016				Time:		5:50 AM
Provider:						Office ID:		
Tax ID:						Site ID:		
Disp	Msg#	Patient Name	Insured ID	Trt Date	Amount	Carrier	Claim Ctl ID	
REJ	647			3/14/2016	\$133.00	DELTA DENTAL PLAN OF MICH		
ECS				3/10/2016	\$133.00	DELTA DENTAL PLAN OF MICH		
ECS				3/14/2016	\$133.00	DELTA DENTAL PLAN OF MICH		
ECS				3/14/2016	\$440.00	DELTA DENTAL PLAN OF MICH		
ECS				3/14/2016	\$133.00	ADN		
ECS				3/14/2016	\$194.00	HUMANA1		
ECS				3/14/2016	\$410.00	DELTA DENTAL PLAN OF MICH		
ECS				3/14/2016	\$133.00	DELTA DENTAL PLAN OF MICH		
ECS				1/18/2016	\$1,255.00	AETNA LIFE AND CASUALTY		
ECS				3/14/2016	\$133.00	AETNA LIFE AND CASUALTY		
ECS				3/14/2016	\$78.00	DELTA DENTAL PLAN OF MICH		
ECS				3/14/2016	\$194.00	CIGNA DENTAL PPO		
ECS				3/14/2016	\$193.00	DELTA DENTAL PLAN OF MICH		
ECS					\$985.00	DELTA DENTAL PLAN OF MICH		
ECS				3/14/2016	\$265.00	DELTA DENTAL PLAN OF MICH		

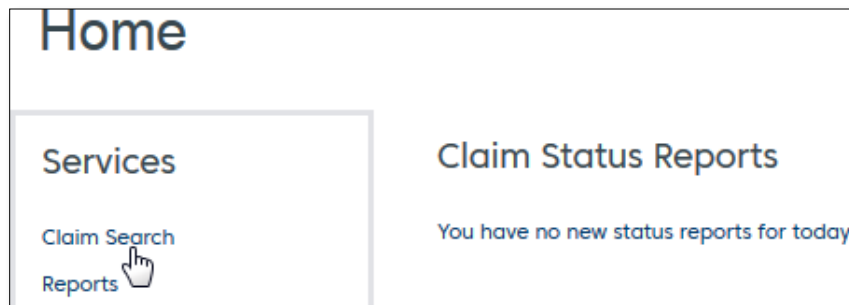
Electronic: 14
Paper: 0
Rejected: 1
Total Claim Amount: \$4,812.00 for 15 Claims.

Msg#	Reason
647	Same day duplicate claim.

View Rejection Messages

Claims that are accepted for processing will be included in the next nightly production processing cycle. Nightly claim processing begins at 11:00 PM EST daily and users can cancel any claims submitted up to this deadline. (See the Claim Submission History section regarding steps to cancel a claim).

To view payer rejection messages for a claim that was submitted to a payer, click "**Claim Search**" located in the "**Services**" section of the Dental Connect for Providers Home page:



Select the Tax ID, Search type, Claims Type (e.g. **Rejected Only**), Date Type and click "**Submit**":

The screenshot shows the 'Claim Search' form. The following fields are highlighted with red boxes:

- Select Tax Id:** Tax Id * dropdown menu with '001326524, Carestream' selected.
- Select Search Type:** Radio button for 'By Date' is selected.
- Search Claims by Types and Date:** Claims Type dropdown menu with 'Rejected Only' selected.
- Date Type *:** Date Type dropdown menu with 'Date Processed' selected.
- Start Date *:** Date field with '02/01/2016' and a calendar icon.
- End Date *:** Date field with '02/05/2016' and a calendar icon.
- Rendering Provider Last Name:** Text input field.
- Treatment Location:** Dropdown menu with '-- Select --' selected.

At the bottom right, there are 'SUBMIT' and 'RESET' buttons. A mouse cursor is pointing at the 'SUBMIT' button.

The following search was completed using a claims type **"Rejected Only"**. A status value of **"R"** indicates that the claim(s) were rejected. To view the rejection details, click the patient name link:

Show Claim Detail	Service	Processed	Rendering Provider	Amount	Payer	Status	Location	View Attachment
	02/10/16	02/11/16		\$115.00	California Delta - TriCare	R	Unknown	
	02/15/16	02/16/16		\$225.00	Aetna Life & Casualty Co.	R	Unknown	
	02/22/16	02/23/16		\$95.00	MetLife - Metropolitan - 9005	R	Unknown	

1-3 of 3 Show Rows: 10

A new **"Claim Detail"** screen will open. Click on **"show claim status"** in the upper right-hand corner to view the details as to why the claim was rejected:

Claim Detail

[print](#) [show claim status](#)

Claim ID: Payer Control #:

Payer

Payer: DELTA DENTAL PLAN OF CALIFORNIAFS
 Address:

The details of the rejection(s) are viewable in the table as displayed below:

Claim Status

[print](#) [show claim detail](#)

Payer: Payer Control No.:

Insured Name: Insured ID:

Patient Name: Relationship:

Patient DOB: Patient Gender:

Rendering Provider: Charge Amount:

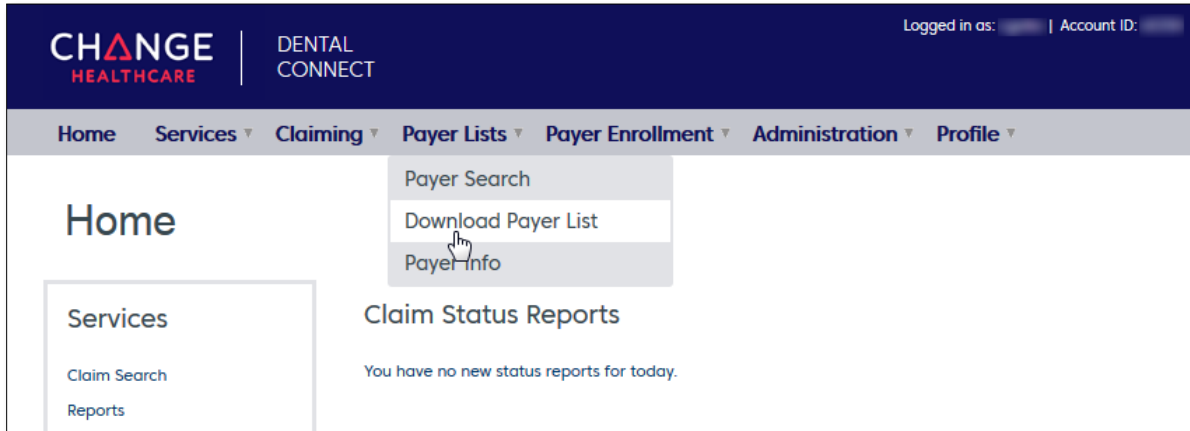
Change HealthCare Claim ID: Service Date:

Claim Tracking

Status Source	Status Date	Status	Status Description
CHC CT	02/16/2016	Accepted	CLAIM FORWARDED ELECTRONICALLY.
Payer	02/16/2016	Rejected	ACK/RETURNED-ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES OF SERVICE - PATIENT

Payer Lists

Payer lists for Change Healthcare supported transactions are available for search or download. Select the **“Payer Lists”** → **“Payer Search”** or **“Payer Lists”** → **“Download Payer list”**:



Payer Search: This option will direct the user the Change Healthcare hosted payer search for all Lines of Business (LOBs). Select the tab for the transaction for which you are interested, enter your search criteria, and click **“View List”**:

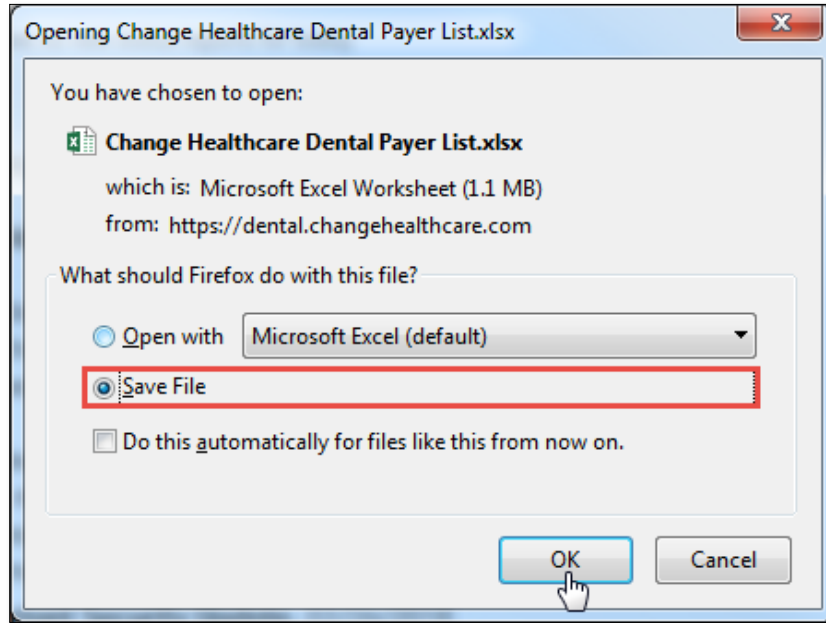
The screenshot shows the 'Eligibility, Claims Status & Referrals' search form. The search criteria are: Product: All, Payer Type: All, Line Of Business: Dental, Transaction Type: All, State: All, Payer Name: Aetna. There are also checkboxes for 'Additional Information' (Accepts/Requires NPI, Changed Within Last Month, Accepts 5010). Buttons for 'VIEW LIST', 'DOWNLOAD LIST', 'RESET SEARCH', and 'VIEW LEGEND' are visible at the bottom.

