Preface

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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 payer services application has been developed that will allow payers to access and perform analysis on claim and billing information on a 24/7 basis.

The application will allow a payer to query and access claim, real-time eligibility/claim status, ERA and billing transactions that were submitted through the Change Healthcare Dental platform. The guide will provide insight and instructions into what information is necessary to perform a query, create a report, and utilize the additional functional capabilities.

Access to specific functions is based on the users’ security profile that was established between the payer and Change Healthcare. Instructions and security credentials to utilize the application should also have been provided to you by your Change Healthcare representative. If you have not received this information and/or require training, please contact your Change Healthcare representative or Customer Support at toll-free (877)394-0027 to schedule a session.

Minimum System Requirements

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

Overview

This guide is composed of the following sections:

- **Introduction**: Scope, overview, and related references.
- **Log in**: How to log in to Dental Connect for Payers.
- **User Management**: How to add, remove, and manage users.
- **Claim Information**: How to search and view claim related data.
- **Attachment Information**: How to search and view attachment related data.
- **ERA Information**: How to search and view ERA related data.
- **Real-Time Transaction Information**: How to search and view real-time related data.
- **Contact Information**: How to get help.
Login

A valid User Name and Password (case sensitive) are necessary to log into the secure Dental Service Connect application. The Username and Password are assigned by Change Healthcare and will be provided to you.

Log In: Enter the User Name and Password provided by Change Healthcare, then click “Login”:

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

NOTE: You will be locked out after three failed login attempts.
Forgot Username

Change Healthcare Dental Connect for Payers provides the user with the ability to retrieve their username in the event it was forgotten.

Click “Forgot Username” from the Login page:

The “Forgot Username” screen will display. Enter your email address and click “Submit”:
If the email address entered was found, an email with your username will be sent to the user:

Dental Connect "Forgot Username" email:

Dear

The following is your username to login to Dental Connect:

[Username]

If you did not request to have your username emailed to you, please contact your administrator or immediate supervisor.

Sincerely,

Change Healthcare Dental Support
User Profile

The user will be driven to the “User Profile” screen upon login to complete their profile (if not completed previously). The user profile screen can also be accessed via the “Admin” menu item once logged in to the portal:

Completion of this screen is necessary for a user to request a password rest. Upon entering all information, click “Update”: 

[Image of User Profile screen]
If all required user information was provided, the following screen will be displayed indicating your profile was successfully updated:

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 "Reset Security Questions".

Clicking "Cancel" will direct the user to the Dental Connect Homepage.
Reset Password

If a user locks their account (three failed log in attempts) or wishes to change their password, they will be required to use the “Reset Password” option available on the Dental Connect Login page. Click “Reset Password”:

When the user clicks “Reset Password” they will be presented with the “Password Reset” wizard. The wizard consists of three steps that need to be completed for a password to be reset. All fields are required.

**Step 1: Enter User Information and click “Continue”:**
Step 2: Answer the Security Questions, then click “Continue”:

If the user fails to correctly answer their security questions, they will receive an error message indicating so. On the third failure to answer their questions correctly, the user will be locked out of the password rest process for 20 minutes:

Please click here to return to the login page.
In addition, an email will be sent to the user advising that they have been locked out of the security questions step of the password reset process. After the 20 minutes, has elapsed the user may once again attempt to reset their password:

If the user successfully answers their security questions in step 2, an email containing a unique security code will be sent to the email address contained within the user profile. This code is valid for 20 minutes and must be entered in the “Security Code” field as part of step 3:
Step 3: Enter Security Code and New Password. Click “Reset Password”:

![Password Reset: Step 3 of 3 - Enter Code and New Password](image)

The following success page will be displayed:

![Password Reset: Step 3 of 3 - Enter Code and New Password](image)

In addition, an email will be sent to the email address contained within the user profile confirming a recent change to the user’s password:

![Dental Connect Alert - Password Changed](image)

Dear [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
User Administration

Change Healthcare Dental Connect for Payers provides users with administrator access with the ability to manage users for which they have access to.

To manage users, click on the “Manage Users” option located in the “Admin” menu:

Upon initial entry, the “Manage Users” screen will display all users the administrator can access:
Add a User

To add a new user, click the green plus "+" sign:

The “Last Name”, “First Name”, and “Email” are all required fields. The email address will be used to send the login and temporary password to the new user:

Enter the “Last Name”, “First Name”, and “Email”, and select the appropriate “Group”. Click “Insert”:

If the user was successfully created, the following message will be displayed and a row will be added to the user table:
After a user is created, two emails will be sent. One will contain the user’s login and the other the temporary password (valid for 24 hours):

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wed 3/1/2017 10:26 AM</td>
<td>Login Created</td>
<td></td>
</tr>
<tr>
<td>Wed 3/1/2017 10:26 AM</td>
<td>Temporary Password</td>
<td></td>
</tr>
</tbody>
</table>

The temporary password is good for 24 hours. Should the user attempt to log in after that time with the temporary password, they will receive the following error message:

![Error Message]

When the user logs in with their temporary password, they will be prompted to change their password via the existing “Change Password” screen:

![Change Password Screen]

The user will receive a confirmation that the password has been successfully changed. Click “Continue”:

![Password Change Confirmation]

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In addition, the user will receive an email alert confirming that the password has been changed:

![Email Alert](image)

After the user changes their temporary password, they'll be directed to update their user profile and select security questions (if not already complete):

![User Profile Update](image)
Edit a User

To edit a user, click the pencil icon:

This will allow inline editing of the “Last Name”, “First Name”, and “Email” fields. Changing “Groups” is not permitted now. Click “Save”:

Unlock a User

To unlock a user, click the lock icon. This action will reset the user, send them a temporary password email, and change the lock icon from locked to unlocked:

Deactivate a User

To deactivate a user, click the green silhouette icon:

The user will receive a confirmation that the user was deactivated and the green silhouette will change to red:
Claim Search

The Claim Search section will allow a user to search for a specific claim that was submitted to a payer through the Change Healthcare Dental Platform. Claim data returned using the claim search function is representative of the inbound claim as it was received by Change Healthcare. Currently, eighteen months of claim data is available for searching.

To perform a claim search, click the “Claims” tab in the menu bar:

The “Claim Search” screen will be displayed as follows. The date range is defaulted to a thirty-day span as this is the maximum amount of data that can be queried in any single request:
Perform a Claim Search

The user has the option to search for claims by any combination of the following fields:

- **Payer**: If multiple Payer IDs are associated with an organization, the user can filter a search by payer.
- **Clearinghouse Claim ID**: REF*D9 or CLM01 value obtained from the 837D.
- **Payer Reference Number**: Payer Internal Control Number (if received by the payer).
- **Rendering NPI**: National Provider Identifier of the rendering provider.
- **Billing Tax ID**: Provider Tax Identification Number of the billing provider.
- **Billing NPI**: National Provider Identifier of the billing provider.
- **Billing Last Name**: Last Name of the billing provider.
- **Insured ID**: Member or subscriber assigned ID.
- **Patient Last Name**: Last Name of the Patient.
- **Patient First Name**: First Name of the Patient.
- **Change Healthcare ID (Internal)**: Internal claim ID assigned by Change Healthcare.
- **Claim Type**: A search can be filtered by “Primary”, “Secondary”, or “Pre-Treatment” to locate a specific claim type.
- **Claim Filter**: A search can be filtered by “None”, “Accepted” or “Rejected” to minimize your results.
- **Attachment ID**: Attachment ID assigned by Change Healthcare and submitted on claim.
- **Claim Finder Job ID**: Internal Change Healthcare ID assigned to the Claim Finder Job.
• **Date Type:** Date of service or the date the claim was processed by Change Healthcare.
• **Date Range:** The date fields may be entered manually in any of the following formats: M/D/YY, MM/DD/YY, MM/DD/YYYY, or selected via the on-screen.

