MASSACHUSETTS

1500 CLAIM ENTRY WITH CONNECTCENTER

INTRODUCTION

Registered users of our provider website, Provider Central, can submit professional claims using an eTool called ConnectCenter™. ConnectCenter supports these claims where no supplemental documentation is required.

Claims submitted through ConnectCenter are sent to the Change Healthcare (CHC) clearinghouse, which checks claims for errors before sending them to Blue Cross. Detailed responses in ConnectCenter allow you to:

- Track your claims so you know where they are in the adjudication process
- View rejected claims to see how you should correct them to resubmit

Claims are either keyed into ConnectCenter using the 1500 claim form (the Direct Data Entry method) or submitted into the system by using the claim upload functionality. This document describes how to submit claims using Direct Data Entry.

The Change Healthcare online user manual is available from any page inside the tool. Click the help button () in the dark blue bar under the **Log Out** link.

Note: If your organization is new to Provider Central, wait 24 hours after creating your account before submitting a claim.

CONTENTS

ACCESSING CONNECTCENTER

Log into our provider website, Provider Central, at bluecrossma.com/provider. Then go to **eTools>ConnectCenter**.

To learn about real-time transactions, worklists, and other functions that can be performed using ConnectCenter, refer to our Quick Start guide.

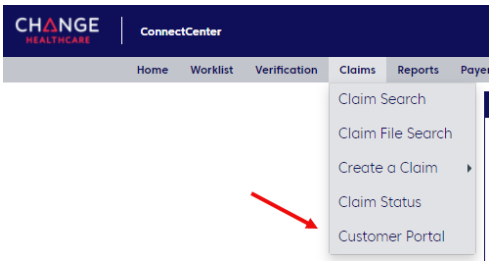
ONLINE SERVICES VS. CONNECTCENTER

ConnectCenter replaces an eTool, Online Services. Online Services users will notice differences between the tools. In ConnectCenter:

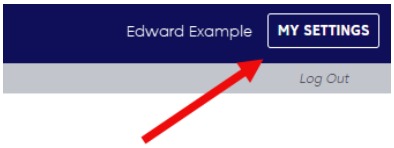
- Provider information is added through **Admin>Provider Management**.
  - If you entered claims using Online Services, Change Healthcare transferred your provider information to ConnectCenter.
    ⚠ Please review the information by going to **Admin>Provider Management.**
- There are no Patient Lists. However, once you have performed an eligibility inquiry for a member, you can create a new claim from their eligibility response.

ONLINE SERVICES CLAIMS

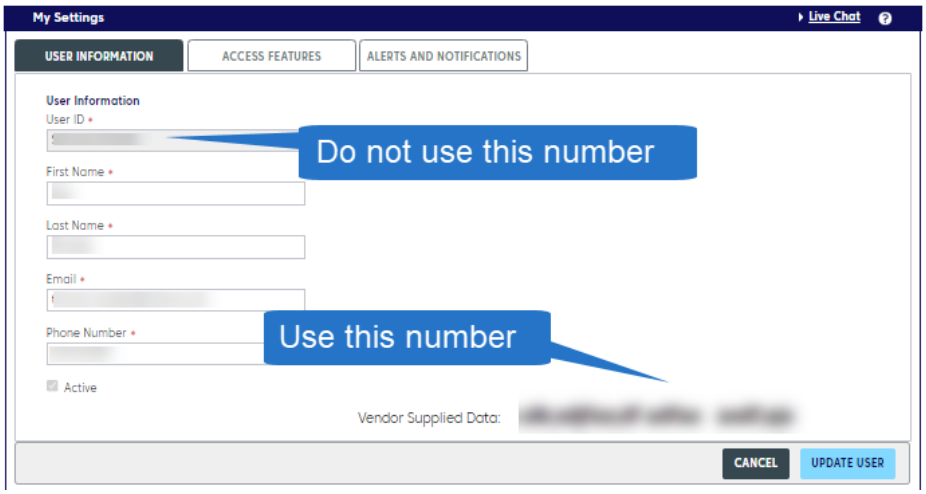
To access historical claims submitted through Online Services, use the **Customer Portal** area in ConnectCenter. You will need an ID number and password to log into this area.