Payer Search Results:

Eligibility, Claim Status & Referrals									
CHANG E	PAYER NAME	PAYER ID	MODEL	LOB	TRANST TYPE	EN R O L L	N P I	5 0 1 0	ADDITIONAL INFO
	Aetna		COMMERCIAL	Dental	Eligibility Inquiry and Response	N	R	Y	Detailed Benefits. Please use payer ID 60054 for dental specific transactions
	Aetna		COMMERCIAL	Dental	Claim Status Inquiry and Response	N		Y	Please use payer ID 60054 for dental specific transactions

If you have questions about any service that Change Healthcare offers, please contact the Solutions Call Center at (800) 845-6592
For Dental Services contact the Dental Support Line at (888) 255-7293

Download Payer List: This option will allow the user to download a dental specific payer list in Excel. Once “**Download Payer List**” is selected, the use will be prompted to open or save the file. Choose your preference, and click “**OK**”:



Locate the file in the directory to which it was saved, and double click to open it:

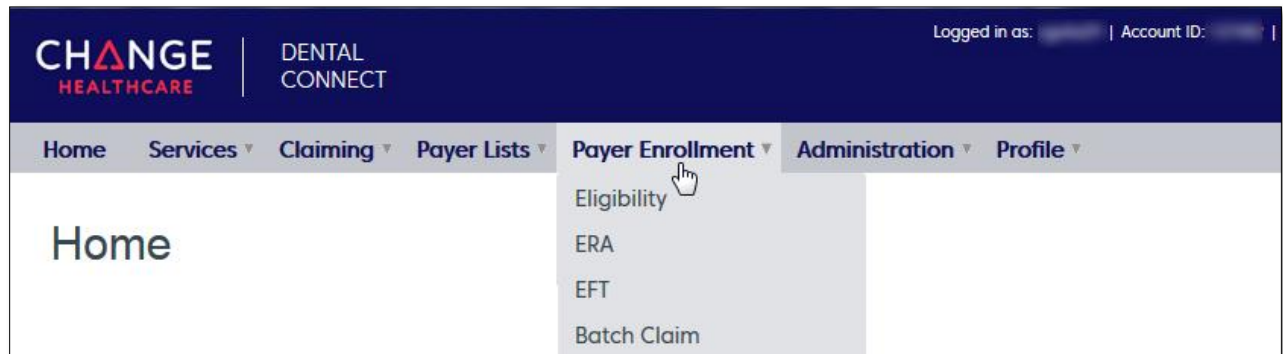
Name	Date	Type	Size	Tags
Software	8/5/2015 2:11 PM	File folder		
Change Healthcare Dental Payer List	3/22/2018 2:18 PM	Microsoft Excel W...	1,082 KB	

The file will open and display all the dental payers and the transactions they support. The Excel file can be filtered by and of the columns within:

State	Payer	ID	Type	Medal	Group	Enroll	Payer Enrollment Turnaround Time	Service	NPI	SOLO	10010 Ready
SP Admin	A & I Benefit Plan Administrators	20413	Par	COMMERCIAL	Yes	No			Y	Y	
	A & I Benefit Plan Administrators	93044	Par	COMMERCIAL	Yes	No			Y	Y	
	A & I Benefit Plan Administrators	93044		COMMERCIAL		Yes	EFT E betw Change time prov				
	A.D.N. Administrators, Inc.	CXADN	Par	COMMERCIAL	Yes	No			R	Y	
	AARP	AARP1	Par	COMMERCIAL	Yes	No			Y	Y	
	AARP	AARP1		COMMERCIAL		Yes				Y	
	AARP	AARP1		COMMERCIAL						Y	
	AARP	AARP1		COMMERCIAL		No					
	Acceptus (Benefit Management Inc of MO (BM1)	43178	Par	COMMERCIAL	Yes	No			R		
	Access Dental	CX097	Par	COMMERCIAL	Yes	No			R		
	Access Dental	CX097		COMMERCIAL		Yes	EFT E between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT			

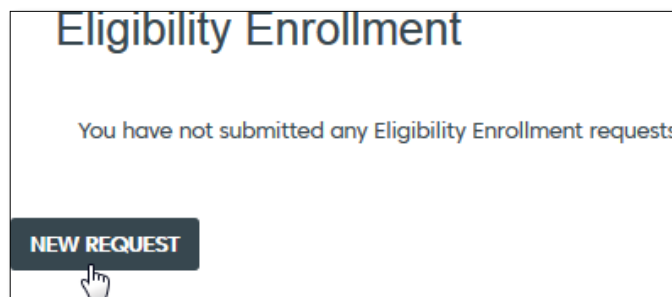
Payer Enrollment

Select the **"Payer Enrollment"** menu item to enroll with payers for **"Eligibility"**, **"ERA"**, **"EFT"**, and **"Batch Claims"**:

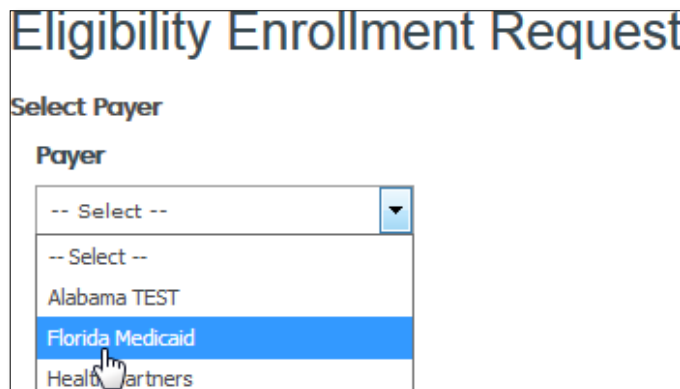


Eligibility Enrollment

Some payers require special enrollment for access to their real-time eligibility and benefit information. To enroll through Dental Connect for Providers, click **"Payer Enrollment"** → **"Eligibility"** and see if a specific payer is listed.



Select Payer: Select the payer that you wish to enroll for eligibility:



Enter Enrollment Information: Enter your provider information in this section. Required information may vary by payer. Enter the provider information in the appropriate fields. Click "**Submit:**"

Tax Id*	<input type="text" value="123456789"/>
Organization Name*	<input type="text" value="Demo Practice"/>
Provider Name*	<input type="text" value="Demo Provider"/>
Street*	<input type="text" value="220 Burnham St"/>
City*	<input type="text" value="South Windsor"/>
State Code*	<input type="text" value="CT"/>
Postal Code*	<input type="text" value="06074"/>
County*	<input type="text" value="Hartford"/>
Office Contact*	<input type="text"/>
Telephone Number*	<input type="text" value="5555555555"/>
Email Address	<input type="text"/>
Billing Provider ID*	<input type="text" value="99999999"/>
Billing Provider Id Type*	<input type="text" value="Group"/>
<input type="button" value="SUBMIT"/> <input type="button" value="CANCEL"/>	

Visit often to check on the status of your enrollment request or to make additional enrollment requests:

Eligibility Enrollment						
Payer Name	Request Date	Status Date	Tax ID	Requested By	Status	Comment
Florida Medicaid	2/14/2018 11:23:00 AM	2/14/2018 11:23:00 AM	123456789	demopractice	Submitted	

NEW REQUEST

ERA Enrollment

Before you can receive ERAs from payers, you must first enroll with those payers. To enroll through Dental Connect for Providers, click **“Payer Enrollment”** → **“ERA”**:

ERA Enrollment

*** Required Fields**

ERA Enrollment List

Select a Tax Id to begin submitting enrollment requests. Your Tax Id must be registered before you can enroll for ERAs. If your Tax Id is not available in the drop-down list, you can click the 'Manage TINs/EINs' button to register it.

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*

-- Select --

-- Select --

123456789, Demo Provider

MANAGE TINs/EINs

ERA Enrollment List: The first time you enroll with a Tax ID, you will be asked to provide some additional demographic information which will help us process your enrollment quickly. Part of the form will be pre-filled from the account information you already provided during registration. Complete the required fields and click **“Submit”**:

ERA Enrollment List
Make any edits required and click 'Submit'.

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*

123456789, Demo Provider

Provider Name*

Test

Doing Business As Name (DBA)*

Street*

xx xx

City* **State/Province*** **ZIP Code/Postal Code***

xx Connecticut 12345

National Provider Identifier (NPI)*

1234567893

Provider Contact Name*

Telephone Number* **Telephone Number Extension**

8882557293

Email Address*

Fax Number

Once the Tax ID information has been saved, you will be ready to begin enrolling.

This page displays your Tax ID details and any current ERA enrollments. You may edit your Tax ID details at any time by clicking the **“Edit TIN/EIN Details”** button. To enroll with a new payer, click **“Add New ERA Payer”**:

ERA Enrollment

* Required Fields

ERA Enrollment List

Below you will see your demographic information and the status of current and pending enrollments for ERAs. Click on 'Add New ERA Payer' to select the insurance companies you would like to enroll with for ERAs.

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*

MANAGE TINS/EINS

Current and Pending ERA Enrollments

Payer Name	Payer Id	Trading Partner Id	Date Requested	Status	Enrollment Form
Delta Dental of New York	11198		09/20/2017	Pending CT Payer	
Delta Dental of Delaware	51022		09/20/2017	Pending CT Payer	
Delta Dental of Puerto Rico	66043		09/20/2017	Pending CT Payer	

ADD NEW ERA PAYER

Add ERA Enrollment: Select the payer with whom you wish to enroll. If the payer requires additional information, text boxes and/or radio buttons will be displayed to enter that information. Click **“Add Enrollment”** to submit the enrollment:

Add ERA Enrollment

Before you can begin receiving ERAs you will be required to submit additional information to the insurance companies.