### Claim Search Results

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

- **Change Healthcare Date:** The date the claim was processed at Change Healthcare.
- **Patient Last Name:** Last Name of the patient as listed on the claim.
- **Patient First Name:** First Name of the patient as listed on the claim.
- **Service Date:** Earliest claim line item service date.
- **Charge Amt:** Total charge amount of the claim.
- **Billing Last Name:** Billing Provider Last Name.
- **Billing First Name:** Billing Provider First Name.
- **Payer Name:** Name of payer as listed on the claim.
- **Change Healthcare ID (Selectable):** Clicking on the claim ID will display claim level details.
- **ADA Print (Selectable):** Clicking on this link will display a viewable/printable PDF version of the claim in the ADA 2006 format.
- **Scan (Selectable):** A “Yes” displayed in this column indicates a payer is utilizing Change Healthcare's Paper to EDI services. Clicking on the “Yes” link will display the scanned image of the ADA Dental claim form prior to it being converted to EDI.
- **RtcTrxId: (Selectable)** If a claim was submitted in real-time, this column will be populated with the transaction ID that was assigned to the submission. Clicking the transaction Id will re-direct the user to the real-time claim history screen to view the transaction details.
- **Attachment ID:** Attachment ID assigned by Change Healthcare and submitted on claim. This data element is a clickable link that allows the user to access the attachment directly from the claim search results grid.

<table>
<thead>
<tr>
<th>Change Healthcare Date</th>
<th>Patient Last Name</th>
<th>Patient First Name</th>
<th>Service Date</th>
<th>Charge Amt</th>
<th>Billing Last Name</th>
<th>Billing First Name</th>
<th>Payer Name</th>
<th>Change Healthcare ID</th>
<th>ADA Print</th>
<th>Scan</th>
<th>RtcTrxId</th>
<th>Attachment ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/22/2016</td>
<td></td>
<td></td>
<td>02/18/2016</td>
<td>$74.46</td>
<td></td>
<td></td>
<td></td>
<td>1574284430</td>
<td>ADA Print</td>
<td></td>
<td>13437</td>
<td></td>
</tr>
</tbody>
</table>

The result grid can be sorted in either ascending or descending order by clicking on a column header in blue text. If the search results exceed the maximum number of rows allowable, numeric page link(s) will be displayed to access additional pages.
Export Result Grid

The results of the claim search can be downloaded to an Excel spread sheet for the user to manipulate in any way they choose.

Download search results by clicking on the “Export to Excel” link:

A file download box will be displayed with options to “Open”, “Save”, or “Cancel” the file. The dialog box options may appear slightly different based on the web browser being used. Click “OK”:
The “Save As” dialog box will be displayed. Choose a location on your computer in which to save the file. The file name by default is ChangeHealthcareClaimSearch_DD_MM_YYYY.xls. However, the user may modify the name to meet their needs. Upon selecting a file location and name, click “Save”:

The downloaded Excel file provides all the columns from the claim search result grid, in addition to more specific claim details as indicated below.

<table>
<thead>
<tr>
<th>Change Healthcare ID</th>
<th>Payer Reference Number</th>
<th>Processing Date</th>
<th>Insured ID</th>
<th>Service Date</th>
<th>Charge Amount</th>
<th>Sent Via</th>
<th>Payer Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1564048120</td>
<td></td>
<td>02/10/2016</td>
<td></td>
<td>01/23/2016</td>
<td>$566.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1564048129</td>
<td></td>
<td>02/10/2016</td>
<td></td>
<td>01/23/2016</td>
<td>$566.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1564048130</td>
<td></td>
<td>02/10/2016</td>
<td></td>
<td>01/23/2016</td>
<td>$566.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1564048131</td>
<td></td>
<td>02/10/2016</td>
<td></td>
<td>01/23/2016</td>
<td>$293.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1564048132</td>
<td></td>
<td>02/10/2016</td>
<td></td>
<td>01/23/2016</td>
<td>$536.58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1564048133</td>
<td></td>
<td>02/10/2016</td>
<td></td>
<td>01/23/2016</td>
<td>$621.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1564048134</td>
<td></td>
<td>02/10/2016</td>
<td></td>
<td>11/17/2015</td>
<td>$251.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1564048135</td>
<td></td>
<td>11/13/2015</td>
<td></td>
<td>11/13/2015</td>
<td>$355.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1564048136</td>
<td></td>
<td>11/03/2015</td>
<td></td>
<td>11/03/2015</td>
<td>$378.50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Change Healthcare ID**: Internal claim # assigned by Change Healthcare.
- **Payer Reference Number**: Payer Control Number (If received by the payer).
- **Insured ID**: Member or Subscriber ID.
- **Sent Via**: Where/how the claim was sent.
- **Rendering Provider Last Name**: Last Name of the Rendering Provider.
- **Rendering Provider First Name**: First Name of the Rendering Provider.
- **Billing NPI**: National Provider Identifier of the billing Provider.
- **Claim Type**:
  - Primary claim
  - Secondary claim
  - Pre-Treatment
- **Claim status Code**:
  - Unknown
  - Accepted by Change Healthcare
  - Rejected by Change Healthcare
Claim Detail

The details of any claim returned in the “Claim Search” can be viewed by clicking on the “Change Healthcare ID” link provided in the result grid.

The “Change Healthcare ID” cell will highlight a different color when rolled with the mouse pointer. Click the “Change Healthcare ID” link to access the claim details:

<table>
<thead>
<tr>
<th>Change Healthcare Date</th>
<th>Patient Last Name</th>
<th>Service Date</th>
<th>Charge Amt</th>
<th>Billing Last Name</th>
<th>Payer Name</th>
<th>Change Healthcare ID</th>
<th>ADA Print</th>
<th>Scan</th>
<th>RtcTrxID</th>
<th>Attachment ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/02/2016</td>
<td>XXX</td>
<td>02/04/2016</td>
<td>$428.75</td>
<td></td>
<td></td>
<td>1566799270</td>
<td>Yes</td>
<td>785553</td>
<td>234</td>
<td></td>
</tr>
<tr>
<td>02/05/2016</td>
<td>XXX</td>
<td>02/04/2016</td>
<td>$428.75</td>
<td></td>
<td></td>
<td>1566799371</td>
<td>Yes</td>
<td>774210</td>
<td>227</td>
<td></td>
</tr>
</tbody>
</table>

Claim Info

Displays the claim information submitted and breaks it down into human readable sections.

![Claim Detail - Claim ID: 1574284430](image)
Responses
Displays the actual message(s) generated from the Change Healthcare Dental production log as well as any response(s) received from the payer. All Change Healthcare and payer response information is available to assist providers in tracking their claims.

Raw Claim
This view displays the translation of the claim information as received by Change Healthcare. The format of the electronic inbound claim is dependent upon the vendors’ submission capabilities. The two most common inbound formats are exhibited below. However, a user may encounter older or other proprietary formats (e.g. Professional Claims Distribution System - PCDS & National Standard Format - NSF).

Please note: Clicking on the any of the values in the “Raw Claim” hierarchy will display the raw data specific to that section of the claim.
**Sent Claim**

This view displays the translation of the claim information as **delivered** to the payer by Change Healthcare. The format of the electronic outbound claim is dependent upon the electronic format accepted by the payer.

**Claim Status**

Displays real-time status for the claim being viewed.

The “**Claim Tracking**” section provides the following details:
• **Status Source:** Change Healthcare CT, Change Healthcare TN, Payer.
• **Status Date:** Claim status date.
• **Status:** (e.g. Accepted/Rejected).
• **Status Description:** Description of the claim status from each Status Source.

The “**Real Time**” Claim Status Item Detail provides the following details:
• **Service Date:** Service line date submitted on the claim.
• **Procedure Code:** CDT code submitted on the claim.
• **Charge Amount:** Service line charge amount submitted on the claim.
• **Paid Amount:** Service line paid amount submitted on the claim.
• **Qty:** Service line units submitted on the claim.
• **Status:** Service line status.
• **Status Description:** Description of the claim status for each service line.
Attachment Search

The Attachment Search will allow a user to search for an attachment using the Change Healthcare Attachment ID that was submitted to the payer in the claim.