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

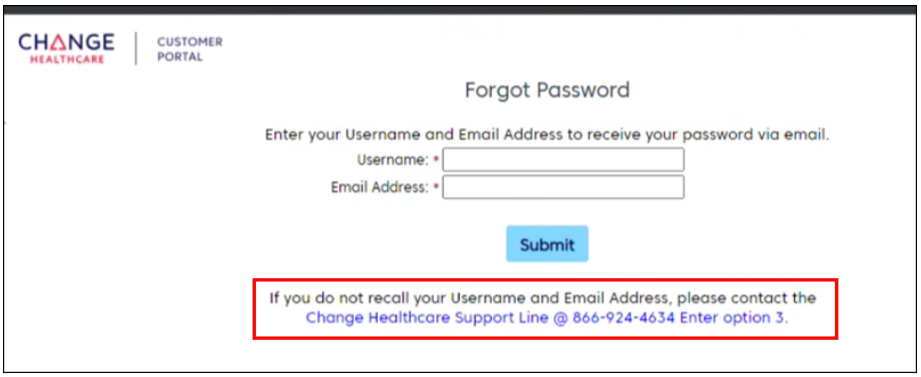


Make a note of the number that appears in the **Vendor Supplied Data** area.



Then, go to **Claims>Customer Portal (**which was called **Reporting & Analytics** in Online Services). Click **Forget Password?** to create a new password. If you don't see an email from Change Healthcare within five minutes, check your spam/junk folder. If you still don't see an email, please call the phone number on the Forgot Password screen.

⚠ To prevent an unnecessary call transfer, be sure to explain that you need help with the Customer Portal login.



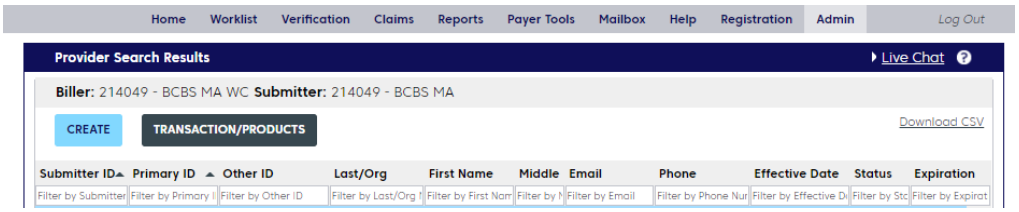
Log into the **Customer Portal** with your ID number and Password to search for your claim.

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

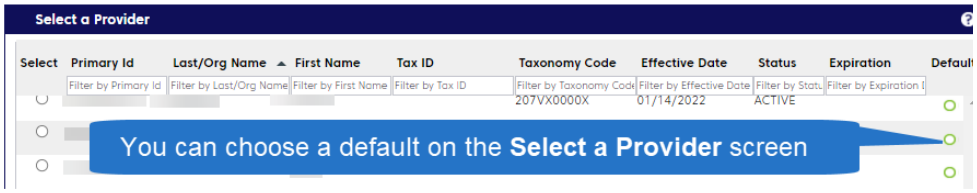
BEFORE YOU BEGIN

Before you enter claims, it is highly recommended that you:

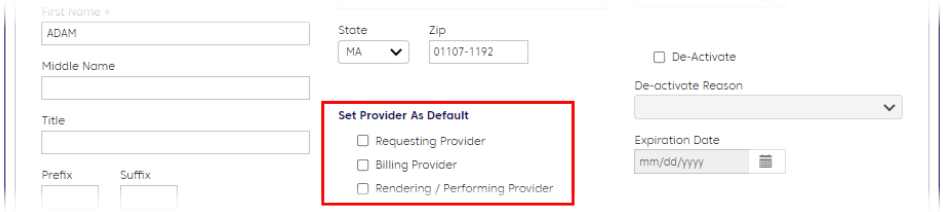
1. Create provider records in Provider Management by going to **Admin>Provider Management**.
    a. Enter as much detail as you can: Address, phone, NPI, Tax ID, taxonomy, etc.



2. Save default providers. You can do this in either of two places:
    a. in the **Select a Provider** screen. You can select defaults for Requesting Provider, Rendering Provider, and Billing Provider.



    b. in the Provider Management area.



Read our Provider Management Quick Tip for more help with this feature.

Important notes.

- Your default Requesting Provider should also be your default Billing Provider.
- If you indicate a default Rendering Provider, you can skip the **Claim Details** tab on future claims.

NAVIGATING AND ENTERING DATA

Dates must be entered in the MM/DD/YYYY format.

Do not use dashes when entering information like phone numbers, zip codes, and tax ID numbers. If the phone number includes an extension, enter it like this:

19785551212x123

The claim form pages include expand/collapse sections (also called “accordions”). It is helpful to collapse sections you don’t need.

ConnectCenter auto saves your claim periodically as you work. You can also click the **Save** button at the bottom of the page.