1. Select the insurance company you wish to enroll with from the drop-down list.
2. If additional fields appear please complete them accordingly.
3. Click the 'Add Enrollment' button.
Note: If the insurance company requires a paper form in order to complete the enrollment, after clicking 'Add Enrollment' you will be redirected to a page where you can download the necessary forms in PDF format.
4. As part of the ERA enrollment process, and to comply with the Affordable Care Act CAQH CORE Rule #370, Change Healthcare requests you contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Reassociation Data Elements.

CCD+ Record #	Field #	Field Name
5	9	Effective Entry Date
6	6	Amount
7	3	Payment Related Information

The data contained in the Minimum CCD+ data elements will allow you to easily associate your EFT and ERA transactions. You may read more about the CAQH CORE Rule 370 at the CAQH website <http://caqh.org/>.

Repeat steps 1-3 until you have enrolled with all the insurance companies of your choice.

Select Payer*

Aetna

Special Instructions:
Electronic Fund Transfer (EFT) is not required to participate with ERA.

Preference for Aggregation of Remittance Data*

Provider Tax Identification Number (TIN)
 National Provider Identifier (NPI)

ADD ENROLLMENT
CANCEL

RETURN

Your enrollment will be submitted and you will be returned to your enrollment list (unless a payer form is required for enrollment).

Download Enrollment Form: Some payers require a provider to fill out and mail/fax a printed form in addition to electronic enrollment. In this case, you will be redirected to a page containing a link to download the form:

Add ERA Enrollment

Download Enrollment Form

This payer requires the Provider to fill out and sign a paper form in order to complete ERA enrollment.

Please click the link below to download a PDF form to fill out and print. Instructions for filling out and sending the form are included in the PDF document.

[Download Enrollment Form for Aetna *](#)

You will need [Adobe Acrobat Reader 6.0](#) or later in order to fill out and print this form.

RETURN

You may only enroll each Tax ID once with each payer. However, if your original enrollment is denied, you may attempt to enroll again. Click **“Return”** to be directed back to the ERA Enrollment home page.

Enrollment Tracking: When your enrollment is complete, you will return to the enrollment list. You can utilize this page at any time to track the status of your enrollments. Also, if you need to download a form again, a **“download”** link for each enrollment is provided for your convenience:

ERA Enrollment List

Below you will see your demographic information and the status of current and pending enrollments for ERAs. Click on 'Add New ERA Payer' to select the insurance companies you would like to enroll with for ERAs.

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) *

▼
MANAGE TINS/EINS

Current and Pending ERA Enrollments

Payer Name	Payer Id	Trading Partner Id	Date Requested	Status	Enrollment Form
Aetna	60054		03/30/2018	Initial Request	Download Form
Delta Dental of New York	11198		09/20/2017	Pending CT Payer	Download Form
Delta Dental of Delaware	51022		09/20/2017	Pending CT Payer	
Delta Dental of Puerto Rico	66043		09/20/2017	Pending CT Payer	
Delta Dental of West Virginia	31096		09/20/2017	Pending CT Payer	
Delta Dental District of Columbia	52147		09/20/2017	Pending CT Payer	
Delta Dental of Pennsylvania & Maryland	23166		09/20/2017	Pending CT Payer	

Discontinue ERAs: Once you begin to receive ERAs from a payer, you must contact the payer to discontinue the service. Change Healthcare will continue to allow you to search, view, and print your ERAs until they have been discontinued. Also, you will be able to see any ERAs that you received prior to discontinuing the service with that payer. The procedure for discontinuing ERAs varies from payer to payer. You can download a PDF with an explanation of the process for each payer at:

<http://www.emdeon.com/resourcelibrary/#6#250>

Batch Claim Enrollment

If you wish to enroll in claims submission with a payer, you must first enroll with those payers that require it. To access batch claim enrollment forms through Dental Connect for Providers, click **"Payer Enrollment"** → **"Batch Claim"**.









This will direct the user to the Change Healthcare dental enrollment resource library, where the forms can be downloaded and completed for the desired payer.

Resource Library

Welcome!
Our Resource Library houses the many documents and other items located throughout our site.
For quick access to this material use the links on the left to select a content category then use the filters below to view by type or to change sort the order.

View: Sort By:

page [1] 2 3

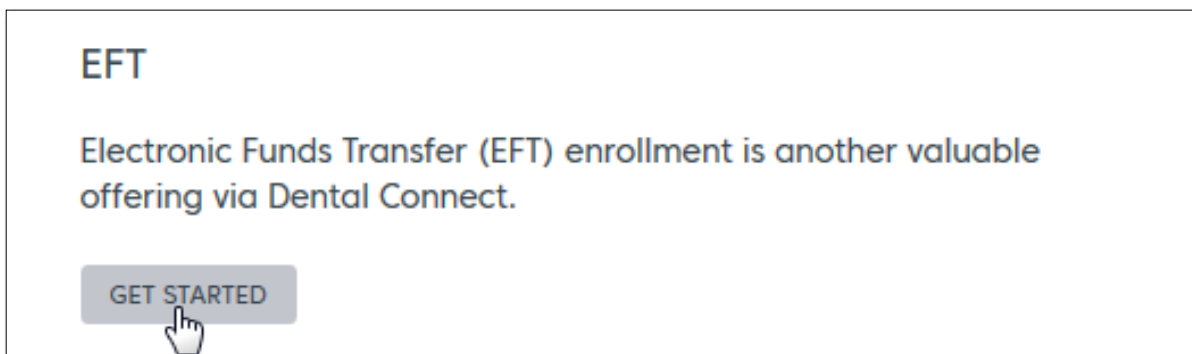
-  **Advantage by Superior - CPPSA - Dental Claims** updated: 07-15-10 | 124 KB 
-  **Alabama Medicaid - CKAL1 Dental Claims** updated: 03-23-10 | 92 KB 
-  **Alabama Medicaid Tax ID Change -CKAL1 Dental Claims** updated: 03-23-10 | 99 KB 
-  **Alaska Medicaid - CKAK1 - Dental Claims** updated: 10-31-13 | 455 KB 

EFT Enrollment

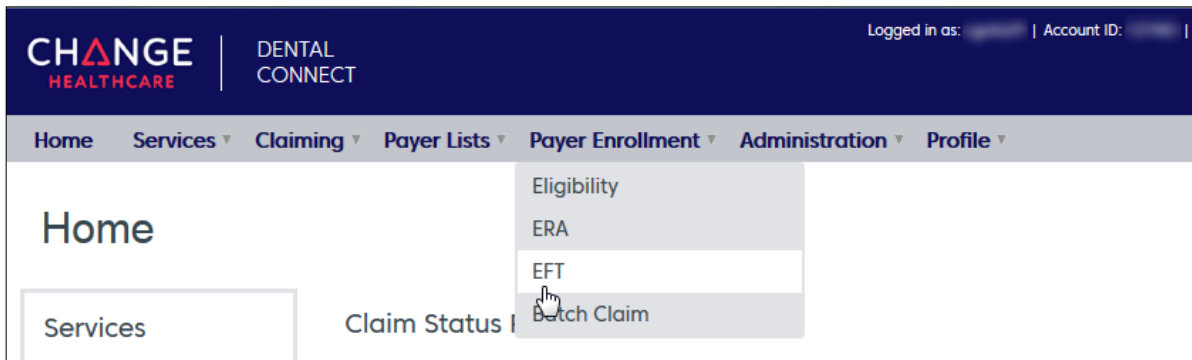
EFT is a payment method utilizing electronic means (as contrasted with paper checks) to transfer monies between parties. Providers typically receive their EFT payments faster than they would via a check and may reduce administrative steps associated with issuing or depositing payments.

The EFT Enrollment process is made up of three steps. Each step is required to complete an enrollment request.

To enroll for EFT services, select the “[click here](#)” link from the Dental Connect for Providers Home page:



or via “**Payer Enrollment**” → “**EFT**”:



Provider Information (Step 1): Enter your provider demographic information including identifier and contact information in the designated sections provided. Upon completing all sections within step 1, click **"Next"**:

The screenshot shows a multi-step navigation bar at the top with 'Step 1' selected. Below the navigation bar is the 'Provider Information' section. It contains two main sub-sections: 'Provider Information' and 'Provider Address'. The 'Provider Information' sub-section has two text input fields: 'Provider Name*' (containing 'Demo Practice') and 'Doing Business As Name (DBA)'. The 'Provider Address' sub-section has four fields: 'Street*' (containing '220 Burnham St'), 'City*' (containing 'South Windsor'), 'State/Province*' (a dropdown menu with 'Connecticut' selected), and 'ZIP Code/Postal Code*' (containing '06074').

Provider Identifiers Information: Enter your provider identifiers. A **"Nickname"** may also be entered to uniquely identify the Provider Identifier combination.

The screenshot shows the 'Provider Identifiers Information # 1' form. It includes a 'Provider Id # 1' label at the top left. The main section is titled 'Provider Identifiers Information # 1'. It contains three fields: 'Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*' (a dropdown menu with '123456789' selected), 'National Provider Identifier (NPI)*' (a text input field containing '1234567893'), and 'Nickname' (a text input field containing 'EFT Demo Provider'). A small note below the TIN field reads: 'To add a new Tax Id to the dropdown list above, click here.'

Multiple Provider Identifier combinations can be added by selecting the **“Add Another Provider Identifiers Information”** link. When the link is selected, an additional tab will appear. To remove an additional combination, select the **“Remove this Provider Identifiers”** link:

Provider Id # 1 Provider Id # 2

Provider Identifiers Information # 2

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*

123456789

To add a new Tax Id to the dropdown list above, [click here](#).