To search for an attachment, click the “Attachments” tab in the menu bar:

The Attachment Search screen will be displayed as follows:
Enter the Attachment ID and click “Search”:

The user can search for an attachment using the Change Healthcare Attachment ID as the primary search key or any combination of the following fields:

- **Payer**: If multiple Payer IDs are associated with an organization, the user can filter a search by payer.
- **Attachment ID**: Attachment ID submitted on the claim.
- **Payer Reference Number**: Payer assigned internal control number.
- **Clearinghouse Claim ID**: REF*D9 or CLM01 value sent in the 837.
- **Patient Control Number**: Provider assigned internal control number.
- **Billing Tax ID**: Provider Tax Identification Number of the billing provider.
- **Billing NPI**: National Provider Identifier of the billing provider.
- **Insured ID**: Member or subscriber assigned ID.
- **CHC Claim ID**: Internal claim ID assigned by Change Healthcare.
- **Received Date**: Date the attachment was received by Change Healthcare. The date fields may be entered manually in any of the following formats: M/D/YY, MM/DD/YY, MM/DD/YYYY, or selected via the on-screen calendar icon.
Attachment Search Results

Search results using the Attachment ID:

<table>
<thead>
<tr>
<th>CHC Attachment Received Date</th>
<th>CHC Attachment ID</th>
<th>Patient Last Name</th>
<th>Insured ID</th>
<th>Patient Control Number</th>
<th>Service From Date</th>
<th>Charge Amt</th>
<th>Billing Tax ID</th>
<th>Billing NPI</th>
<th>Payer Reference Number</th>
<th>CHC Claim ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/21/2017</td>
<td>13437</td>
<td></td>
<td></td>
<td></td>
<td>02/10/2016</td>
<td>174.46</td>
<td></td>
<td></td>
<td></td>
<td>1574264430</td>
</tr>
</tbody>
</table>

The Attachment Search Results grid is made up of the following:

- **CHC Attachment Received Date**: The date the attachment was received by Change Healthcare.
- **CHC Attachment ID**: Attachment ID assigned by Change Healthcare and submitted on claim. This data element is a clickable link that allows the user to access the attachment directly from the Search Results grid.
- **Patient Last Name**: Last Name of the patient as listed on the claim.
- **Insured ID**: Member or subscriber assigned Id.
- **Patient Control Number**: Provider assigned internal control number
- **Service from Date**: Earliest claim line item service date.
- **Charge Amt**: Total charge amount of the claim.
- **Billing Tax ID**: Provider Tax Identification Number of the billing provider.
- **Billing NPI**: National Provider Identifier of the billing provider.
- **Payer Reference Number**: Payer assigned internal control number.
- **CHC Claim ID**: Internal claim ID assigned by Change Healthcare. This data element is a clickable link that allows the user to access the claim detail directly from the attachment search results grid.
View Attachment

To view the attachment, click on the Attachment ID link located in the “Attachment ID” column:

<table>
<thead>
<tr>
<th>CHC Attachment Received Date</th>
<th>CHC Attachment ID</th>
<th>Patient Last Name</th>
<th>Insured ID</th>
<th>Patient Control Number</th>
<th>Service From Date</th>
<th>Charge Amt</th>
<th>Billing Tax ID</th>
<th>Billing NPI</th>
<th>Payer Reference Number</th>
<th>CHC Claim ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/21/2017</td>
<td>13437</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1574284430</td>
</tr>
</tbody>
</table>

The View Attachment screen is divided into two sections, Claim Information and Attachments:

**Claim Information**
- Payer Reference Number
- Patient Last Name
- Patient First Name
- Insured ID
- Service Date: 02/18/2016
- Charge Amount: 74.46

**Attachments**

*Type:* Bitewings Orientation
*Left Image Date:* 8/2/2017
*File:* FOorp_05172016_152610.jpg
*Size:* 304.49 kb

**Comment:**

![Image of a dental X-ray]
Claim Information

This section provides claim details for which the attachment is related. The specific claim elements include:

- **Payer Reference Number**: Payer assigned internal control number.
- **Patient Last Name**: Last Name of the patient as listed on the claim.
- **Patient First Name**: First Name of the patient as listed on the claim.
- **Insured ID**: Member or subscriber assigned ID.
- **Service Date**: Earliest claim line item service date.
- **Charge Amt**: Total charge amount of the claim.
- **Billing Last Name**: Billing Provider Last Name.
- **Billing First Name**: Billing Provider First Name.
- **Billing Tax ID**: Provider Tax Identification Number of the billing provider.
- **Billing NPI**: National Provider Identifier of the billing provider.
- **Change Healthcare Date**: The Change Healthcare process date
- **Change Healthcare Claim ID**: Internal claim ID assigned by Change Healthcare.
  
  This data element is a clickable link that allows the user to access the claim detail directly from the View Attachment screen.

Attachments

This section provides the attachment(s) associated with the claim and offers a thumbnail view, the meta-data, and the full view for each attachment that was submitted.

**Thumbnail**: If multiple attachments exist, click the thumbnail of the attachment you would like displayed in the viewer. If only one attachment exists, it will appear in the viewer by default:

**Note**: Selecting a thumbnail image will also cause it to reset to its original state after any user manipulations have been made.
**Meta-Data:** The meta-data provides specific details about the attachment file itself. If multiple attachments exist, clicking the attachment thumbnail will result in a yellow border around the meta-data section to indicate which attachment data the user is viewing:

```
Type: Bitewings Orientation: Left Image Date: 8/2/2017
File: FGrp_05172016_152610.jpg Size: 304.49 kb
Comment:
```

The attachment meta-data elements include:

- **Type:** Attachment Type
- **Orientation:** Orientation of the image
- **Image Date:** Image acquisition date
- **File:** Attachment file name
- **Size:** Attachment file size
- **Comment:** Attachment comments submitted by the provider

**Attachment Viewer:** The viewer displays the full attachment. It allows the user to scroll through multiple pages (if applicable) and manipulate the image or document as needed:
View Attachment via Claim Search

The Claim Search section will allow a user to search for a specific claim and any related attachments that were submitted through the Change Healthcare Dental Platform. Claim data returned using the Claim Search function is representative of the inbound claim as it was received by Change Healthcare.

To search for an attachment using the Claim Search, click the “Claims” tab in the menu bar:

The Claim Search screen will be displayed as follows:

Perform a Claim Search
If the user has the Attachment ID available to them, they may enter it as the primary search criteria and click “Search”:

The user can search for claims using any of the following fields:

- **Payer**: If multiple Payer IDs are associated with an organization, the user can filter a search by payer.
- **Clearinghouse Claim ID**: REF*D9 or CLM01 value obtained from the 837D.
- **Payer Reference Number**: Payer Internal Control Number (if received by the payer).
- **Rendering NPI**: National Provider Identifier of the rendering provider.
- **Billing Tax ID**: Provider Tax Identification Number of the billing provider.
- **Billing NPI**: National Provider Identifier of the billing provider.
- **Billing Last Name**: Last Name of the billing provider.
- **Insured ID**: Member or subscriber assigned ID.
- **Patient Last Name**: Last Name of the Patient.
- **Patient First Name**: First Name of the Patient.
- **Change Healthcare ID (Internal)**: Internal claim ID assigned by Change Healthcare.
- **Claim Type**: A search can be filtered by “Primary”, “Secondary”, or “Pre-Treatment” to locate a specific claim type.
- **Claim Filter**: A search can be filtered by “None”, “Accepted” or “Rejected” to minimize your results.
- **Attachment ID**: Attachment ID assigned by Change Healthcare and submitted on claim.
- **Claim Finder Job ID:** Internal Change Healthcare ID assigned to the Claim Finder Job.
- **Date Type:** Date of service or the date the claim was processed by Change Healthcare.
- **Date Range:** The date fields may be entered manually in any of the following formats: M/D/YY, MM/DD/YY, MM/DD/YYYY, or selected via the on-screen calendar icon.