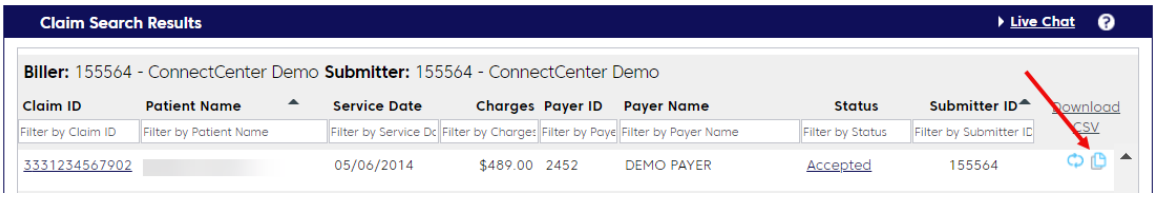
Until the claim is submitted to the clearinghouse, it will have an “Incomplete” status and will appear in the Incomplete worklist.

CREATE A CLAIM: OPTION 1 (FASTEST)

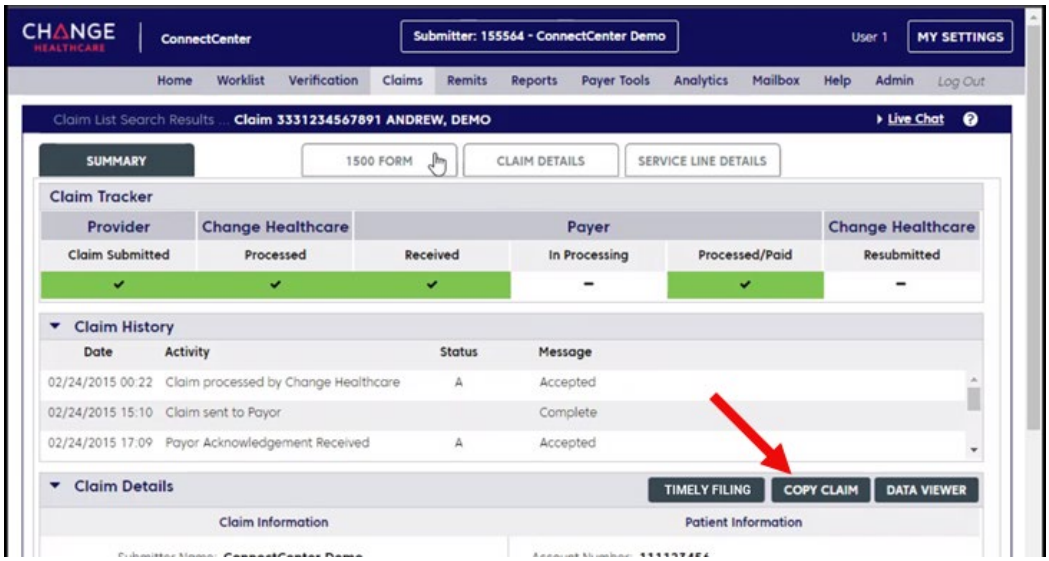
There are three ways to begin the process of creating a claim. If you have previously used ConnectCenter to submit a claim for a member, you can begin by copying the claim. This is the fastest method.

Copy only the claims that have been accepted by Blue Cross.

You can copy a claim from a claim summary page or from claim search results. First, search for the claim by going to **Claims>Claim Search**. You can click the “Copy claim” icon in your results.



If you would like to view the claim before copying it, click the Claim ID number in your search results to open the **Claim Summary** page. To copy the claim from this page, click the **Copy Claim** button under the history section.



Update the date of service and any other fields that need to be updated.

> Any claim in your Incomplete Claims Worklist can be used as a claim template. When creating a claim to use as a template, enter a keyword (like the diagnosis, or, if you're working for a billing agency, the provider name) into the **Patient Last Name** field. The label will help you choose the correct item in your Incomplete Claims worklist.
>
> For more information about Worklists, refer to our ConnectCenter Quick Start Guide.

CREATE A CLAIM: OPTION 2

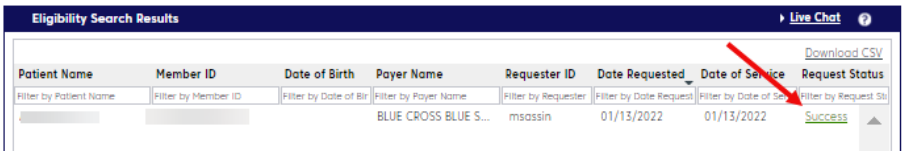
You can also create a claim from your previous eligibility search results. Using this method saves you time by transferring both the member and the provider information to the claim form.

Note:

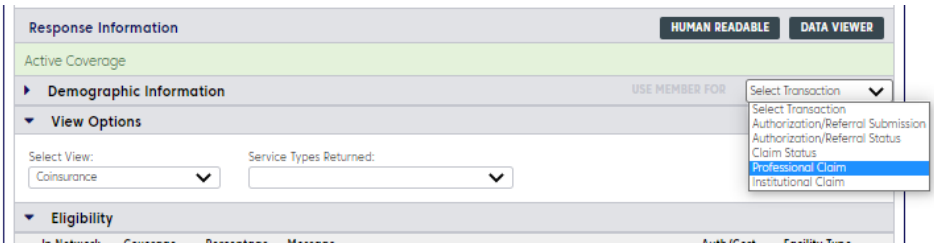
- Unless you have created a Billing Provider default, the provider information in the eligibility inquiry will transfer to the **Billing Provider** fields in the claim form.

