



# FREQUENTLY ASKED QUESTIONS ABOUT CONNECTCENTER

## Background

Effective March 14 2022, Change Healthcare will be replacing Online Services with a new tool called ConnectCenter. It will have a modern user interface that allows for new features not available on the old tool. With the transition to ConnectCenter, providers will have access to authorization submission and verification of their authorization requests only using Authorization Manager.

**Q: Do I have to switch to the new tool?**

**A:** Yes. We will begin phasing out Online Service's capabilities over the next several months, so we encourage all providers to begin getting familiar with ConnectCenter as soon as possible:

**Important dates:**

March 14: New Provider Central users will **only** have access to ConnectCenter

May 2: Existing Online Services users will no longer have access to claim submission functionality in Online Services

June 17: Existing Online Services users will no longer have access to eligibility, referral/authorization, and claim status functionality. (For authorization requests and verification, use [Authorization Manager](#).)

**Q: Why are you making this change when Online Services worked fine?**

**A:** This new tool performs many of the same functions as Online Services but will offer useful new features that Online Services did not. Introducing this tool allows us to keep up with the constantly changing landscape of the health care industry and will provide users with a more modern interface.

**Q: When will you provide trainings and more details?**

**A:** Please review the ConnectCenter page for links to trainings sessions, quick tips, and other materials.

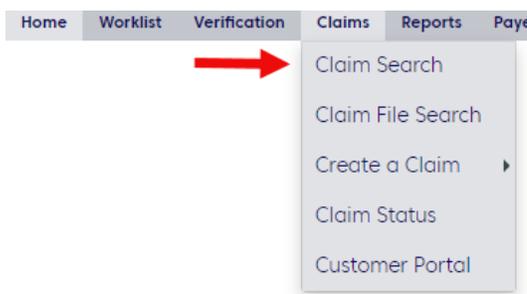
**Q: What are some action steps I should take for this transition?**

- A:**
- Notify anyone within your organization who uses Online Services and your billing agency about this change.
  - New Provider Central users approved by your organization (as part of the Provider Central registration process) will only be given access to ConnectCenter, and will receive an error message if attempting to access Online Services.
  - Plan to attend one of our upcoming training sessions [<link to news article about training>](#) and to review our online quick tips and videos to help support this transition.
  - If your workflow includes using Online Services for **authorization** inquiries or submission, be sure to prepare yourself for the transition to [Authorization Manager](#). These authorization functions cannot be performed in ConnectCenter.
    - Talk to your practice's administrator for Provider Central to confirm that you have access to Authorization Manager. Read more about eTool access in our [Provider Central Administrators Quick Start Guide](#).
  - Start using Authorization Manager to enter authorizations or check their status if you haven't already.

**Q: How is navigation in ConnectCenter different from Online Services?**  
**A:** Screen and field names have been updated. A few examples appear below.

Online Services	ConnectCenter
Eligibility tab and Service Review tab	Verification tab. Includes pages for eligibility and referral transactions.
Service Review>New Review	Verification>Authorization/Referral Submission (Reminder: You can submit referrals but not submit authorization requests with ConnectCenter.)
Setup>Providers	Admin>Provider Management

The **Claims** menu is similar in both tools. However, in addition to claim status inquiries, ConnectCenter offers a new feature: Claim Search.



There is no Message Center in ConnectCenter.

For new claims, the information you once obtained in the **Reporting & Analytics** tab of Online Services is now available through claim searches and home page resources.

**Q: What other new features will be available?**

- A:**
- A fresh, modern interface that displays important information clearly
  - Additional tools and reports to further streamline the work you do

For professional 1500 claim submission, ConnectCenter will allow you to:

- Submit your claims using a format modeled after the 1500 claim form
- Receive immediate prompts while building your claims to help reduce claim entry errors

ConnectCenter can easily be updated with new features or to meet new regulatory requirements.

**Q: Do I need a separate account/login for ConnectCenter?**

**A:** No. You access it directly from Provider Central, just like you do today for Online Services.

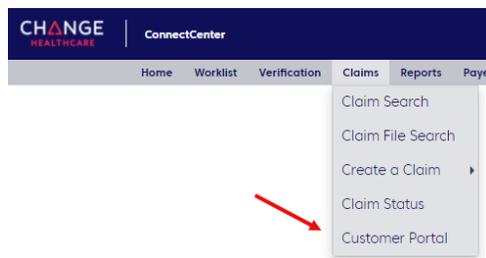
**Q: If I created a claim using Direct Data Entry (through Online Services) before the new site launches, how can I track it?**

**A:** To access these claims, you will use the **Customer Portal** area in ConnectCenter. You will need a User ID and password to log into this area.

To get your system-generated User ID, click the **My Settings** button in the top right-hand corner of your screen. Make a note of your User ID.



Then go to **Claims>Customer Portal** (which was called **Reporting & Analytics** in Online Services). Click **Forget Password?** to create a new password.



Log in to the **Customer Portal** with your User ID and Password to search for your claim.

Customer Portal provides access to claims submitted in the previous 15 months.

**Q: How do I check the status of my claims once they are processed?**

**A:** Please refer to our helpful guide to checking claim status: [Quick tip: Checking claim status](#)

**Q: If I submitted an authorization request using Online Services before the new site launches, how can I check the status of it?**

**A:** For authorization *submission* and *verification*, use our eTool, [Authorization Manager](#).

ConnectCenter does not have the capability to submit authorization requests, so we encourage you to begin using Authorization Manager now if you don't currently use it. It is a fast and efficient way to submit and check authorization requests. However, you can use ConnectCenter to learn authorization requirements. To do this:

- Perform an eligibility inquiry using the appropriate **Service Type**
- Click **Submit**, and confirm that "Copay" appears in the **Select View** drop-down menu.
- Authorization requirements will appear in the row with copayment information.

**Q: I'm not finding what I was looking for in my eligibility results. What should I do?**

**A:** Eligibility functions are explained in the ConnectCenter Quick Start Guide.

Tips:

- Be sure you selected the most appropriate **Service Type**.
- Change what is displayed by using the **Select View** and **Service Types Returned** filters.
- Click the **Human Readable View** button (below the **Submit** button) for the complete response.