### Claim Search Results

Search results using the “Attachment ID”:

<table>
<thead>
<tr>
<th>Change Healthcare Date</th>
<th>Patient Last Name</th>
<th>Patient First Name</th>
<th>Service Date</th>
<th>Charge Amt</th>
<th>Billing Last Name</th>
<th>Payer Name</th>
<th>Change Healthcare ID</th>
<th>ADA Print</th>
<th>Scan</th>
<th>RtcTrxId</th>
<th>Attachment ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/23/2016</td>
<td></td>
<td></td>
<td>02/18/2016</td>
<td>$74.45</td>
<td></td>
<td></td>
<td>1974254430</td>
<td>ADA Print</td>
<td></td>
<td></td>
<td>13437</td>
</tr>
</tbody>
</table>

The Claim Search results grid is made up of the following:

- **Change Healthcare Date:** The date the claim was processed at Change Healthcare.
- **Patient Last Name:** Last Name of the patient as listed on the claim.
- **Patient First Name:** First Name of the patient as listed on the claim.
- **Service Date:** Earliest claim line item service date.
- **Charge Amt:** Total charge amount of the claim.
- **Billing Last Name:** Billing Provider Last Name.
- **Payer Name:** Name of payer as listed on the claim.
- **Change Healthcare ID (Clickable):** Clicking on the claim ID will display claim level details.
- **ADA Print (Clickable):** Clicking on this link will display a viewable/printable PDF version of the claim in the ADA 2006 format.
- **Scan (Clickable):** A “Yes” displayed in this column indicates a payer is utilizing Change Healthcare’s Paper to EDI services. Clicking on the “Yes” link will display the scanned image of the ADA Dental claim form prior to it being converted to EDI.
- **RtcTrxId: (Clickable)** If a claim was submitted in real-time, this column will be populated with the transaction ID that was assigned to the submission. Clicking the transaction ID will re-direct the user to the real-time claim history screen to view the transaction details.
- **Attachment ID:** Attachment ID assigned by Change Healthcare and submitted on claim. This data element is a clickable link that allows the user to access the attachment directly from the claim search results grid.
To view the attachment, click on the Attachment ID link located in the “Attachment ID” Column:

<table>
<thead>
<tr>
<th>Change Healthcare Date</th>
<th>Patient Last Name</th>
<th>Patient First Name</th>
<th>Service Date</th>
<th>Charge Amount</th>
<th>Billing Last Name</th>
<th>Payer Name</th>
<th>Change Healthcare ID</th>
<th>ADA Print</th>
<th>RFAI</th>
<th>Scan</th>
<th>RICTxId</th>
<th>Attachment ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/22/2016</td>
<td></td>
<td></td>
<td>02/18/2016</td>
<td>$74.45</td>
<td></td>
<td></td>
<td>1574204430</td>
<td>ADA Print</td>
<td></td>
<td></td>
<td>View</td>
<td>12345</td>
</tr>
</tbody>
</table>

**Note:** The Attachment ID link returned in the Claim Search results will direct the user to the same “View Attachment” screen that is also accessible from the “Attachment Search” screen. The workflows are identical once the “View Attachment” screen is displayed (see the View Attachment section on page 36).
Claim Detail

The details (including attachments) of any claim returned in the Claim Search can be viewed by clicking on the “Change Healthcare ID” link provided in the result grid:

<table>
<thead>
<tr>
<th>Change Healthcare Date</th>
<th>Patient Last Name</th>
<th>Patient First Name</th>
<th>Service Date</th>
<th>Charge Amt</th>
<th>Billing Last Name</th>
<th>Payer Name</th>
<th>Change Healthcare ID</th>
<th>ADA Print</th>
<th>Scan</th>
<th>RxTrxId</th>
<th>Attachment ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/23/2016</td>
<td></td>
<td></td>
<td>02/10/2016</td>
<td>$74.46</td>
<td></td>
<td></td>
<td>1574284430</td>
<td>ADA Print</td>
<td></td>
<td></td>
<td>15407</td>
</tr>
</tbody>
</table>

Upon clicking the Change Healthcare ID link, the Claim Info tab will be presented. This tab displays the claim information that was submitted and breaks it down into human readable sections.

Within the Header section, a field labeled “Attachment ID” is present. If an attachment is associated with the claim being viewed, a clickable Attachment ID link will be displayed.

To view the attachment, click on the “Attachment ID” link:
View ADA Dental Claim Form

An ADA Dental Claim Form version of any claim returned in the “Claim Search” can be viewed by clicking on the “ADA Print” link provided in the result grid. The ADA Dental Claim form is a complete representation of the electronic claim displayed in a paper format.

The “ADA Print” cell will highlight a different color when rolled with the mouse pointer. Click the “ADA Print” link to access the claim displayed as an ADA Dental Claim Form:

<table>
<thead>
<tr>
<th>Change Healthcare Date</th>
<th>Patient Last Name</th>
<th>Service Date</th>
<th>Charge Amt</th>
<th>Billing Last Name</th>
<th>Payer Name</th>
<th>Change Healthcare ID</th>
<th>ADA Print</th>
<th>Scan</th>
<th>RtcTrxl</th>
<th>Attachment ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/05/2016</td>
<td></td>
<td>02/04/2016</td>
<td>$428.75</td>
<td></td>
<td></td>
<td>1566799270</td>
<td>Yes</td>
<td>785553</td>
<td>234</td>
<td></td>
</tr>
<tr>
<td>02/05/2016</td>
<td></td>
<td>02/04/2016</td>
<td>$428.75</td>
<td></td>
<td></td>
<td>1566799331</td>
<td>Yes</td>
<td>774210</td>
<td>237</td>
<td></td>
</tr>
</tbody>
</table>

The ADA Dental Claim Form is displayed as a PDF image and can be printed or saved:
Print ADA Dental Claim Form

To print the image, click on the printer icon in the top left corner of the display:

The “Print” dialog box will display:

Click “OK” to print the image.

View Paper to EDI Scanned Image
Any claims returned in the Claim Search that were converted from paper to EDI can be viewed by clicking on the “Yes” link displayed in the “Scan” column of the result grid. The scanned image displayed is the ADA Dental claim form prior to it being converted to EDI.

The “Yes” link cell will highlight a different color when rolled with the mouse pointer. Click the “Yes” link to access the scanned image of the ADA Dental Claim Form:

The scanned ADA Dental Claim Form is displayed as a PDF image and can be printed or saved:

---

Create Full Day Production Claim File
The “Create Full Day Production Claim File” function will allow a user to submit a full day production claim file job containing ICD-10 diagnosis codes. The output file will be an exact representation of what a payer would receive in production.

The user can access the “Create Full Day Production Claim File” screen by selecting the “Create Full Day Production Claim File” from the “Test ECS” option under the “Services” menu item:

Submit a full day production claim file by selecting the “Production Date” and selecting “Submit Job”:

![Image of the Dental Connect Payer Portal screen showing the Create Full Day Production Claim File function]
Upon clicking "Submit Job", the user will receive a message stating the job was submitted successfully along with the Job ID, Job Name, and instructions on how to access the job results:

Your request for a full day production file was submitted successfully.

Job ID: 1470.

To view the status of your request, click on the Services-> Test ECS-> Download Full Day Production Claim File.

Note: It may take some time before the job completes.
Download Full Day Production Claim File

The “Download Full Day Production Claim File” function will allow a user to download the full day production claim file job that was submitted via the “Create Full Day Production Claim File” screen.

The user can access the “Download Full Day Production Claim File” screen by selecting the “Download Full Day Production Claim File” from the “Test ECS” option under the “Services” menu item:
The “Download Full Day Production Claim File” screen as displayed to the user:

The user has the option to search for full day production claim file jobs by the following fields:

- **Date Type**: Production, Job Creation or Completion date.
- **Date Range**: The date fields may be entered manually in any of the following formats: M/D/YY, MM/DD/YY, MM/DD/YYYY, or selected via the on-screen calendar icon.
- **Search/Refresh Page**: Initiates job history search or refreshes page to view completed jobs.

The “Test ECS Job Search” result grid is made up of the following:

- **Job ID**: Internal Change Healthcare ID assigned to the job.
- **Production Date**: Full day claim production date.
- **Error Code**: Internal Change Healthcare code assigned to job that result in an error.
- **Claim Count**: Total number of claims included in the job.
- **Start Time**: The time the job began.
- **End Time**: The time the job finished.
- **Completed**: Yes or No will be displayed (Please note: Jobs may take up to 1 hour to complete depending on the size of the claim file submitted).
- **User Name**: Id of the user that submitted the job.
- **Download File**: Downloads the complete full day claim file as it would be sent to the payer in production. Choose the directory where you would like the file to be saved.
- **Delete**: Deletes the selected job from history.

Selecting “Delete” will prompt the user to confirm the job deletion request:
Submit Test ECS Job

The “Submit Test ECS Job” function will allow a user to submit a test job containing ICD-10 diagnosis codes. The output file will be an exact representation of what a payer would receive in production.