To create a claim from eligibility search results:

1. Go to **Verification>Search Eligibility History**.
2. Enter the member's name and click **Search**. (Tip: you can perform a search without entering any search criteria.)
3. In the search results, click the link under the heading, "Request Status."



4. The eligibility response will appear. Open the **Select Transaction** menu and click **Professional Claim**.



5. The **Use Member For** button will appear next to the menu. Click the button to create a new claim for the member.

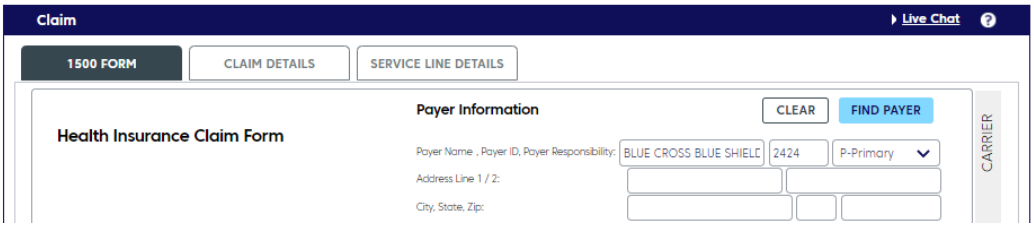
CREATE A CLAIM: OPTION 3

To begin with a blank claim form, go to **Claims>Create a Claim** and select the option, **Professional**.

TABS IN THE CLAIM FORM

A claim form will open. The top of the form has three tabs: **1500 Form**, **Claim Details**, and **Service Line Details**.

Some fields on the 1500 Form tab are duplicated on either the Claim Detail or Service Line Details tab. Updating the field on one tab will also automatically update that field on other tabs.

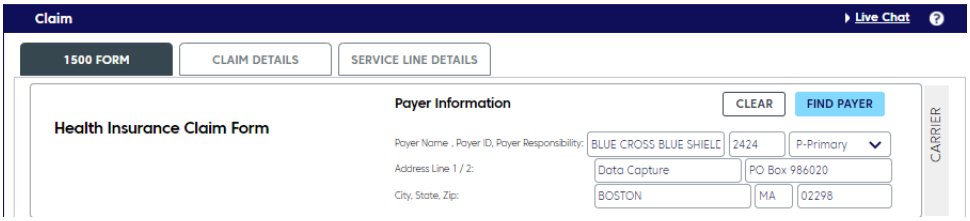


THE 1500 FORM TAB

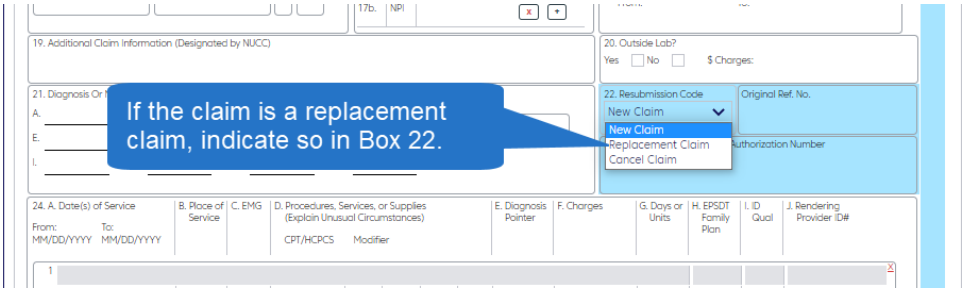
ConnectCenter's 1500 claim form was designed to resemble the paper form. Note that some fields (Diagnosis Code, Place of Service, and CPT/HCPCS) are "type-ahead," which means that if you slowly type a keyword or code, the system will provide a list of options for you to select from.

Here are tips for completing the form.

Box	Field name and instructions
n/a	**Payer information.** Below our name and Payer ID (2424), enter the address below. After submitting payer address in a claim one time, the address will be stored for use in all future claims. Blue Cross Blue Shield of MA Data Capture PO Box 986020 Boston, MA 02298

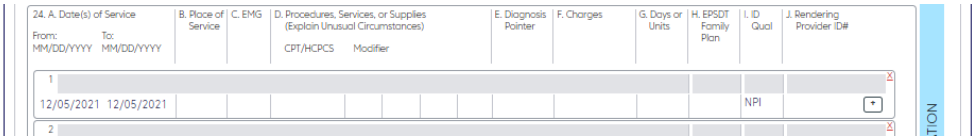


Box	Field name and instructions
22	**Resubmission Code.** Use this field to indicate if the claim is a replacement claim. Enter the original Blue Cross claim number in the **Original Reference Number** field. If you have questions about how to correct a previously submitted claim, visit the Replacement Claims page on Provider Central.