National Provider Identifier (NPI)*

1234567894

Nickname

EFT Demo Provider2

[x Remove this Provider Identifiers](#)

[+ Add Another Provider Identifiers Information](#)

Provider Contact Information: Enter the contact information of the person who will be authorized to discuss EFT related issues:

Prov. Contact # 1

Provider Contact Information # 1

Provider Contact Name*

Contact Name

Title

Office Manager

Telephone Number*

555-555-5555

Telephone Number Extension

123

Email Address*

[Blurred]

Fax Number

555-444-5555

Multiple contacts can be added by selecting the “**Add Another Provider Contact Information**” link. When the link is selected, an additional tab will appear. To remove an additional contact, select the “**Remove this Provider Contact Info**” link:

Prov. Contact # 1 | Prov. Contact # 2

Provider Contact Information # 2

Provider Contact Name*

Title

Telephone Number*

Telephone Number Extension

Email Address*

Fax Number

[✕ Remove this Provider Contact Info](#)

[+ Add Another Provider Contact Information](#)

Click “**Next**” when complete:

[+ Add Another Provider Contact Information](#)

NEXT

Financial Institution & Submission Information (Step 2): Enter your financial institution information where EFT deposits will be made and an authorized signature confirming the reason for submission (e.g. New Enrollment). All fields are required.

Fin. Inst. # 1

Financial Institution Information # 1

Financial Institution Name*

Demo Bank

Financial Institution Routing Number*

021101108

Type of Account at Financial Institution*

Checking

Saving

Provider's Account Number with Financial Institution*

9876543210

Account Number Linkage to Provider Identifier

Provider Tax Identification Number (TIN)/National Provider Identifier (NPI)*

123456789/1234567893/EFT ▼

Financial Institution Account Owner Name*

Demo Provider

Financial Institution Street Address*

220 Burnham Street

Financial Institution Street Address 2

Financial Institution City*

South Windsor

Financial Institution State*

Connecticut ▼

Financial Institution Zip Code*

06074

Multiple banks can be added by selecting the “**Add Another Financial Institution Information**” link. When the link is selected, an additional tab will appear. To remove a financial institution, select the “**Remove this Financial Institution**” link:

Financial Institution State*

Financial Institution Zip Code*

Financial Institution Contact Name*

Financial Institution Telephone Number*

Financial Institution Telephone Number Extension

[+ Add Another Financial Institution Information](#)

Enter the printed name and title of person submitting the enrollment. Click “**Next**”:

Submission Information

Reason for Submission

Authorized Signature

Printed Name of Person Submitting Enrollment*

Printed Title of Person Submitting Enrollment*

[PREVIOUS](#) [NEXT](#)

Payment Distribution (Step 3): Select your Tax ID/NPI/Bank Account #/Bank Name and desired Payer to establish your payment distribution setup. Upon completing your selections, click **“Add Payer”**:

Add EFT Payers

To add an EFT Payer, select from the dropdown lists below, then click "Add Payer". You may add a single Payer, or multiple Payers.

When your Payer selections are complete, click "Next" to proceed.

Tax Id/NPI/Nickname/Bank Acct#/Bank Name* **Payer***

123456789/1234567893/Demo Provider/98 Access Dental

Provider Id*

12345

ADD PAYER

If a payer requires additional information for enrollment, a free form field will display to collect the data.

Upon clicking **“Add Payer”**, the payment distribution selection results will be displayed in a result grid below the drop-down menus.

Delete	Payer Id	Payer Name	Tax Id	NPI	NickName	Bank Account #
X	CX097	Access Dental	123456789	1234567893	Demo Provider	9876543210

To delete a Tax ID, Bank, and Payer relationship, click the red **“X”** in the **“Delete”** column for the row you would like to remove.

Delete	Payer Id	Payer Name	Tax Id	NPI	NickName	Bank Account #
X	CX097	Access Dental	123456789	1234567893	Demo Provider	9876543210

Once all relationships have been added, click **“Next”**:

Delete	Payer Id	Payer Name	Tax Id	NPI	NickName	Bank Account #	Bank Name	Supplemental Info
X	CX097	Access Dental	123456789	1234567893	Demo Provider	9876543210	Demo Bank	12345

PREVIOUS
NEXT

Summary (Step 4): A summary of the collected entries from Step 1-3 will be provided for the user's review. Click "**Submit**" to send your enrollment request for review or "**Previous**" to return to prior steps and make corrections:

Review and Submit

Please review the summary below of the information you have entered for your EFT Enrollment.

If you wish to make any edits, click the "Previous" button to return to the previous screens.

To submit your EFT Enrollment, click the "Submit" button.

Displayed below is the Provider Information for your EFT account.

Provider Name	Doing Business As Name (DBA)	Street	City	State/Province	ZIP Code/Postal Code
Demo Practice		220 Burnham St	South Windsor	CT	06074

Displayed below are all of the Tax Id/NPI pairings you will be adding to your EFT account.

Tax Id	NPI	Nickname
123456789	1234567893	Demo Provider

Displayed below are all of the Authorized Representatives you will be adding to your EFT account.

Contact Name	Title	Telephone Number	Telephone Number Ext.	Email Address	Fax Number
Contact Name	Office Manager	555-555-5555	123	cgolia@changehealthcare.com	555-444-5555

Displayed below are all of the Financial Institutions you will be adding to your EFT account.

Bank Name	Routing Number	Account Type	Account Number	Account Owner Name
Demo Bank	021101108	Checking	9876543210	Demo Provider

Displayed below is the Submission Information for your EFT account.

Reason for Submission	Printed Name of Person Submitting Enrollment	Printed Title of Person Submitting Enrollment
New Enrollment	Claudio Golia	Claudio Golia

Displayed below are all of the EFT Payers you will be adding to your EFT account.

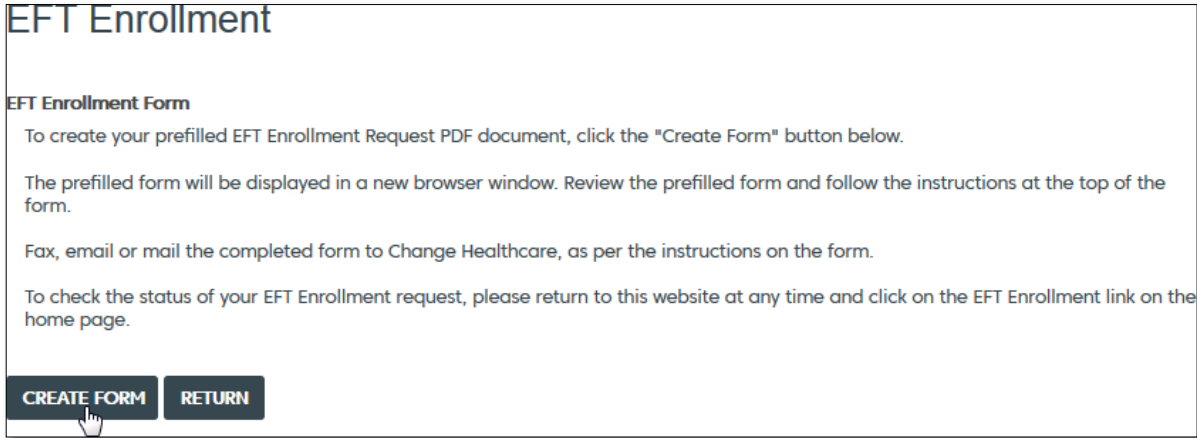
Payer ID	Payer Name	Tax ID	NPI	NickName	Bank Account #	Bank Name	Supplemental Info
CX097	Access Dental	123456789	1234567893	Demo Provider	9876543210	Demo Bank	12345

Upon clicking "**Submit**", the user will be prompted to confirm their submission. To submit your enrollment request, click "**OK**". Otherwise, select "**Cancel**" to return to the summary screen:

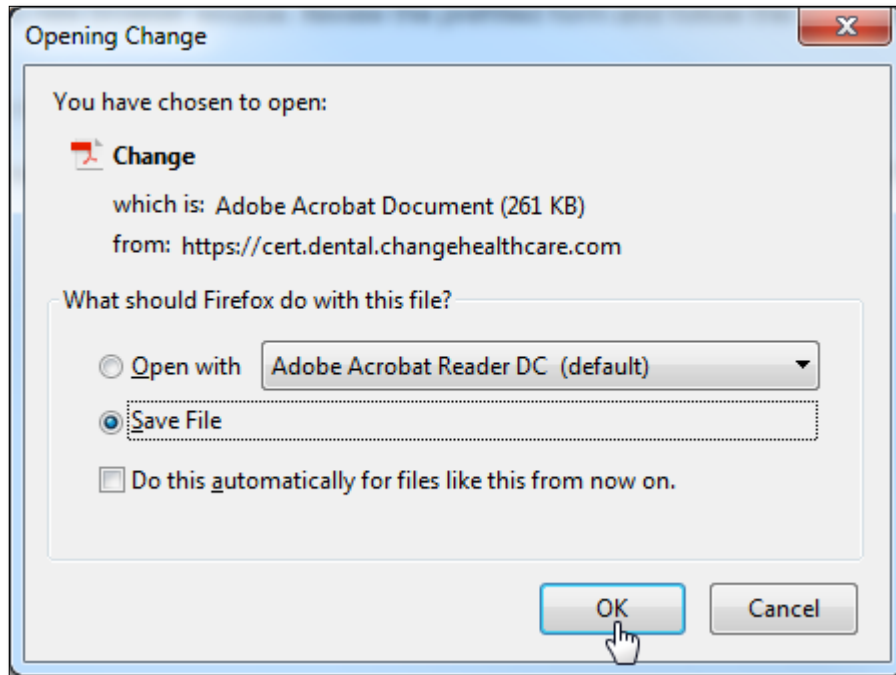
EFT Enrollment Confirm...

