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

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”:

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”:

Registration Confirmation: Once you have entered all the required information, you will receive the following confirmation page. Click “Finish” to continue:
When you have completed the registration process, the Dental Connect for Providers Home page will be displayed as seen below:
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”:

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

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:

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

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

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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 [User Name],

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.
Enter the Tax Id and Email Address associated with your account and click "Reset Password":

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

Temporary password received from Change Healthcare:

```
Dear [Name],

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

[Temporary Password]

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:

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

Password successfully changed.

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

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”:

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):
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.

[button: 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**

Test Visa

**Card Number**

[Redacted]

**Expiration Date**

April 2021

**Credit Card Zip Code**

[Redacted]

[Images of credit card logos: Visa, MasterCard, Amex]
*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:

![Product Page](image)

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:
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:

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:

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:

![Claim Status Display](image)

- **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:

<table>
<thead>
<tr>
<th>Time Period</th>
<th># Claims</th>
<th>Total Charge</th>
<th>Electronic</th>
<th>Paper</th>
<th>Rejected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Date</td>
<td>0</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Week to Date</td>
<td>0</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Month to Date</td>
<td>0</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Year to Date</td>
<td>0</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Payer Name</th>
<th># Claims</th>
<th>Total Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Blue Cross</td>
<td>1</td>
<td>$39.00</td>
</tr>
<tr>
<td>Blue Cross of Massachusetts</td>
<td>2</td>
<td>$456.00</td>
</tr>
<tr>
<td>Delta Dental of California</td>
<td>1</td>
<td>$787.00</td>
</tr>
<tr>
<td>Delta Dental of Illinois</td>
<td>4</td>
<td>$812.00</td>
</tr>
<tr>
<td>Delta Dental of Oregon (Oregon Dental Service)</td>
<td>7</td>
<td>$2,629.00</td>
</tr>
<tr>
<td>Delta Dental of Virginia</td>
<td>1</td>
<td>$4,980.00</td>
</tr>
<tr>
<td>Delta Dental of Wisconsin</td>
<td>1</td>
<td>$374.00</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Time Period</th>
<th># Claims</th>
<th>Total Charge</th>
<th>Electronic</th>
<th>Paper</th>
<th>Rejected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Date 2/1/2016</td>
<td>344</td>
<td>$265,277.98</td>
<td>323</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Week to Date 01/31/2016 to 02/01/2016</td>
<td>344</td>
<td>$265,277.98</td>
<td>323</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Month to Date 02/01/2016 to 02/28/2016</td>
<td>344</td>
<td>$265,277.98</td>
<td>323</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Year to Date 03/01/2016 to 02/28/2016</td>
<td>344</td>
<td>$265,277.98</td>
<td>323</td>
<td>17</td>
<td>4</td>
</tr>
</tbody>
</table>

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

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

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**: 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:

![Claim Information Table]

- **Service Detail**

- **Date** | **Procedure Code** | **Charge Amount** | **Paid Amount** | **Control Number**
--- | --- | --- | --- | ---
[Date] | D2392 | $228.00 | $72.80 | 01

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”:

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:

<table>
<thead>
<tr>
<th>Date (Payment, Processed, Service)</th>
<th>Payer Name</th>
<th>Payee Name</th>
<th># Claims</th>
<th>Charged</th>
<th>Paid</th>
<th>Check/EFT Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/01/2016</td>
<td>AMERITAS LIFE INSURANCE CORP.</td>
<td></td>
<td>1</td>
<td>$298.00</td>
<td>$117.60</td>
<td></td>
</tr>
<tr>
<td>02/02/2016</td>
<td>AMERITAS LIFE INSURANCE CORP.</td>
<td></td>
<td>2</td>
<td>$425.00</td>
<td>$129.00</td>
<td></td>
</tr>
<tr>
<td>02/02/2016</td>
<td>RELIANCE STANDARD LIFE INSURANCE CO.</td>
<td></td>
<td>1</td>
<td>$1,672.00</td>
<td>$545.00</td>