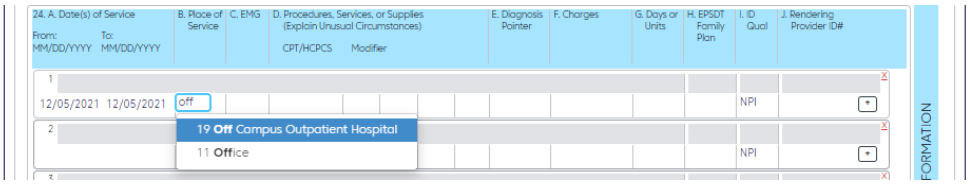


SERVICE LINE INFORMATION

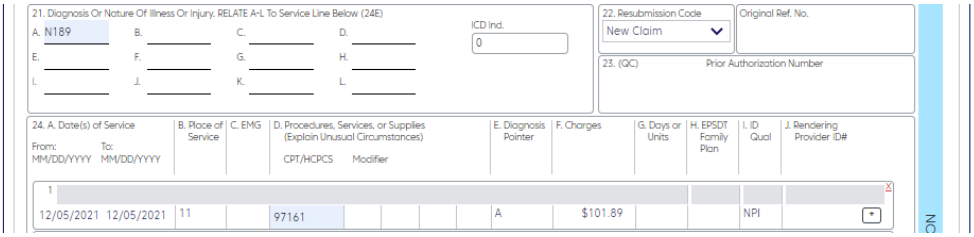
Box	Field name and instructions
24A	**Dates of Service.** Your entry must have a MM/DD/YYYY format. You can omit the “To” date if it is the same as the “From” date. Note: Click in the white area under the line number to find the data entry field.



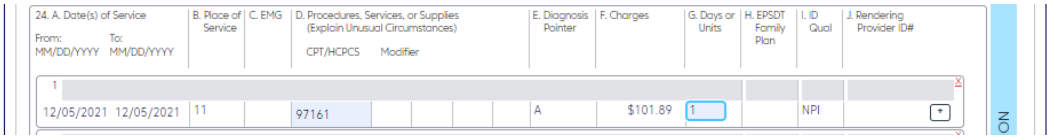
Box	Field name and instructions
24B	**Place of service.** This field is a type-ahead field. You can enter the two-digit code manually, or you can start entering the name of the location to prompt a list to appear. Click an option to select it. Once selected, the code for that place of service will display.



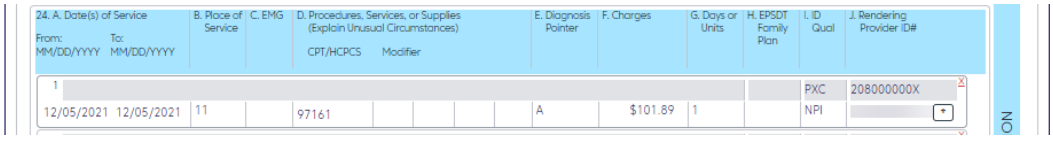
Box	Field name and instructions
24E	**Diagnosis Pointer.** Enter alpha indicators.



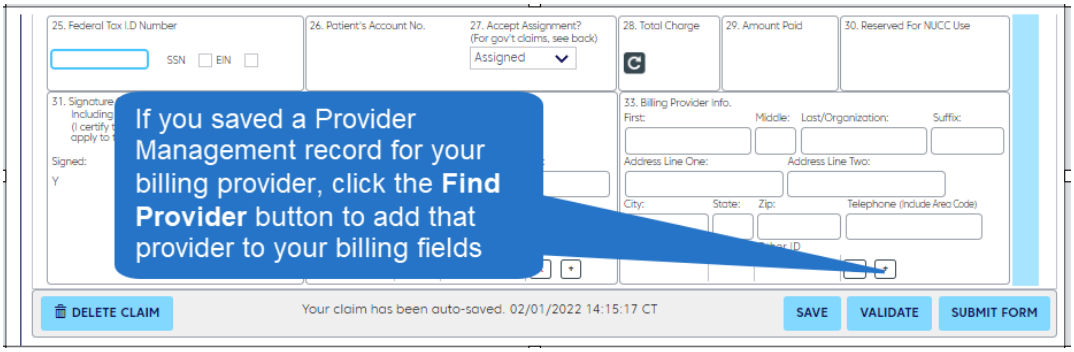
Box	Field name and instructions
24G	**Days or Units.** Enter numbers only. If you need to enter minutes, modify the Unit/Basis measurement in the **Service Line Details** tab. In the section, **Service Line Supplemental Information**, enter “MJ” in the **Unit/Basis Measurement Code** field for EACH applicable service line. See the Service Line Details section below for more information.