Are you sure you would like to submit your enrollment request?
Changes cannot be made to the initial request once submitted for review.
 Click 'OK' to submit or 'Cancel' to return and make changes.

EFT Enrollment Form: Upon clicking "OK", the user will be directed to the "EFT Enrollment Form" screen to create a prefilled "Enrollment and Authorization Form". To create the form, click "Create Form":



The user will be prompted to "Open" or "Save" the form:



A three-page, prefilled form will be displayed. Read the instructions on page one, sign and date the authorization form (page two), then fax, email or mail the completed form to Change Healthcare:

As required by 42 C.F.R. 455.18 and 455.19, I understand in accepting electronic payment that such payment may be from Federal and State Funds and any falsification or concealment of a material fact may be prosecuted under Federal law.

Provider Name: **Demo Practice**
(Complete legal name of institution, corporate entity, practice or individual provider)

Provider Contact Name: _____

Title: _____

Telephone Number: **555-555-5555** Title

Email Address: _____

Authorized Signature: _____
(The signature of provider in practice or CEO or CFO)

Submission Date: _____ DC Account ID: _____

Please include: **Voided check or bank letter**
 Copy of government issued ID (with signature), on payee's legal entities letter head
 Hand signature of doctor in practice or CEO or CFO matching signature on photo ID, no stamps or electronic accepted

Upon receipt of the **"Enrollment and Authorization Form"**, Change Healthcare will review and process your enrollment request accordingly.

The EFT Status will change to display a similar message with additional instructions for the provider to monitor their financial institution account for a small deposit. This deposit will be used to validate the enrolled financial institution account. Click **"Return to Home"** to return to the Dental Connect for Providers Home page:

EFT Enrollment

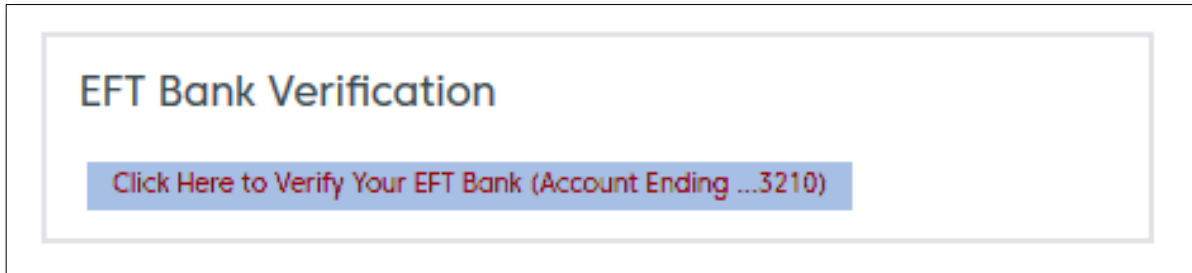
We have received your EFT Enrollment form and we are currently processing your enrollment.

When we have confirmed your bank information, a small deposit will be made in your enrolled bank account(s) for verification purposes (deposit will be from Change Healthcare with the reference note "EFT Enroll"). When you see the deposit in your enrolled bank account(s), return to this website to validate the amount(s) deposited.

This process may take up to two business days from the date we received your enrollment form.

Please check back at this page at any time for status updates.

Once the deposit has been made to the enrolled financial institution account, access the Dental Connect for Providers website and click on the link on the home page to validate the deposited amount:



The link will direct the user to the "Verify EFT Bank Account" screen. Enter the deposited amount in the text box provided and click "Submit":

A screenshot of the "Verify EFT Bank Account" form. The form contains the following text: "A small deposit has been made in your EFT enrolled bank account. Enter the deposit amount below in two digit format with a decimal point (ex. ".09" or ".37") then click "Submit".". Below this is a table with three columns: "Reference Name", "Account Number", and "Deposit Amount". The "Reference Name" is "Demo Bank", the "Account Number" is "Account Ending ...3210", and the "Deposit Amount" is ".25". At the bottom of the form are two buttons: "SUBMIT" and "RETURN". A mouse cursor is pointing at the "SUBMIT" button.

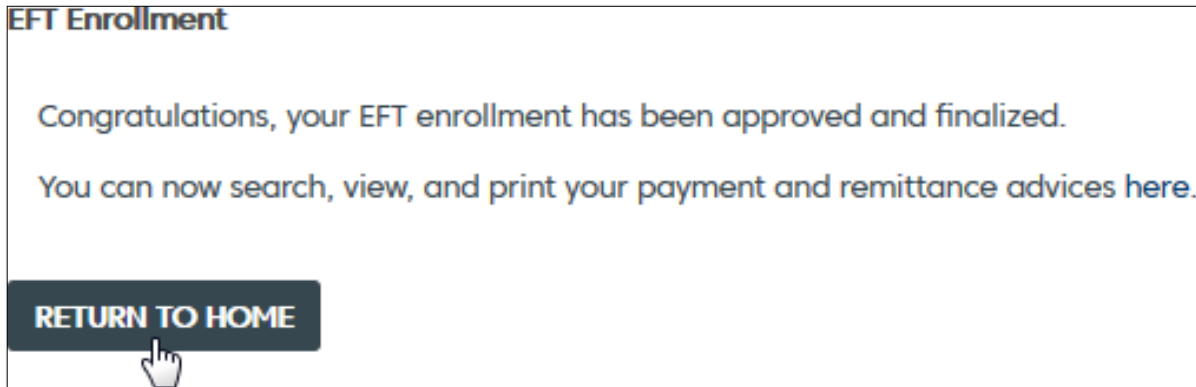
Upon clicking "Submit", your deposit amount will be validated. If the validation is successful, the following screen will be displayed confirming the deposit amount. Click "Return to Home" to return to the Dental Connect for Providers Home page:

A screenshot of the "Verify EFT Bank Account" form after successful validation. The form contains the following text: "A small deposit has been made in your EFT enrolled bank account. Enter the deposit amount below in two digit format with a decimal point (ex. ".09" or ".37") then click "Submit".". Below this is a table with three columns: "Reference Name", "Account Number", and "Deposit Amount". The "Reference Name" is "Demo Bank", the "Account Number" is "Account Ending ...3210", and the "Deposit Amount" is "CONFIRMED". At the bottom of the form is a "RETURN" button. A mouse cursor is pointing at the "RETURN" button.

Note: There is a maximum of three failed attempts when entering the deposited amount. After the third failed attempt, the "Verify EFT Bank Account" screen will lock and display a "LOCKED" message to the user. In the event this occurs, please contact dental support at 888-255-7293 and advise the representative of the issue.

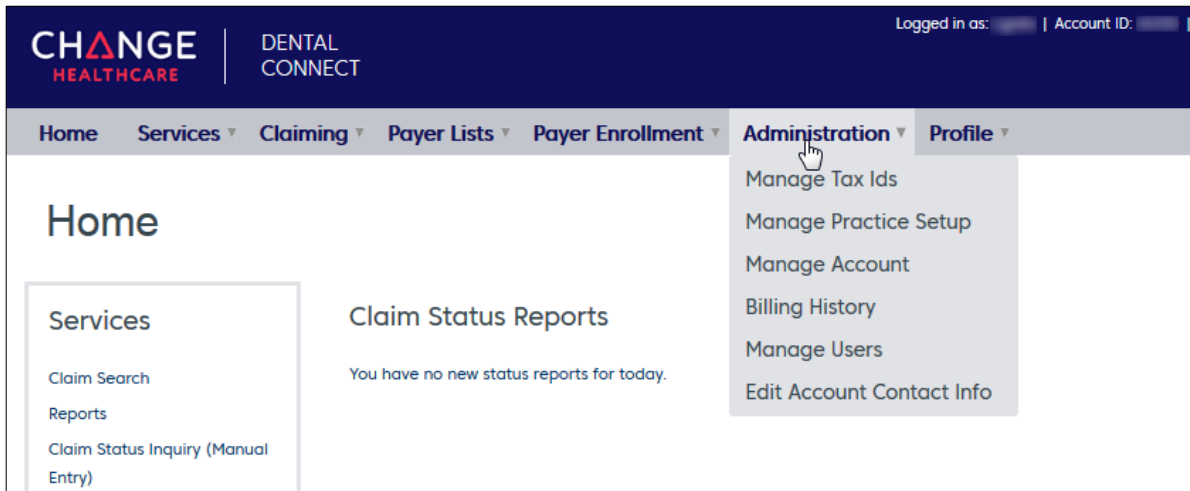
Due to security, Change Healthcare will issue a request for a new deposit to be made into the enrolled financial institution account.