<td></td>
</tr>
<tr>
<td>02/02/2016</td>
<td>RELIANCE STANDARD LIFE INSURANCE CO.</td>
<td></td>
<td>1</td>
<td>$380.00</td>
<td>$169.40</td>
<td></td>
</tr>
</tbody>
</table>

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 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:

The following functions are available via this screen:

- Add Payers, Provider Identifiers, Provider Contact, and Financial Institution records.
- Delete (x) 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.

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**:
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.

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

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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.

Primary Taxonomy: Select the primary taxonomy code for your practice and click “Save”:
**Service Location:** Enter the service location(s) for your practice and click “Save”:

![Service Location Information](image)

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

![Tax ID - NPI Information](image)

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

![Rendering Provider Information](image)
Upon completing your practice setup, you will be presented with a summary of your completed selections/entries:

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

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:
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:

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 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 and Benefit Assignment Image]

[Image of Remarks and Benefit Assignment]
**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":

![Claim Form]

- **Primary Insurant:** (claim will be forwarded to this carrier)
- **Substitute ID:**
- **Relationship to Insured:** Self
- **Data of Birth:**
- **Patient Account ID:**
- **Male/Female:**
- **Address:**
- **Substitute ID:**
- **Subscriber ID:**
- **Diagnosis Code List:** ICD-10 (AB)
- **Procedure Date:**
- **Diagnosis Code 1:**
- **Diagnosis Code 2:**
- **Diagnosis Code 3:**
- **Diagnosis Code 4:**
- **Procedure Code:**
- **Diagnosis Pointer:**
- **Qty:**
- **NDC:**
- **Price:**
- **Remarks:**
- **Assignment of Benefits:** Benefits are assigned.
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](image)

**Patient/Subscriber:** Select a patient/subscriber from the drop-down menu or add a new one by clicking “Add New” or “Edit”:
If coverage exists under a plan other than the primary insurer, check “Yes” and additional fields will display. Enter Secondary Insurance information and click “Next Tab”:

Enter “Primary Claim Payment Amt” and “Primary Claim Payment Date”, Complete the remainder of the details regarding the service that was rendered. Click “Next Tab”: 
**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**":

- **Patient/Subscriber:**
  - **Patient:** Carol Daniels
  - **Date of Birth:** 01/01/1980
  - **Relationship to Insured:** Self
  - **Secondary Insurance (claim will be forwarded to this carrier):**
    - **Carrier:** Blue Cross of Massachusetts
    - **Policy Number:** CBMA1
    - **Subscriber ID:** 123456789

- **Provider:**
  - **Billing Provider:**
    - **Name:** John Smith
    - **Address:** 220 Burnham Street
    - **City:** South Windsor
    - **State:** CT
    - **Zip:** 06074
  - **NPI:** 123456789

- **Treatment Provider:**
  - **Name:** Jane Doe
  - **Address:** 220 Burnham Street
  - **City:** South Windsor
  - **State:** CT
  - **Zip:** 06074
  - **NPI:** 1812345678
  - **Lic Number:** 123456
  - **Taxonomy:** 123456789

- **Claim Details:**
  - **Claim Type:** Statement of Actual Services
  - **Preauthorization Number:** 123456789
  - **EPID/Title ID:** No
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:

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:
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”:

*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:
**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":

![Drop Files Image](image)

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

![Browse Files Image](image)
**File Location:** Select the location where the file(s) are saved on your computer and click “Open”:

![Choose File to Upload](image1)

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

![Choose Files to Upload](image2)
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:

![Screen Capture]

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

![Open File - Security Warning]

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

![Uninstall or change a program]
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”:
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 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”:
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:

<table>
<thead>
<tr>
<th>File Ser Num</th>
<th>Submit Date</th>
<th>Patient</th>
<th>Insured</th>
<th>Insured ID</th>
<th>Carrier</th>
<th>Date of Service</th>
<th>Claim Amount</th>
<th>Status</th>
<th>Location</th>
<th>Attachment</th>
<th>Cancel</th>
</tr>
</thead>
<tbody>
<tr>
<td>11225</td>
<td>03/29/18</td>
<td>Lost, First</td>