Box	Field name and instructions
24J	**Rendering Provider ID# (NPI).** In most cases, you should add this information on the **Claim Detail** tab rather than on each individual service line. The exception is when different service lines involve different rendering providers. If you have entered provider information into **Provider Management**, you can use the **+** button to retrieve the provider details you have saved. If you manually type the NPI number in this field, you must also type the provider’s name on the **Service Line Details** tab.

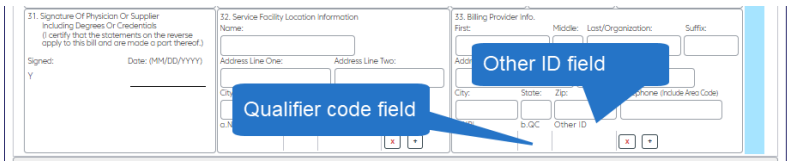


Box	Field name and instructions
25	**Federal Tax ID Number.** Do not include dashes. To find the data field, click the white space below the field name. If you created a Provider Management record for your billing provider and included the Tax ID in that record, then skip to Box 33 and click the **+** button to open the **Select a Provider** screen. Choose the billing provider. Box 25 will be completed automatically.



Box	Field name and instructions
28	**Total Charge.** Click the refresh button (C). The system will calculate the total charges based on the amounts entered in 24F for all service lines.

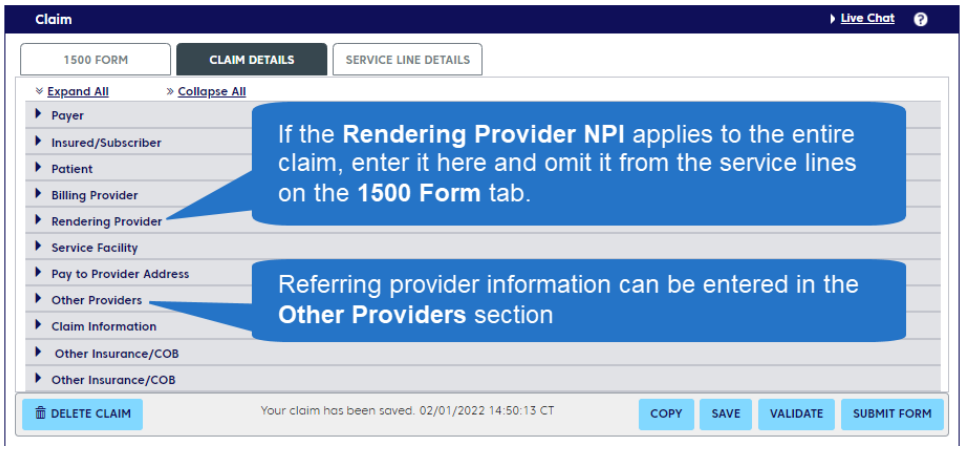
Box	Field name and instructions
33	**Billing provider information.** Reminder: If you set a default billing provider, the fields in boxes 25 and 33 will be completed automatically. Tips for users who need to override a provider default: • If you created a Provider Management record for your billing provider, click the **+** button to open the **Select a Provider** screen. • If you enter a phone number for the billing provider, you must enter a billing provider contact name on the **Claim Details** tab. • The **Other ID** field is most often used for Taxonomy codes. When used for Taxonomy, the 33B qualifier code field must contain “PCX”.



THE CLAIM DETAILS TAB

Here are some frequently used fields on the **Claim Details** tab.

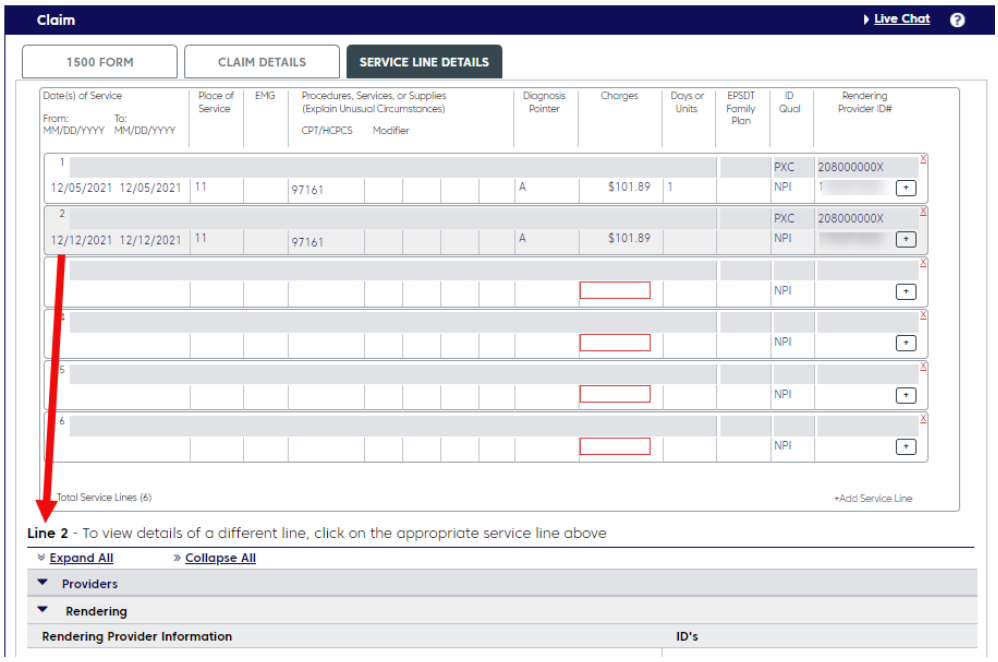
- Rendering provider information
  - If the Rendering Provider NPI applies to the entire claim, add the information here and omit it from individual service lines. (Set a rendering provider default to have these fields completed automatically.)
- Referring provider information