Once the EFT enrollment has been finalized and approved, the Status will change advising that the enrollment has been approved and finalized. Click "**Return to Home**" to return to the Dental Connect for Providers Home page:



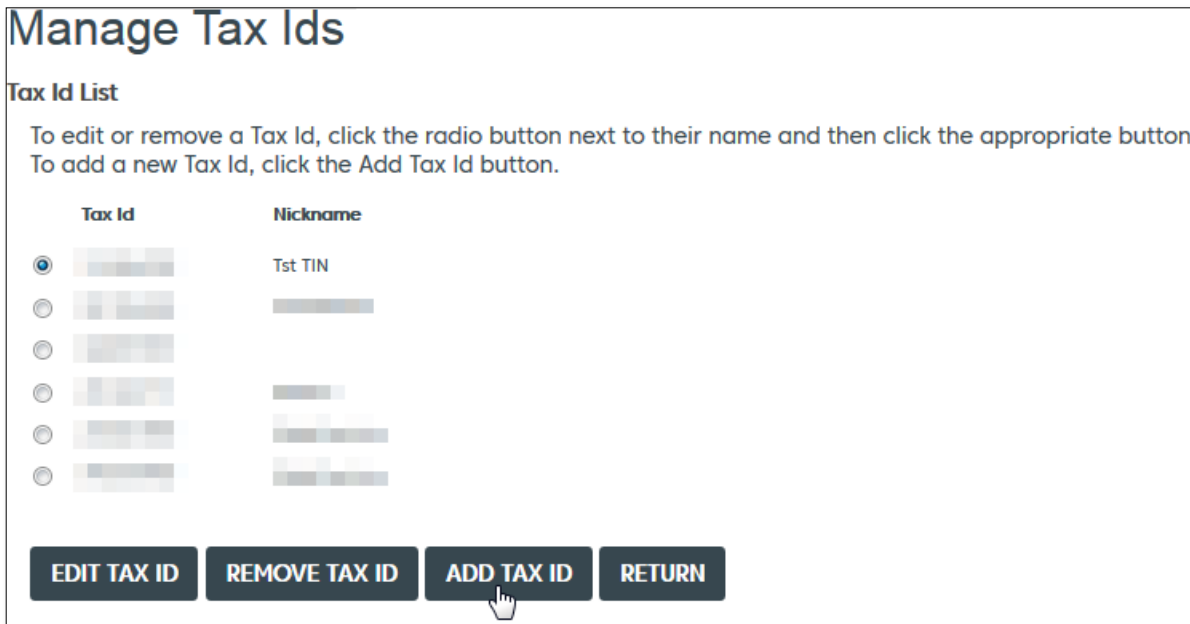
Administration

The administration tools are accessible from the “**Administration**” menu item. All administrative functions are accessed from this menu. This page is only accessible by account administrators.



Manage Tax IDs

Allows a user to add, edit or remove Tax IDs. Managing Tax IDs may be necessary if providers are added or removed from your dental practice. To edit or remove a Tax ID, click the radio button next to the Tax ID you wish to select and click “**Edit Tax ID**” or “**Remove Tax ID**” accordingly. To add a new Tax ID, click “**Add Tax ID**”:



Add Tax ID: Enter the Tax ID you wish to add and a Nickname. Click **“Save Tax ID”**:

Add a New Tax Id

Enter your new Tax Id and Nickname then click "Save Tax Id". You will be prompted to verify the new Tax Id by providing details from two claims submitted within the last 3000 days using that Tax Id. Once you have verified the Tax Id you will be able to use it in your searches.

Note: You will only be able to verify a Tax Id that has been used to submit claims in the **last 3000 days**.

*Alternately, you may print and complete a Provider Verification form and mail it to Change Healthcare Dental Support
[Download the Form](#)*

Tax Id* **Nickname**

Verify Tax ID: You will be prompted to verify the new Tax ID by providing details from two claims submitted to Change Healthcare within the last 120 days using this Tax ID. Enter the “Subscriber ID” and “Claim Amount” for each claim. Once the Tax ID has been verified, you will be able to use it in your searches. Click **“Submit”** to proceed:

Tax Id - [redacted] (New TaxID)

Subscriber Id* **Claim Amount***

Claim 1

Subscriber Id* **Claim Amount***

Claim 2

The new Tax ID will now be added to the Manage Tax ID page:

Tax Id List

To edit or remove a Tax Id, click the radio button next to their name and then click the appropriate button.
To add a new Tax Id, click the Add Tax Id button.

	Tax Id	Nickname
<input checked="" type="radio"/>	[redacted]	[redacted]
<input type="radio"/>	[redacted]	[redacted]
<input type="radio"/>	[redacted]	[redacted]
<input type="radio"/>	[redacted]	[redacted]
<input type="radio"/>	[redacted]	[redacted]
<input type="radio"/>	[redacted]	[redacted]
<input type="radio"/>	999999999	New TaxID

Edit Tax ID: The “**Nickname**” is the only editable field on this screen. If you wish to change the Tax ID “**Nickname**”, change the text in the field and click “**Save Tax ID**”:

Edit a Tax Id

You can edit the Nickname Of this Tax Id. You will Not be required To verify the Tax Id again.

Tax Id* **Nickname**

SAVE TAX ID **CANCEL**

The new Tax ID nickname will now be visible on the Manage Tax ID page:

Tax Id List

To edit or remove a Tax Id, click the radio button next to their name and then click the appropriate button. To add a new Tax Id, click the Add Tax Id button.

Tax Id	Nickname
123456789	New Nickname
[blurred]	[blurred]
[blurred]	[blurred]
[blurred]	[blurred]
[blurred]	[blurred]

EDIT TAX ID **REMOVE TAX ID** **ADD TAX ID** **RETURN**

Remove Tax ID: To remove a Tax ID, click the radio button next to the Tax ID to be removed. Click the “**Remove Tax ID**” button. A confirmation box will appear confirming you would like to remove the selected Tax ID. Click “**OK**”:

To edit or remove a Tax Id, click the radio button next to their name and then click the appropriate button. To add a new Tax Id, click the Add Tax Id button.

Are you sure you want to delete this Tax Id?
If you wish to add this Tax Id again later, you will have to verify it again.

OK **Cancel**

REMOVE TAX ID **EDIT TAX ID** **ADD TAX ID** **RETURN**

Manage Practice Setup

Allows a user to input the details associated with their practice. This option is only available if the account is enrolled in Claims, Attachments, or both:

Manage Practice Setup

Primary Taxonomy
Primary Taxonomy: Dentists(122300000X)
[Change Primary Taxonomy](#)

Service Location Information

Practice Name	Provider Name	Street Address	City	State	Zip Code	Edit	Delete
Test Practice	TstProvider1	220 Burnham Street	South Windsor	CT	06074		

Add Location

Tax ID - NPI Information

Tax ID	Group NPI	Nickname	Edit	Delete
	1234567893			

Add Tax ID - NPI

Rendering Provider Information

Provider First Name	Provider Last Name	NPI	License Number	License State	Specialty	Edit	Delete
		1234567893	555CT1	CO	Endodontics(1223E0200X)		
		1234567893	123CA56	CT	General Practice(1223G0001X)		
		1234567893	CT	CT	Dentists(122300000X)		

Add Provider

Change Taxonomy: Change the primary taxonomy for your practice. Click “**Change Primary Taxonomy**”, choose new taxonomy and click “**Save**”:

Primary Taxonomy Information

*** Required Fields**

Primary Taxonomy*

General Practice(1223G0001X)

▼

SAVE
CANCEL

Add Location: Add a new practice location to your practice setup. Enter required information and click **“Save”**:

Practice Name* New Location	Contact Name* Provider Contact
Provider Name* Dental Provider	Contact Title Office Manager
Street Address* 12 NUMBER THREE STREET	Contact Email Address*
City* Altona	Contact Telephone*
State* Alabama	Contact Telephone Extension
ZIP Code* 01801	Contact Fax Number

Add Tax ID – NPI: Add a new Tax ID/NPI to your practice setup and click **“Save”**:

Tax Id*	Group NPI*	Nickname
	1234567894	New

To add a new Tax Id to the dropdown list above, click [here](#).

Add Provider: Add a new Rendering Provider to your practice setup, and click **“Save”**:

First Name* Rendering	License Number* 129507
Last Name* Provider	License State* Alabama
NPI* 1234567893	Specialty* Pedodontics (Pediatric Dentistry)

Manage Account

Allows a user to manage services and payment methods:

Account Details

Products

Dental Connect Basic	Claim Status, ERA, and basic EFT Services	\$0.00	Included
Dental Connect Eligibility	Real-Time Eligibility	\$17.95 per month	LEARN MORE
Dental Connect Claiming	Claims and Attachments	\$19.95 per month	CANCEL
Dental Connect Eligibility / Claiming Bundle	Real-Time Eligibility, Claims, and Attachments	\$29.95 per month	LEARN MORE

The FREEZAID promotion allows free access to this product through 04/30/2018. Your credit card will not be charged until your promotion period is over.

Total Monthly Charges - \$19.95

Eligibility pass-through charges and per-transaction fees are not included in the above monthly rate.

[VIEW THE LIST OF PAYER PASS-THROUGH CHARGES](#)

Payment Method

Credit Card

Visa ending in ...1111
Expires July 2021

[CHANGE PAYMENT METHOD](#)

- **Products:** Click “**LEARN MORE**” to begin the purchase process for a service. Click “**Cancel**” to remove a service.
- **Payment Method:** Click on “**Change Payment Method**” to change, update or modify your current billing information.