If a user’s profile has been granted the appropriate authorization, a "Submit Test ECS Job" link will display after a claim search has been completed. Any claims displayed on the current claim search results grid (20) will be included in the test ECS job. The user has the option to assign a name to the test job:

Upon clicking the "Submit Test ECS Job" link, the user will receive a message stating the job was submitted successfully along with the Job ID, Job Name, and instructions on how to access the job results:

Test ECS Job History
The “Test ECS Job History” screen allows the user to search for test jobs that are in progress or completed. The jobs are displayed from most recent to oldest.

The user can access the Test ECS Job History by navigating to “Services → Test ECS → Job History”:

The “Test ECS Job History” screen as displayed to the user:

The user has the option to search for Test ECS jobs by the following fields:

- **Job Name**: Name of the job as entered by the user.
• **Errors Only**: Displays only those jobs that resulted in an error.
• **Completed Only**: Displays only those jobs that completed successfully.
• **Date type**: Job creation or completion date.
• **Date Range**: The date fields may be entered manually in any of the following formats: M/D/YY, MM/DD/YY, MM/DD/YYYY, or selected via the on-screen calendar icon.
• **Search/Refresh Page**: Initiates job history search or refreshes page to view completed jobs.

The “Test ECS Job Search” result grid is made up of the following:

<table>
<thead>
<tr>
<th>Job ID</th>
<th>Payer ID</th>
<th>Name</th>
<th>Error Code</th>
<th>Claim Count</th>
<th>Start Time</th>
<th>End Time</th>
<th>Completed</th>
<th>User Name</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1458</td>
<td></td>
<td>Test1</td>
<td>0</td>
<td>20</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td>Delete</td>
</tr>
</tbody>
</table>

- **Job ID**: Internal Change Healthcare ID assigned to the job.
- **Name**: Name of the job as entered by the user.
- **Error Code**: Internal Change Healthcare code assigned to job that result in an error.
- **Claim Count**: Total number of claims included in the job.
- **Start Time**: The time the job began.
- **End Time**: The time the job finished.
- **Completed**: Yes or No will be displayed
- **User Name**: ID of the user that submitted the job.
- **Delete**: Deletes the selected job from history.

Selecting “Delete” will prompt the user to confirm the job deletion request:
Test ECS Job Detail

The details of any test job can be viewed by clicking on the “Job ID” link provided in the result grid.

The “Job ID” cell will highlight a different color when rolled with the mouse pointer. Click the “Job ID” link to access the job details:

<table>
<thead>
<tr>
<th>Job ID</th>
<th>Payer ID</th>
<th>Name</th>
<th>Error Code</th>
<th>Claim Count</th>
<th>Start Time</th>
<th>End Time</th>
<th>Completed</th>
<th>User Name</th>
<th>Delete Job</th>
</tr>
</thead>
<tbody>
<tr>
<td>1458</td>
<td></td>
<td>Test1</td>
<td>0</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results: Displays the status of each claim that was submitted within the test ECS job:

The “Test ECS Job Detail” result grid is made up of the following:

- **Status**: Result of the submitted claim.
- **Error Code**: Internal Change Healthcare code assigned to job that result in an error.
- **Error Description**: Description of the error if the claim resulted in an error code being produced.
- **Change Healthcare Date**: The date the claim was processed by Change Healthcare.
- **Patient LN**: Last Name of the Patient as listed on the claim.
- **Patient FN**: First Name of the Patient as listed on the claim.
- **Service Date**: Earliest claim line item service date.
- **Total Charge Amt**: Total charge amount of the claim.
- **Billing Provider LN**: Last Name of the Provider as listed on the claim.
- **Billing Provider FN**: First Name of the Provider as listed on the claim.
- **Payer Name**: Name of payer as listed on the claim.
- **Claim ID**: Internal claim ID assigned by Change Healthcare.
**Claim Log:** Displays the internal Change Healthcare claim log generated as a result of the test ECS job submission:

![Claim Log Image]

**Sent Claim:** This view shows the output of all claims from the test ECS job in a human readable format:

![Sent Claim Image]
**X12 Text:** This view displays the test job output of all claims from the test ECS job in X12 Format:

<table>
<thead>
<tr>
<th>Results</th>
<th>Claim Log</th>
<th>Sent Claim</th>
<th>X12 Text</th>
<th>X12 Production Example</th>
</tr>
</thead>
</table>

The “**X12 Production Example**” is an exact replication of the X12 claim file as it would be sent to the payer in production. To access the file, click the “Download file” link and choose the directory where you would like the file to be saved. The file can then be used for payer testing without any further modification:

| Download file |
Test ECS Claim Finder

The “Test ECS Claim finder” function will allow a user to search for specific claim types and scenarios for electronic claims submitted through the Change Healthcare Dental platform. Claims returned as part of the claim finder search results can be subsequently submitted as a test ECS job to satisfy payer testing needs. See the “Submit Test ECS Job” section of this guide for further information.

The user has the option to search for claims using the following criteria:

- **Payer**: If multiple Payer IDs are associated with an organization, the user can filter a search by payer.
- **Search Criteria**: Search can include specific claim types (Prior Auth, Accident, etc.) in addition to Procedure Code(s). The claim search can be restricted further by the following:
  - **Tax IDs**: Can be entered in a comma delimited format (e.g. 111111111, 222222222, 333333333).
  - **Treatment Line Count**: Used to override "Multi-Treat Lines (L>20)". If you are not able to find claims with treatment lines > 20, use this to override to a lower number of treatment lines.
  - **Distinct Tax IDs**: Will attempt to match claims against as many unique Tax IDs as possible.
• **Date Range**: The date fields may be entered manually in any of the following formats: **M/D/YY, MM/DD/YY, MM/DD/YYYY**, or selected via the on-screen calendar icon.

• **Job Name**: Will display in the “Claim Finder Job” Results, and will also be used as the “Test ECS” job if the user submits results to Test ECS.

• **Submit Claim Finder Job**: Initiates claim finder search.

Upon clicking the "Submit Claim Finder Job" button, the user will receive a message stating the job was submitted successfully along with the Job ID, Job Name, and instructions on how to access the job results:

```
Claim finder job submitted successfully.
Job ID [9]
Job Name [Jeff Test 1].
To view job results, click on the Services-> Test ECS-> Claim Finder Job History menu item.
Note: It may take some time before the job completes.
```

OK
Claim Finder Job History

The “Claim Finder Job History” screen allows the user to search for test jobs that are in progress or completed. The jobs are displayed from most recent to oldest.

The user can access the “Claim Finder Job History” screen by selecting the “Claim Finder Job History” menu item from the “Services” tab:

The “Claim Finder Job History” screen as displayed to the user:
The user has the option to search for claim finder jobs by the following fields:

- **Job Name**: Name of the job as entered by the user.
- **Errors Only**: Displays only those jobs that resulted in an error.
- **Completed Only**: Displays only those jobs that completed successfully.
- **Date Type**: Job creation or completion date.
- **Date Range**: The date fields may be entered manually in any of the following formats: M/D/YY, MM/DD/YY, MM/DD/YYYY, or selected via the on-screen calendar icon.
- **Search/Refresh Page**: Initiates job history search or refreshes page to view completed jobs.

The “Claim Finder Job History” result grid is made up of the following:

- **Job ID**: Internal Change Healthcare ID assigned to the job.
- **Name**: Name of the job as entered by the user.
- **Error Code**: Internal Change Healthcare code assigned to job that result in an error.
- **Claim Count**: Total number of claims included in the job.
- **Start Time**: The time the job began.
- **End Time**: The time the job finished.
- **Completed**: Yes or No will be displayed.
- **User Name**: Id of the user that submitted the job.
- **Claim Detail**: Click the “View” link to display the “Claim Search” screen result grid. The grid will be populated with claims from the current job.
- **Test ECS Job**: Click the “Submit” link to submit the results of the current claim finder job to Test ECS. See the “Submit Test ECS Job” section of this guide for further information.
- **Delete**: Deletes the selected job from history.

Selecting “Delete” will prompt the user to confirm the job deletion request:
Claim Finder Job Detail

The claim log details of any submitted job can be viewed by clicking on the “Job ID” link provided in the result grid.