THE SERVICE LINE DETAILS TAB

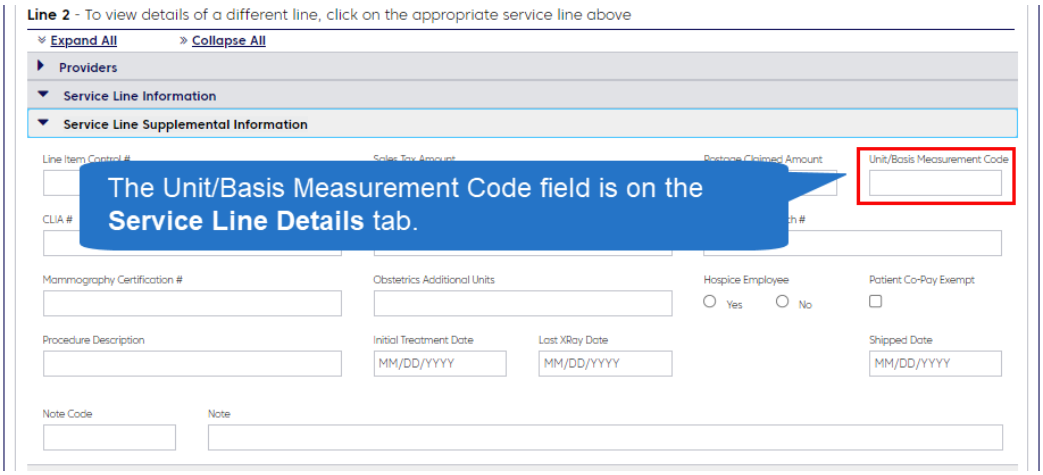
The top of the **Service Line Details** tab will display the service lines you entered on the **1500 Form.** Additional service line information can be entered into the lower portion of the tab.

Be sure to click a service line to open fields for details related to that line.



If you have entered a rendering provider NPI on a service line, you must enter the provider's name in the **Rendering Provider** section.

If your service units are in minutes, enter "MJ" in the **Unit/Basis Measurement Code** field for EACH applicable service line.