Billing History

The billing history shows all charges by billing month including monthly fees and charges for transactions over the included transaction allotment. In addition, any applicable payer pass-through charges will also be displayed. Click the month/year link to view the billing details:

Eligibility Billing History							
Billing Month	Monthly Fee	Trans. Over Allowance	Per Trans. Price	Charge for Trans. Over Allowance	Pass-Through Charges	Setup Fee	Total Charge
02/2016	\$17.95	0	\$0.00	\$0.00	\$0.00	\$0.00	\$17.95
01/2016	\$17.95	0	\$0.00	\$0.00	\$0.00	\$0.00	\$17.95
12/2015	\$17.95	0	\$0.00	\$0.00	\$0.00	\$0.00	\$17.95
11/2015	\$17.95	0	\$0.00	\$0.00	\$0.00	\$0.00	\$17.95
10/2015	\$17.95	0	\$0.00	\$0.00	\$0.00	\$0.00	\$17.95
09/2015	\$17.95	0	\$0.00	\$0.00	\$0.00	\$0.00	\$17.95
08/2015	\$17.95	0	\$0.00	\$0.00	\$0.00	\$0.00	\$17.95
07/2015	\$17.95	0	\$0.00	\$0.00	\$0.00	\$0.00	\$17.95

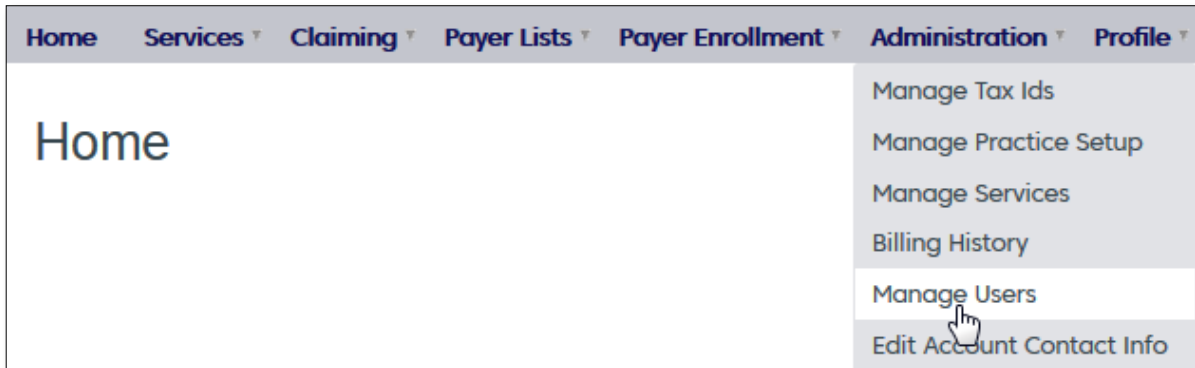
Billing Detail: Displays the details of the billing month selected:

Billing Details for February 2016	
Monthly Fee	\$17.95
Transactions Over Allowance	0
Per Transaction Price	\$0.00
Charge for Transactions Over Allowance	\$0.00
Pass-Through Charges	\$0.00
Total Charges For February 2016	\$17.95

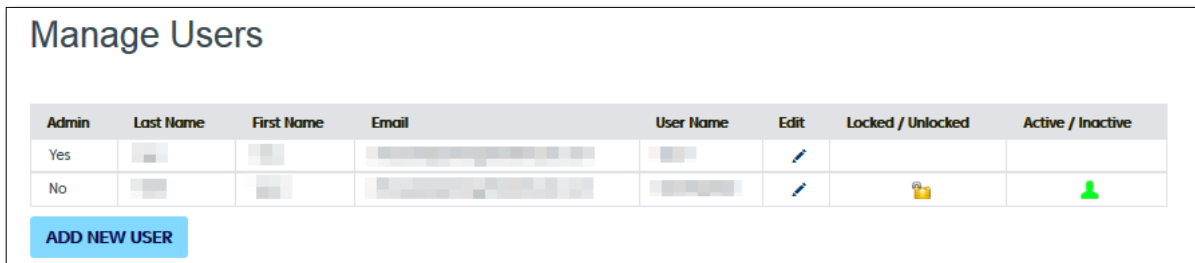
Manage Users

Change Healthcare Dental Connect for Providers grants user administrators the ability to manage the users for which they have access.

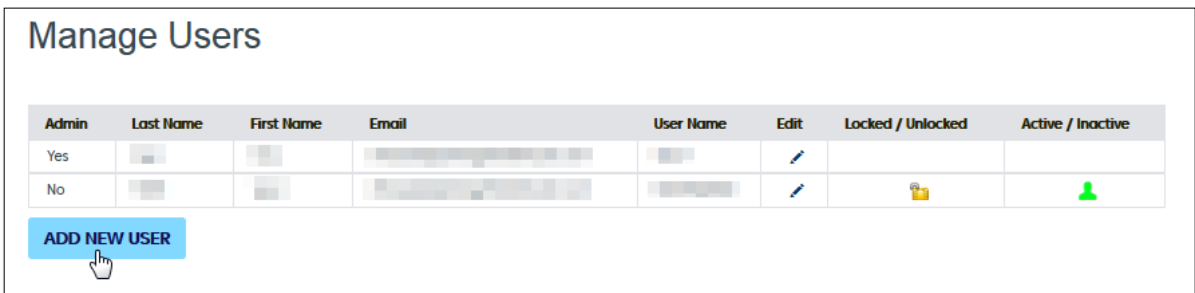
To manage users, click on the “**Manage Users**” option located in the “**Administration**” tab:



The “Manage Users” screen will display all the users the administrator can access:



Add New User: To add a new user, click the “**Add New User**” button:



On the "Create New User" screen, fields marked with an asterisk (*) are required. The email address will be used to send the login name and temporary password to the new user.

If you'd like to make this user an Administrator, check the corresponding box. Choose the "Services" and "Tax IDs" (if multiple) to which the user will have access. When complete, click "**Submit**":

Create New User

Fields marked with * are Required.

First Name*

Last Name*

Email Address*

Login Name*

The new user's initial, temporary, password will be auto-generated and delivered to the specified email address.

Make this user an Administrator

Services

- Claim Status
- Eligibility
- ERA
- EFT
- Direct Claim Entry
- Attachments

Tax IDs

- Test Prac
- Test Prac

SUBMIT **CANCEL**

If the user was successfully created, the following message will be displayed and a row will be added to the user table:

Admin	Last Name	First Name	Email	User Name	Edit	Locked / Unlocked	Active / Inactive
Yes							
No							
No							

[ADD NEW USER](#)

User created

Additionally, two emails will be sent from dentalsupport@changehealthcare.com. The first will contain the user's login name, and the second will have the temporary password (which is valid for **twenty-four (24) hours**):

Dental Support - CT	Dental Connect Alert - Temporary Password
Dental Support - CT	Dental Connect Alert - Login Created

When the user logs in using their temporary password, they will be prompted to change it immediately:

Change Password

Your password has expired. Please enter a new password.

User Name

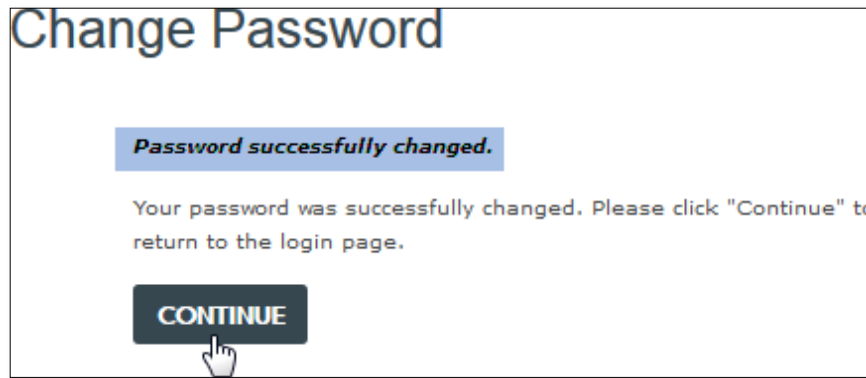
Current Password

New Password

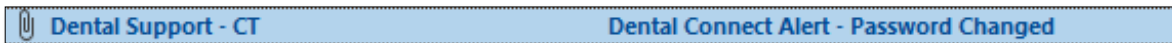
Confirm New Password

[Need Help Changing your Password?](#)
[View our Guide](#)

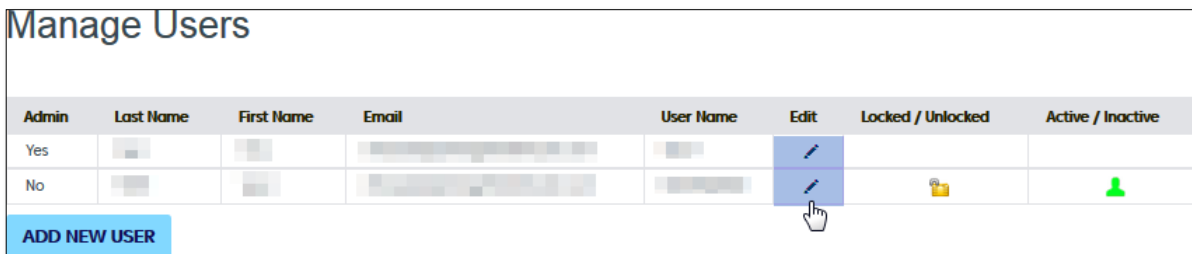
Upon changing their password, the user will receive a confirmation notifying that the password has been successfully changed. Click "**Continue**" to return to the login screen:



The user will also receive an email alert confirming that the password has been changed:



Edit a User: To edit a user, click on the pencil icon:



This will allow editing of the user's First Name, Last Name and Email Address. In addition, Administrator privileges can be added or removed as well as Service and Tax IDs access.

Edit User ✕

Fields marked with * are Required.

First Name*

Last Name*

Email Address*

Make this user an Administrator

Services

- Claim Status
- Eligibility
- ERA
- EFT
- Direct Claim Entry
- Attachments

Tax IDs

- Test Prac
- Test Prac

When edits are complete, click “**Submit**” to save changes:

Admin	Last Name	First Name	Email	User Name	Edit	Locked / Unlocked	Active / Inactive
Yes							
No							
No							

Changes Saved

ADD NEW USER

Unlock a User: To unlock a user, click the lock icon. This action will reset the user, sending a temporary password email to the user and changing the icon from locked to unlocked:

Admin	Last Name	First Name	Email	User Name	Edit	Locked / Unlocked	Active / Inactive
Yes							
No							

Click **“Unlock User”** to proceed:

Unlock User ✕

⚠ Are you sure you wish to unlock this user?