The “Job ID” cell will highlight a different color when rolled with the mouse pointer. Click the “Job ID” link to access the job details:

<table>
<thead>
<tr>
<th>Job ID</th>
<th>Name</th>
<th>Error Code</th>
<th>Claim Count</th>
<th>Start Time</th>
<th>End Time</th>
<th>Completed</th>
<th>User Name</th>
<th>Claim Detail</th>
<th>Submit Test ECS Job</th>
<th>Delete Job</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test1</td>
<td>0</td>
<td>71</td>
<td>03/01/2017 11:15:31 AM</td>
<td>03/01/2017 11:15:35 AM</td>
<td>Yes</td>
<td></td>
<td>View</td>
<td>Submit</td>
<td>Delete</td>
<td></td>
</tr>
</tbody>
</table>

The Claim Finder log contains details on claims matching your search criteria. The default is to include five claims matching each search criteria selected. **Note:** If no claims were found for specific criteria it will be noted in the log:

Test ECS Claim Finder Job Detail - Job ID: 9

Emdeon Dental Service Connect - Claim Hunter RunDate [4/12/2011 11:13:18 AM]

Payer ID [ ]
LowDate [4/5/2011]
HighDate [4/5/2011]
MaxClaimsPerSel [5]

TotalClaims [1551]
Matching claims against selection criteria.
Selection criteria count [20].

Current select criteria [PriorAuth]
Emdeon ID (Internal) [ ] DateProcessedAtCps [20110405] Hits [3] added to claim list.
Emdeon ID (Internal) [ ] DateProcessedAtCps [20110405] Hits [4] added to claim list.
Emdeon ID (Internal) [ ] DateProcessedAtCps [20110405] Hits [4] added to claim list.
Emdeon ID (Internal) [ ] DateProcessedAtCps [20110405] Hits [4] added to claim list.
Emdeon ID (Internal) [ ] DateProcessedAtCps [20110405] Hits [5] added to claim list.
Electronic Remittance Advice (ERA) Search

The ERA search section will allow a user to search for a specific ERA that was received from them a payer via the Change Healthcare Dental Platform. ERA data returned using the ERA search function is representative of the ERA as it was delivered to the provider or vendor partner. Currently, eighteen months of ERA data is available for searching.

To perform an ERA search, click the “ERAs” tab in the menu bar:

The “ERA Search” will be displayed as follows. The date range is defaulted to a thirty-day span as this is the maximum amount of data that can be queried in any single request:
Perform an ERA Search

The user has the option to search for claims by any combination of the following fields:

- **Payer**: If multiple Payer IDs are associated with an organization, the user can filter a search by payer.
- **Payee Name**: Name of the organization or provider that is being reimbursed.
- **Payee Tax ID**: Tax Identification Number of the “pay to” organization or provider.
- **Payee NPI**: National Provider Identifier of the “pay to” organization or provider.
- **Check/EFT Number**: Check or EFT Number associated with the ERA payment.
- **Change Healthcare ERA ID**: Internal ERA ID assigned by Change Healthcare.
- **Change Healthcare Claim ID**: Internal claim ID assigned by Change Healthcare.
- **Insured Id**: Member or subscriber assigned Id.
- **Patient Last Name**: Last Name of the Patient.
- **Patient First Name**: First Name of the Patient.
- **Patient Control Number**: Control # assigned by the provider of service.
- **Date Type**: Claim date of service or the date the claim was processed by Change Healthcare.
- **Date Range**: The date fields may be entered manually in any of the following formats: M/D/YY, MM/DD/YY, MM/DD/YYYY, or selected via the on-screen calendar icon.
- **Reset Page**: Clears all current search criteria.

**ERA search**: Enter the “Tax ID” and “Date Processed”. Click “Search”:
ERA Search Results

The “ERA Search” result grid is made up of the following:

- **Change Healthcare Date**: The date the ERA was processed at Change Healthcare.
- **Payee Name**: Name of the organization or provider that is being reimbursed.
- **Payee Tax ID**: Tax Identification Number of the “pay to” organization or provider.
- **Payee NPI**: National Provider Identifier of the “pay to” organization or provider.
- **Claim Count**: The number of claims contained within the ERA.
- **Charge Amt**: Total charge amount of all the claims contained within the ERA.
- **Pay Amt**: Total paid amount of all the claims contained within the ERA.
- **Check/EFT Number**: Check or EFT Number associated with the ERA payment.
- **ERA Date**: The payer date assigned to the ERA.
- **Change Healthcare ID (Selectable)**: Clicking on the claim ID will display claim level details.

ERA search results using “**Payee NPI**” and “**Date Processed**”:

<table>
<thead>
<tr>
<th>Change Healthcare Date</th>
<th>Payee Name</th>
<th>Payee Tax ID</th>
<th>Payee NPI</th>
<th>Claim Count</th>
<th>Charge Amt</th>
<th>Pay Amt</th>
<th>Check/EFT Number</th>
<th>ERA Date</th>
<th>Change Healthcare ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/17/2017</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>$1,709.00</td>
<td>$1,340.00</td>
<td></td>
<td>02/16/2017</td>
<td>33420104</td>
</tr>
<tr>
<td>02/15/2017</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>$111.00</td>
<td>$68.00</td>
<td></td>
<td>02/12/2017</td>
<td>33338560</td>
</tr>
<tr>
<td>02/12/2017</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>$1,250.00</td>
<td>$616.00</td>
<td></td>
<td>02/11/2017</td>
<td>33316659</td>
</tr>
</tbody>
</table>

The result grid can be sorted in either ascending or descending order by clicking on a column header in blue text. **Please note**: the result grid cannot be sorted by “Change Healthcare ID”.

If the search results exceed the maximum number of rows allowable, numeric page link(s) will be displayed to access additional pages:

<table>
<thead>
<tr>
<th>Change Healthcare Date</th>
<th>Payee Name</th>
<th>Payee Tax ID</th>
<th>Payee NPI</th>
<th>Claim Count</th>
<th>Charge Amt</th>
<th>Pay Amt</th>
<th>Check/EFT Number</th>
<th>ERA Date</th>
<th>Change Healthcare ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/15/2017</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>$111.00</td>
<td>$68.00</td>
<td></td>
<td>02/12/2017</td>
<td>33338660</td>
</tr>
<tr>
<td>02/12/2017</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>$1,250.00</td>
<td>$616.00</td>
<td></td>
<td>02/11/2017</td>
<td>33316659</td>
</tr>
</tbody>
</table>

The ability to download the search results to Excel is also available for ERA search. Please see the “Download Result Grid” section of this guide for instructions on downloading the search results to Excel:
ERA Detail

The details of any ERA returned in the “ERA Search” can be viewed by clicking on the “Change Healthcare ID” link provided in the result grid.

The “Change Healthcare ID” cell will highlight a different color when rolled with the mouse pointer. Click the “Change Healthcare ID” link to access the ERA details:

<table>
<thead>
<tr>
<th>Change Healthcare Date</th>
<th>Payee Name</th>
<th>Payee Tax ID</th>
<th>Payee NPI</th>
<th>Claim Count</th>
<th>Charge Amt</th>
<th>Pay Amt</th>
<th>Check/EFT Number</th>
<th>ERA Date</th>
<th>Change Healthcare ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/17/2017</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>$1,709.00</td>
<td>$1,340.00</td>
<td></td>
<td>02/16/2017</td>
<td>33420104</td>
</tr>
<tr>
<td>02/15/2017</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>$111.00</td>
<td>$68.00</td>
<td></td>
<td>02/12/2017</td>
<td>33338560</td>
</tr>
</tbody>
</table>

**HTML:** Displays the ERA information that was returned and breaks it down into human readable sections:

![HTML representation of ERA details](image-url)
**TEXT:** Displays the ERA information that was returned and breaks it down into formatted text sections:

![ERA Detail - ERA ID: 33420104](image)

**X12:** Displays the ERA information that was returned in the X12N 835 format:

![ERA Detail - ERA ID: 33420104](image)
Services

The services section will allow a user to search and view Real-Time Eligibility and Claim Status transactions. In addition, an Eligibility Inquiry entry screen and Real-Time Transaction Tester are available that will allow a user to submit eligibility transactions to a payer’s own system via Dental Service Connect and review the results. Lastly, the Test ECS Job History can be accessed via this menu.

Rolling over “Services” with your mouse will display the available real-time search options:
Real-Time Eligibility History Search

A user can search for eligibility transactions via one of two methods, “Eligibility History” or “Eligibility Current”.