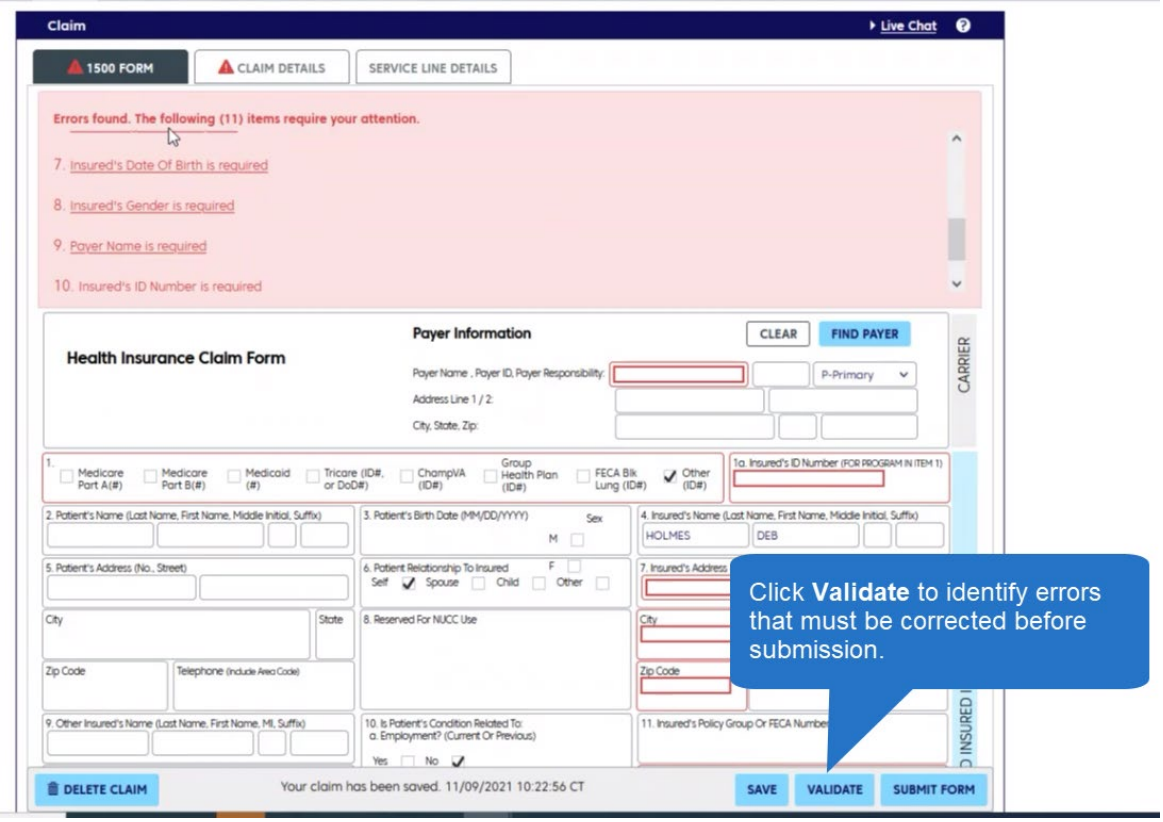
VALIDATE YOUR CLAIM

Click the **Validate** button at the bottom of the screen before submitting your claim. Validating your claim will alert you to simple errors that would otherwise prevent the claim from being processed.

Errors displayed after validation will be highlighted in several ways:

- A list of errors will be displayed at the top of the claim form, with clickable error messages.
- Every field containing an error will be highlighted in red.

When the claim passes this basic validation, it can be sent to the clearinghouse for processing.



SUBMIT AND TRACK YOUR CLAIMS

Click **Submit Form** to send your claim to Change Healthcare.

Return to ConnectCenter periodically to check the status of your claim. Tracking your claim will help you ensure that we receive it within timely filing guidelines.

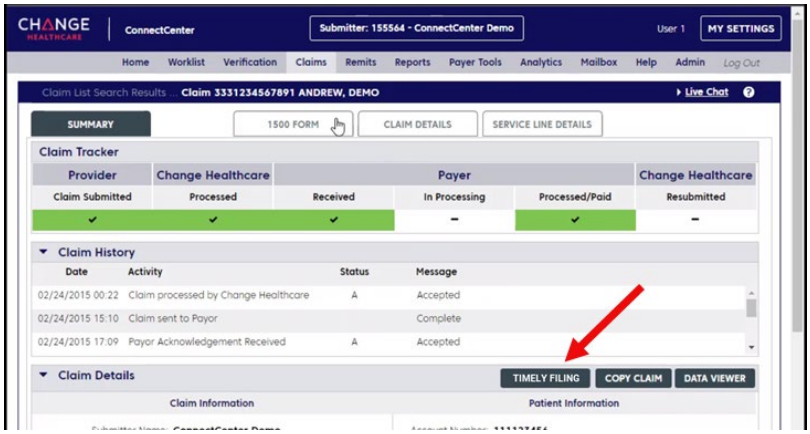
For help following claims, refer to our Checking Claim Status Quick Tip.

TIMELY FILING

ConnectCenter's Timely Filing Report is useful if you would like to appeal a claim that was denied for not being submitted in timely filing guidelines.

To access the report, begin by searching for the claim in **Claims>Claim Search.** Click the claim number in your results to open it.

A button for the Timely Filing Report appears in the **Claim Details** section of the Summary page.



RELATED RESOURCES

More resources are available on our ConnectCenter page. For additional help, contact Change Healthcare's ConnectCenter support at **1-800-527-8133**.

- Select **option 2** for claims or claim status.
- Select **option 3,** then **option 1** for eligibility.

For help with Provider Central, please contact Blue Cross Blue Shield's EDI/Provider Self-Service Support Team at providercentral@bcbsma.com or **1-800-771-4097, option 2**.

DOCUMENT HISTORY

4/15/2022	New document.
6/23/2022	Updated the Online Services claims section to indicate that the correct ID number is found in the Vendor Supplied Data field of the My Settings page.
7/13/2022	Adding instructions about the Forgot Password tool in the section "Online Services claims."
8/3/2022	Added the section, "Timely filing."
3/6/2025	Updated Related Resources section.

MPC_020322-1E (rev 03/25)