<td>Lost, First</td>
<td>7778859999</td>
<td>Autoha</td>
<td>03/01/18</td>
<td>$100.00</td>
<td>OK</td>
<td>Dental Practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Disp</th>
<th>Msg#</th>
<th>Patient Name</th>
<th>Insured ID</th>
<th>Tri Date</th>
<th>Amount</th>
<th>Carrier</th>
<th>Claim CH ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>REJ</td>
<td>647</td>
<td></td>
<td></td>
<td>3/14/2016</td>
<td>$133.00</td>
<td>Delta Dental Plan of Mich</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>3/10/2016</td>
<td>$133.00</td>
<td>Delta Dental Plan of Mich</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>3/14/2016</td>
<td>$133.00</td>
<td>Delta Dental Plan of Mich</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>3/14/2016</td>
<td>$440.00</td>
<td>Delta Dental Plan of Mich</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>3/1/2016</td>
<td>$133.00</td>
<td>ADN</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>3/14/2016</td>
<td>$194.00</td>
<td>Humana1</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>3/14/2016</td>
<td>$410.00</td>
<td>Delta Dental Plan of Mich</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>3/14/2016</td>
<td>$133.00</td>
<td>Delta Dental Plan of Mich</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>1/13/2016</td>
<td>$1,255.00</td>
<td>Aetna Life and Casualty</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>3/14/2016</td>
<td>$133.00</td>
<td>Aetna Life and Casualty</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>3/14/2016</td>
<td>$78.00</td>
<td>Delta Dental Plan of Mich</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>3/14/2016</td>
<td>$194.00</td>
<td>Cigna Dental PPO</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>3/14/2016</td>
<td>$193.00</td>
<td>Delta Dental Plan of Mich</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>3/14/2016</td>
<td>$905.00</td>
<td>Delta Dental Plan of Mich</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
<td></td>
<td></td>
<td>3/14/2016</td>
<td>$265.00</td>
<td>Delta Dental Plan of Mich</td>
<td></td>
</tr>
</tbody>
</table>

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 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:

<table>
<thead>
<tr>
<th>Show Claim Detail</th>
<th>Service</th>
<th>Processed</th>
<th>Rendering Provider</th>
<th>Amount</th>
<th>Payer</th>
<th>Status</th>
<th>Location</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>02/10/16</td>
<td>02/11/16</td>
<td></td>
<td>$115.00</td>
<td>California Delta - Tricare</td>
<td>R</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>02/15/16</td>
<td>02/16/16</td>
<td></td>
<td>$225.00</td>
<td>Aetna Life &amp; Casualty Co.</td>
<td>R</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>02/22/16</td>
<td>02/23/16</td>
<td></td>
<td>$95.00</td>
<td>MetLife - Metropolitan - 0008</td>
<td>R</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

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:

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

Payer Search Results:
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 user 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:

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:
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: 123456789
Organization Name: Demo Practice
Provider Name: Demo Provider
Street: 220 Burnham St
City: South Windsor
State Code: CT
Postal Code: 66074
County: Hartford
Office Contact: 
Telephone Number: 5555555555
Email Address: 
Billing Provider ID: 
Billing Provider ID Type: Group

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

**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](image)
**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”:

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”:

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:
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:

![Download Enrollment Form](image)

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:

![Enrollment Tracking](image)
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.
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":

![Provider Information Form](image)

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

![Provider Identifiers Information](image)
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 Contact Information:** Enter the contact information of the person who will be authorized to discuss EFT related issues:
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:

Click “Next” when complete:
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.

<table>
<thead>
<tr>
<th>Financial Institution Information # 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Institution Name</strong></td>
</tr>
<tr>
<td>Demo Bank</td>
</tr>
<tr>
<td><strong>Financial Institution Routing Number</strong></td>
</tr>
<tr>
<td>02110110B</td>
</tr>
<tr>
<td><strong>Type of Account at Financial Institution</strong></td>
</tr>
<tr>
<td>☐ Checking</td>
</tr>
<tr>
<td>☐ Saving</td>
</tr>
<tr>
<td><strong>Provider's Account Number with Financial Institution</strong></td>
</tr>
<tr>
<td>9876543210</td>
</tr>
</tbody>
</table>