Historical Search: A user has the option to search for historical real-time eligibility transactions by any combination of the following fields:

- **Payer**: If multiple payer IDs are associated with an organization, the user can filter a search by payer.
- **NPI**: National Provider Identifier submitted on the real-time transaction.
- **Tax ID**: Provider Tax Identification Number submitted on the real-time transaction.
- **Trx ID**: Internal Change Healthcare transaction ID.
- **Insured ID**: Insured ID submitted on the real-time transaction.
- **Patient Last Name**: Last Name of the Patient.
- **User ID**: ID that was submitted on the transaction.
- **HIPAA Code**: X12 code indicating the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.
- **Error Code**: Internal Change Healthcare assigned error code.
  - **All**: Returns all transactions regardless of error code.
  - **Successful (0)**: Returns transactions that responded with eligibility and benefits or an X12 Reject Reason Code.
  - **Error (99)**: Returns transaction that resulted in an error while attempting to obtain Eligibility and Benefits information.
  - **Error Sending Back to Vendor (98)**: Returns transactions that encountered an error when attempting to return the response to the vendor.
  - **Waiting for Payer Response (-1)**: Returns transactions that are waiting for a payer response to finalize.
  - **Waiting In Queue (-2)**: Returns transactions that are currently queued and waiting to be finalized.
- **Category Code**: Internal Change Healthcare assigned category code.
  - **Useful (0)**: Returns transactions that responded with eligibility and benefit information
  - **997 Response (110)**: Returns transactions that responded with a 997 Functional Acknowledgement.
  - **Authentication Failed (10)**: Returns transactions that failed credential authentication.
  - **Authorization Failed (11)**: Returns transactions that were not authorized to use the Eligibility and Benefits Service.
- **Validation Failure (80):** Returns transactions that failed data content validation.
- **MRTS Unable to Respond (60):** Returns transactions that failed due to the Change Healthcare Real Time.
- **Payer is Not Active Yet (70):** Returns transactions that were submitted to a payer that is not active with the Eligibility and Benefits Service.
- **Not Applicable (-1):** Returns transactions that encountered a technical failure while attempting to process.
- **Payer Loop Problem (20):** Returns transactions that responded with an X12 Reject Reason Code at the 2100A Level.
- **Provider Loop Problem (30):** Returns transactions that responded with an X12 Reject Reason Code at the 2100B Level.
- **Subscriber Loop Problem (40):** Returns transactions that responded with an X12 Reject Reason Code at the 2110C Level.
- **Dependent Loop Problem (50):** Returns transactions that responded with an X12 Reject Reason Code at the 2110D Level.

- **Change Healthcare Date:** The date fields may be entered manually in any of the following formats: M/D/YY, MM/DD/YY, MM/DD/YYYY, or selected via the on-screen calendar icon.

Historical eligibility search using multiple criteria: “Tax ID”, “Patient Last Name”, and “Change Healthcare Date”. Click “Search”:

The real-time eligibility history search is limited to a maximum date range of thirty days. A search request greater than thirty days will result in the following error message:

```
Please review the following errors:
  • You can only search a maximum date range of 30 days.
```
**Current Day Search:** A user has the option to search for current day real-time eligibility transactions by all the same fields available in the historical search with the addition of one:

![Eligibility Transaction History Search](image)

- **Show Transactions For:** Returns transactions for the specific time period selected.
  - Last hour
  - Last 2 Hours
  - Last 3 Hours
  - Last 4 Hours
  - Last 5 Hours
  - Last 6 Hours
  - Specify Time Range
Real-Time Eligibility History Search Results

The “Eligibility History Search” result grid is made up of the following:

- **Trx ID**: Internal Change Healthcare transaction ID.
- **Patient LN**: Last Name of the Patient.
- **Patient FN**: First Name of the Patient.
- **Tax ID**: Provider Tax Identification Number submitted on the real-time transaction.
- **Site ID**: ID of the site that submitted the transaction.
- **NPI**: National Provider Identifier submitted on the real-time transaction.
- **Err CD**: Internal Change Healthcare assigned error code.
- **Cat CD**: Internal Change Healthcare assigned category code.
- **HIPAA CD**: X12 code indicating the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.
- **Time**: Date and time the transaction was processed.
- **Total Sec**: Total seconds to complete the processing of the transaction.
- **Payer Sec**: Total seconds it took to receive a reply from the payer.
- **User ID**: ID that submitted the transaction.
- **Payer ID**: The payer ID where the transaction was submitted.

If the search results exceed the maximum number of rows allowable, numeric page link(s) will be displayed to access additional pages:

The ability to download the search results to Excel is also available for an Eligibility search. Please see the “Download Result Grid” section of this guide for instructions on downloading the search results to Excel:
Real-Time Eligibility Transaction Detail

The details of an eligibility transaction returned in the “Eligibility Transaction Search” can be viewed by clicking on the “Trx ID” link provided in the result grid.

The “Trx ID” link will highlight a different color when rolled with the mouse pointer. Click the “Trx Id” link to access the transaction details:

<table>
<thead>
<tr>
<th>Trx ID</th>
<th>Patient LN</th>
<th>Patient FN</th>
<th>Insured ID</th>
<th>Tax ID</th>
<th>Site ID</th>
<th>NPI</th>
<th>Err CD</th>
<th>Cat CD</th>
<th>HIPAA CD</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>470615645</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The result grid can be sorted in either ascending or descending order by clicking on a column header in blue text. Please note: the result grid cannot be sorted by “Patient FN” or “Insured ID.”

Transaction Trace Type: Displays the life cycle of the eligibility transaction. The response can be returned to the customer in an X12, Text, or HTML format. Please Note: The primary use of the transaction trace logs is for internal Change Healthcare research and debugging purposes.

The eligibility transaction trace log screen provides the following details. Trace log information may differ among transactions as the information contained is created based on the submitter.

Req: Displays the original raw 270 transactions as submitted by the user:

270-Sender: 270 transactions as it was submitted to the payer:
**271-Sender:** 271 transactions as received from the payer:
X12 Response: 271 transaction adjusted to include specific payer modifications:

Formated Text Response: Text representation of the 271 response:
### Eligibility Transaction Trace Log - Change Healthcare Transaction ID: 470615645

<table>
<thead>
<tr>
<th>Trace Type</th>
<th>XML-HTML Response</th>
<th>HTML Response</th>
<th>Adjust 271</th>
<th>271-Sender</th>
<th>270-Sender</th>
<th>Validation</th>
<th>Reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payer</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payer Name</td>
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<td></td>
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<td></td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
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<tr>
<td>Group Number</td>
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</tr>
<tr>
<td>Group Name</td>
<td></td>
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</tr>
<tr>
<td>Date of Birth</td>
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</tr>
<tr>
<td>Gender</td>
<td></td>
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</tr>
<tr>
<td>Coverage Type</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Health Benefit Plan Coverages: Employee and Spouse, Active Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Group Policy</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Dental Care: Employee and Spouse, Active Coverage</td>
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<td></td>
<td></td>
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</tr>
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<td>Coverage Dates</td>
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</tr>
<tr>
<td>Subscriber Coverage Dates</td>
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</tr>
<tr>
<td>Eligibility</td>
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<td></td>
</tr>
<tr>
<td>Plan Date Period</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductibles &amp; Maximums</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual, Health Benefit Plan Coverage</td>
<td>Annual</td>
<td>$75.00</td>
<td>$75.00</td>
<td>$75.00</td>
<td></td>
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<tr>
<td>Amount Met</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<td></td>
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<tr>
<td>Amount Remaining</td>
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<td>$75.00</td>
<td>$75.00</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual, Diagnostic Dental</td>
<td>Annual</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual, Routine (Preventive) Dental</td>
<td>Annual</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Individual, Orthodontics</td>
<td>Annual</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual, Bitewing X-Rays</td>
<td>Annual</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Individual, Other X-Rays</td>
<td>Annual</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td></td>
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<tr>
<td>Individual, Sealants</td>
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<td>None</td>
<td>None</td>
<td></td>
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</tr>
<tr>
<td>Family, Health Benefit Plan Coverage</td>
<td>Annual</td>
<td>$225.00</td>
<td>$225.00</td>
<td>$225.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount Met</td>
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<tr>
<td>Amount Remaining</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$225.00</td>
<td>$225.00</td>
<td>$225.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Eligibility Inquiry

The Eligibility Inquiry screen allows the user to submit eligibility inquiries via a user-friendly interface to obtain member eligibility and benefit details.