UNLOCK USER
CANCEL

User will be unlocked and the reset will be confirmed:

Admin	Last Name	First Name	Email	User Name	Edit	Locked / Unlocked	Active / Inactive
Yes							
No							

ADD NEW USER
User reset.
↗

Deactivate a User: To deactivate a user, click the green silhouette icon:

Admin	Last Name	First Name	Email	User Name	Edit	Locked / Unlocked	Active / Inactive
Yes							
No							
No							

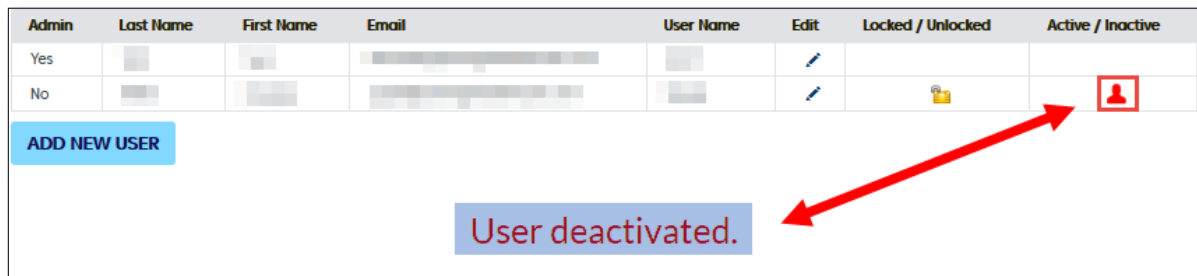
Click **“Deactivate User”** to proceed:

Deactivate User ✕

⚠ Are you sure you wish to deactivate this user?

DEACTIVATE USER
CANCEL

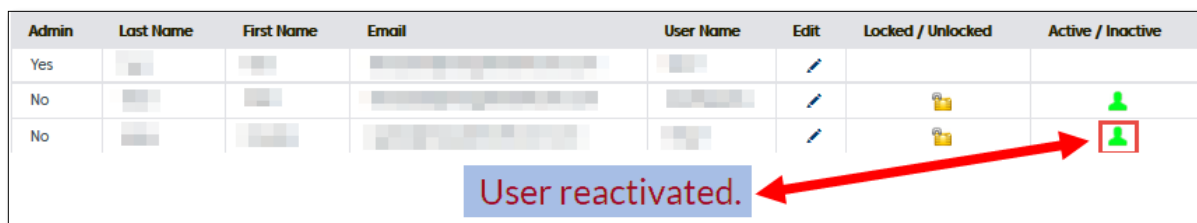
The icon will turn to red and a deactivated message will display to confirm the user has been deactivated:



Reactivate a User: To reactivate a user, repeat the previous steps and click “**Reactivate**” to proceed:



The silhouette icon will return to green and a message indicating the user has been reactivated will display:



Edit Account Contact Information

Allows a user to modify dental office account contact information. This section will modify the Dental Connect for Providers billing information associated with your office. Please ensure this information is accurate. Upon completing your edits, click "**Save Changes**":

Account Contact Information

*** Required Fields**

Edit Account Contact Information

Account Name*	Telephone Number*
<input type="text" value="FakePractice"/> <small>the name of your practice or primary provider's name</small>	<input type="text" value="888-255-7293"/>
Address 1*	Email Address*
<input type="text" value="220 Burnham Street"/>	<input type="text" value="dental@dental.com"/>
Address 2	Fax Number
<input type="text"/>	<input type="text" value="860-285-0055"/>
City*	Number of Providers*
<input type="text" value="South Windsor"/>	<input type="text" value="1"/> <small>the number of providers in your practice</small>
State*	<input type="checkbox"/> I am an Insurance Broker. <small>check here if you are an Insurance Broker and not a Dental Provider</small>
<input type="text" value="Connecticut"/>	
Zip Code*	
<input type="text" value="06074"/>	

Profile

User Profile

Users who did not complete their profile as part of the registration process will be directed to the “**User Profile**” screen upon login, or can access it from the menu by clicking “**Profile**” → “**User Profile**”.

Click “**Update**” upon completion:

User Profile Information

We need your name and other information in case you ever need to reset your password.

First Name*	Last Name*	
<input type="text" value="Demo"/>	<input type="text" value="Practive"/>	
Telephone Number	Mobile Number	
<input type="text" value="8882557293"/>	<input type="text" value="8882557293"/>	
Four digit personal identification number*	Your Practice's Zip Code (five digits)*	Your Practice's Street Number (number only)*
<input type="text" value=""/>	<input type="text" value="06074"/>	<input type="text" value=""/>

Create a four-digit number that can be used as a PIN. Keep this number safe as we use it to help verify your identity should you need to reset your password.

Your Email Address

We use this email address to notify you of any changes to your account or if you have trouble logging into your account.

Email Address*

Security Questions

These questions help us to verify your identity in case you ever need to reset your password.

Security Question 1

Select a security question.

Answer to Security Question 1

Security Question 2

Select a security question.

Answer to Security Question 2

Security Question 3

Select a security question.

Answer to Security Question 3

If all required user information was provided, the following message will be displayed indicating the user profile was successfully updated:

User Profile

Your profile was successfully updated.

Welcome Back

Please update your Change Healthcare profile with any information that has changed or is missing.

This will help maintain the security of your account.

User Profile Information

We need your name and other information in case you ever need to reset your password.

First Name*	Last Name*	
<input type="text" value="Demo"/>	<input type="text" value="Practice"/>	
Telephone Number	Mobile Number	
<input type="text" value="8882557293"/>	<input type="text" value="8882557293"/>	
Four digit personal identification number*	Your Practice's Zip Code (five digits)*	Your Practice's Street Number (number only)*
<input type="text" value=""/>	<input type="text" value="06074"/>	<input type="text" value=""/>

Create a four-digit number that can be used as a PIN. Keep this number safe as we use it to help verify your identity should you need to reset your password.

Your Email Address

We use this email address to notify you of any changes to your account or if you have trouble logging into your account.

Email Address*

Security Questions

Hidden for your security.

SKIP **RESET SECURITY QUESTIONS** **UPDATE**

Note: Security questions and answers are hidden by default for user security. If at any time the user wishes to change their security questions, they can do so by clicking the “Reset Security Questions” button. Clicking “Cancel” will direct the user to the Dental Connect for Providers Homepage

Change Password

Users who would like to change their password can do so by clicking “**Profile**” → “**Change Password**” from the main menu. Please enter your Current Password, New Password, and Confirm New Password. Click “**Change**”:

Change Password

Passwords must be at least eight characters in length, contain uppercase and lowercase characters, at least one number, at least one special character, and not be any one of the previous four passwords.

Current Password

.....

New Password

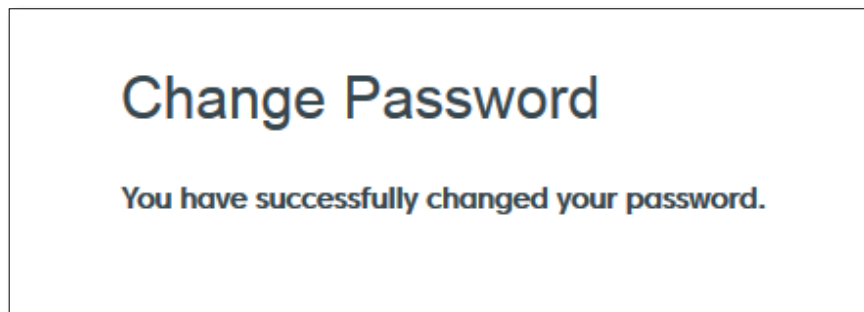
.....

Confirm New Password

.....

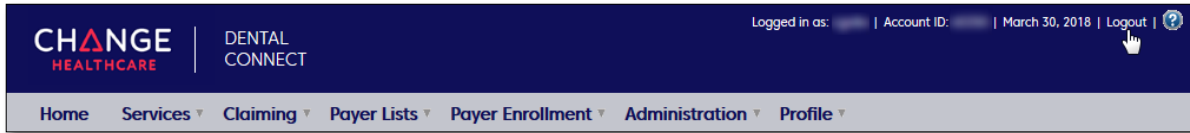
CHANGE **CLEAR** **CANCEL**

If the new password met the minimum requirements, the user will receive a confirmation message advising that the password was changed successfully:



Log Out

When you are finished with your Dental Connect for Providers session, please remember to click “**Log Out**” in the upper right-hand corner of the screen. This will ensure that your session is properly terminated and will help to protect your patient PHI.



Note: The Dental Connect for Providers session will automatically time-out after a period of inactivity. This will require the user to log back into the system. The time out is necessary to ensure PHI is properly protected.

Contact Information

Customer Support

Toll-Free: (866) 777-0713

Technical Assistance:

The On 24/7 web portal can be used for technical support issues. Click [here](#) to login or register.

Change Summary

Date	Version	Change Description
05/29/2019	3.3	Added secondary claim instructions
09/19/2018	3.2	Added screen capture for attachments
09/17/2018	3.1	Updated contact information
04/02/2018	3.0	Rebranded and updated screenshots
06/08/2017	2.0	Rebranded and updated screenshots
08/01/2015	1.4	Published



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