**Account Number Linkage to Provider Identifier**

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

123456789/1234567893/EFT

<table>
<thead>
<tr>
<th>Financial Institution Account Owner Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demo Provider</td>
</tr>
<tr>
<td><strong>Financial Institution Street Address</strong></td>
</tr>
<tr>
<td>220 Burnham Street</td>
</tr>
<tr>
<td><strong>Financial Institution Street Address 2</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Financial Institution City</strong></td>
</tr>
<tr>
<td>South Windsor</td>
</tr>
<tr>
<td><strong>Financial Institution State</strong></td>
</tr>
<tr>
<td>Connecticut</td>
</tr>
<tr>
<td><strong>Financial Institution Zip Code</strong></td>
</tr>
<tr>
<td>06074</td>
</tr>
</tbody>
</table>
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:

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

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

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.

Once all relationships have been added, click “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:

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Doing Business As Name (DBA)</th>
<th>Street</th>
<th>City</th>
<th>State/Province</th>
<th>ZIP Code/Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demo Practice</td>
<td></td>
<td>220 Burnham St</td>
<td>South Windsor</td>
<td>CT</td>
<td>06074</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tax Id</th>
<th>NPI</th>
<th>Nickname</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456789</td>
<td>1234567893</td>
<td>Demo Provider</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Title</th>
<th>Telephone Number</th>
<th>Telephone Number Ext.</th>
<th>Email Address</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td>Office Manager</td>
<td>555-555-5555</td>
<td>123</td>
<td><a href="mailto:egolia@changehealthcare.com">egolia@changehealthcare.com</a></td>
<td>555-444-5555</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Routing Number</th>
<th>Account Type</th>
<th>Account Number</th>
<th>Account Owner Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demo Bank</td>
<td>021101108</td>
<td>Checking</td>
<td>9876543210</td>
<td>Demo Provider</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Submission</th>
<th>Printed Name of Person Submitting Enrollment</th>
<th>Printed Title of Person Submitting Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Enrollment</td>
<td>Claudio Golia</td>
<td>Claudio Golia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payer ID</th>
<th>Payer Name</th>
<th>Tax Id</th>
<th>NPI</th>
<th>NickName</th>
<th>Bank Account #</th>
<th>Bank Name</th>
<th>Supplemental Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA097</td>
<td>Access Dental</td>
<td>123456789</td>
<td>1234567893</td>
<td>Demo Provider</td>
<td>9876543210</td>
<td>Demo Bank</td>
<td>12345</td>
</tr>
</tbody>
</table>

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 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”:

![EFT Enrollment Form](image)

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

![Opening Change](image)
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: 
(Demonstrative legal name of institution, corporate entity, practice or individual provider)

Provider Contact Name: 

Title:

Telephone Number: 555-555-5555

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 letterhead
- 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:
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:

![EFT Bank Verification](image)

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”:

![Verify EFT Bank Account](image)

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:

![Verify EFT Bank Account](image)

**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”:

![Manage Tax IDs](image-url)
Add Tax ID: Enter the Tax ID you wish to add and a Nickname. Click “Save Tax ID”:

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:

The new Tax ID will now be added to the Manage Tax ID page:
**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 Tax ID](image1)

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

![Manage Tax ID](image2)

**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**”:

![Remove Tax ID](image3)
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:

Change Taxonomy: Change the primary taxonomy for your practice. Click “Change Primary Taxonomy”, choose new taxonomy and click “Save”: 
**Add Location**: Add a new practice location to your practice setup. Enter required information and click “Save”:

![Add Location Form](image)

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

![Add Tax ID Form](image)

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

![Add Provider Form](image)
Manage Account

Allows a user to manage services and payment methods:

- **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:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>02/2016</td>
<td>$17.95</td>
<td>0</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$17.95</td>
</tr>
<tr>
<td>01/2016</td>
<td>$17.95</td>
<td>0</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$17.95</td>
</tr>
<tr>
<td>12/2015</td>
<td>$17.95</td>
<td>0</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$17.95</td>
</tr>
<tr>
<td>11/2015</td>
<td>$17.95</td>
<td>0</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$17.95</td>
</tr>
<tr>
<td>10/2015</td>
<td>$17.95</td>
<td>0</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$17.95</td>
</tr>
<tr>
<td>09/2015</td>
<td>$17.95</td>
<td>0</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$17.95</td>
</tr>
<tr>
<td>08/2015</td>
<td>$17.95</td>
<td>0</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$17.95</td>
</tr>
<tr>
<td>07/2015</td>
<td>$17.95</td>
<td>0</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$17.95</td>
</tr>
</tbody>
</table>

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

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

![User created message]

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**):

![Emails](Dental Support - CT  Dental Connect Alert - Temporary Password)

![Emails](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**

[Change]

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:

![Change Password](image)

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

![Email Alert](image)

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

![Edit User](image)
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.

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

![Unlock User](image1)

Click "Unlock User" to proceed:

![User reset](image2)

User will be unlocked and the reset will be confirmed:

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

![Deactivate User](image3)

Click "Deactivate User" to proceed:
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 Form]

* Required Fields

- **Account Name**:
  - FakePractice

- **Telephone Number**: 880-255-7293

- **Address 1**: 220 Burnham Street

- **Email Address**: dental@dental.com

- **Fax Number**: 860-265-0055

- **City**: South Windsor

- **Number of Providers**: 1

- **State**: Connecticut

- **Zip Code**: 06074

- **I am an Insurance Broker**: 
  - Check here if you are an Insurance Broker and not a Dental Provider

- **Save Changes** | **Cancel**
# 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 Form](image)

<table>
<thead>
<tr>
<th>User Profile Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Names</td>
<td>Last Names</td>
</tr>
<tr>
<td>Demo</td>
<td>Practice</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Mobile Number</td>
</tr>
<tr>
<td>8002557293</td>
<td>8002557293</td>
</tr>
<tr>
<td>Four digit personal identification number</td>
<td>Zip Code (five digits)</td>
</tr>
<tr>
<td>1234</td>
<td>06074</td>
</tr>
<tr>
<td>Your Email Address</td>
<td></td>
</tr>
<tr>
<td>We use this email address to notify you of any changes to your account or if you have trouble logging into your account.</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:cgo@changehealthcare.com">cgo@changehealthcare.com</a></td>
</tr>
<tr>
<td>Security Questions</td>
<td></td>
</tr>
<tr>
<td>These questions help us to verify your identity in case you ever need to reset your password.</td>
<td></td>
</tr>
<tr>
<td>Security Question 1</td>
<td>Answer to Security Question 1</td>
</tr>
<tr>
<td>Select a security question.</td>
<td></td>
</tr>
<tr>
<td>Security Question 2</td>
<td>Answer to Security Question 2</td>
</tr>
<tr>
<td>Select a security question.</td>
<td></td>
</tr>
<tr>
<td>Security Question 3</td>
<td>Answer to Security Question 3</td>
</tr>
<tr>
<td>Select a security question.</td>
<td></td>
</tr>
<tr>
<td>Update</td>
<td></td>
</tr>
</tbody>
</table>
If all required user information was provided, the following message will be displayed indicating the user profile was successfully updated:

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”:

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/29/2019</td>
<td>3.3</td>
<td>Added secondary claim instructions</td>
</tr>
<tr>
<td>09/19/2018</td>
<td>3.2</td>
<td>Added screen capture for attachments</td>
</tr>
<tr>
<td>09/17/2018</td>
<td>3.1</td>
<td>Updated contact information</td>
</tr>
<tr>
<td>04/02/2018</td>
<td>3.0</td>
<td>Rebranded and updated screenshots</td>
</tr>
<tr>
<td>06/08/2017</td>
<td>2.0</td>
<td>Rebranded and updated screenshots</td>
</tr>
<tr>
<td>08/01/2015</td>
<td>1.4</td>
<td>Published</td>
</tr>
</tbody>
</table>
Change Healthcare is inspiring a better healthcare system.

Change Healthcare is a key catalyst of a value-based healthcare system—working alongside our customers and partners to accelerate the journey toward improved lives and healthier communities. While the point of care delivery is the most visible measure of quality and value, we are a healthcare technology solutions company that uniquely champions the improvement of all the points before, after, and in-between care episodes. With our customers and partners, we are creating a stronger, better coordinated, increasingly collaborative, and more efficient healthcare system that enables better patient care, choice, and outcomes at scale. For more information, visit www.changehealthcare.com.

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