Select Payer: If multiple payer IDs are associated with an organization, the search can be filtered by payer:

```
Select Payer
Aetna Life & Casualty Co.
```

Provider: Select the appropriate “Provider Type” – Person or Non-Person (e.g. Organization). Enter the First and Last Name, Tax ID, and NPI of the provider submitting the transaction:

```
Provider
Provider Type
Person
First Name
Provider
Last Name
Name
Tax ID
123456789
NPI
123456789
```

Subscriber: Enter the First and Last Name, Birth Date, Member ID, and Group ID (if applicable) of the subscriber for which you are submitting the inquiry. If the Subscriber is the patient, check the box “Subscriber is Patient”:

```
Subscriber
First Name
Subscriber
Last Name
Name
Birth Date
01/01/1950
Member ID
123456789
Group ID (optional)

Subscriber is Patient
```

Dependent: Enter the First Name, Last Name, Birth Date, and Member ID of the dependent for which you are submitting the inquiry. If “Subscriber is Patient” box is checked, this section will be hidden:

```
Dependent
First Name
Dependent
Last Name
Name
Birth Date
01/01/1951
```
**Procedure Code:** Enter the procedure code(s) for the service(s) for which you would like to obtain eligibility and benefits. If a procedure code is not entered, the request will be submitted with a service type code as defined by payer specific requirements. The maximum procedure codes that can be entered is ten:

![Procedure Code Form](image)

After completing all fields, click “Submit Trx”:

![Submit Trx Form](image)

The request will be submitted with the supplied data and will return eligibility and benefits in a user-friendly display. If the member is not found, those details will be returned to the requestor:
### Payer Response:

<table>
<thead>
<tr>
<th>Payer</th>
<th>AETNA INC</th>
<th>Transaction ID</th>
<th>26000195</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider</td>
<td></td>
<td>Tax ID</td>
<td></td>
</tr>
<tr>
<td>Subscriber</td>
<td></td>
<td>SSN</td>
<td>Group Name</td>
</tr>
<tr>
<td>Dependent</td>
<td></td>
<td>SSN</td>
<td>Group Name</td>
</tr>
<tr>
<td>Coverage Type</td>
<td>Diagnostic Dental: Family, Active Coverage</td>
<td>PPO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PPO DENTAL 2000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Periodontics: Family, Active Coverage</td>
<td>PPO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PPO DENTAL 2000</td>
<td></td>
</tr>
</tbody>
</table>
Real-Time Claim Status History Search

The user has the option to search for real-time claim status transactions by any combination of the following fields:

- **Payer:** If multiple payer IDs are associated with an organization, the user can filter a search by payer.
- **NPI:** National Provider Identifier submitted on the real-time transaction.
- **Tax ID:** Provider Tax Identification Number submitted on the real-time transaction.
- **Trx ID:** Internal Change Healthcare transaction ID.
- **Patient Last Name:** Last Name of the Patient.
- **Patient First Name:** First Name of the Patient.
- **User ID:** ID that was submitted on the transaction.
- **Error Code/Payer Error Code:** Internal Change Healthcare assigned error code.
  - **All:** Returns all transactions regardless of error code.
  - **Successful (0):** Returns transactions that were processed by Change Healthcare and the payer.
  - **Error (99):** Returns transaction that resulted in an error while attempting to process.
  - **Not Applicable (-1):** Returns transactions that encountered a technical failure while attempting to process.
- **Category Code/Payer Category Code:** Internal Change Healthcare assigned category code.
  - **Useful (0):** Returns transactions that were processed by Change Healthcare and the payer.
  - **997 Response (110):** Returns transactions that responded with a 997 Functional Acknowledgement.
  - **Authentication Failed (10):** Returns transactions that failed credential authentication.
  - **Authorization Failed (11):** Returns transactions that were not authorized to use the claim status service.
  - **Validation Failure (80):** Returns transactions that failed data content validation.
  - **MRTS Unable to Respond (60):** Returns transactions that failed due to the Change Healthcare Real Time switch inability to respond.
  - **Payer is Not Active Yet (70):** Returns transactions that were submitted to a payer that is not active with the Claim Status Service.
  - **Not Applicable (-1):** Returns transactions that encountered a technical failure while attempting to process.
  - **Claim Not Found (100):** Returns transactions in which the claim could not be found for the claim status request.
  - **Change Healthcare Reject (230):** Returns transactions in which the claim was rejected by Change Healthcare due to an internal payer edit.
  - **Paper Claim Inquiry Not Supported (200):** Returns transactions in which a request was received for a paper claim.
  - **Payer Batch Reject (220):** Returns transactions in which a request resulted in a payer batch rejection.
- **Pre-Treatment Inquiry Not Supported (210):** Returns transactions that were submitted to payer who does not support pre-treatment inquiries.

- **Change Healthcare Date:** The date fields may be entered manually in any of the following formats: M/D/YY, MM/DD/YY, MM/DD/YYYY, or selected via the on-screen calendar icon.

Claim status search using multiple criteria: “NPI”, “Patient Last Name”, and “Change Healthcare Date”. Click “Search”:

The real-time claim status history search is limited to a maximum date range of thirty days. A search request greater than thirty days will result in the following error message:

Please review the following errors:
- You can only search a maximum date range of 30 days.
Claim Status History Search Results

The “Claim Status History Search” result grid is made up of the following:

- **Trx ID**: Internal Change Healthcare transaction ID.
- **Patient LN**: Last Name of the Patient.
- **Patient FN**: First Name of the Patient.
- **Tax ID**: Provider Tax Identification Number submitted on the real-time transaction.
- **Site ID**: ID of the site that submitted the transaction.
- **NPI**: National Provider Identifier submitted on the real-time transaction.
- **Err CD/Payer Err CD**: Internal Change Healthcare assigned error code.
- **Category/Payer Cat**: Internal Change Healthcare assigned category code.
- **X12 Cat**: Health Care Claim Status Category Code.
- **X12 Stat**: Health Care Claim Status Code.
- **X12 Ent**: Entity Identifier Code.
- **Time**: Date and time the transaction was processed.
- **Total Sec**: Total seconds to complete the processing of the transaction.
- **Payer Sec**: Total seconds it took to receive a reply from the payer.
- **User ID**: ID that submitted the transaction.
- **Payer ID**: The payer ID where the transaction was submitted.

If the search results exceed the maximum number of rows allowable, numeric page link(s) will be displayed to access additional pages:

The ability to download the search results to Excel is also available for a Claim Status search. Please see the “Download Result Grid” section of this guide for instructions on downloading the search results to Excel:
Claim Status Transaction Detail

The details of a claim status transaction returned in the “Claim Status Transaction Search” can be viewed by clicking on the “Trx ID” link provided in the result grid.

The “Trx ID” link will highlight a different color when rolled with the mouse pointer. Click the “Trx ID” link to access the transaction details:

<table>
<thead>
<tr>
<th>Trx Id</th>
<th>Patient LH</th>
<th>Patient FN</th>
<th>Tax ID</th>
<th>Site ID</th>
<th>NPI</th>
<th>Err Cd</th>
<th>Category</th>
<th>Payer Err Cd</th>
<th>Payer Cat</th>
</tr>
</thead>
<tbody>
<tr>
<td>341235784</td>
<td>34123888</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The result grid can be sorted in either ascending or descending order by clicking on a column header in blue text. Please note: the result grid cannot be sorted by “Patient FN.”

Transaction Trace Type: Displays the life cycle of the claim status transaction. The response can be returned to the customer in an X12, Text, or HTML format. Please Note: The primary use of the transaction trace logs is for internal Change Healthcare research and debugging purposes.

The claim status transaction trace log screen provides the following details. Trace log information may differ among transactions as the information contained is created based on the submitter.

X12Req: Displays the original raw 276 transactions as submitted by the user if X12 response is desired. Other request trace types include “TextReq” and “HTMLReq”:
**DTR4A:** Displays the original raw 276 claim details as submitted by the user:

```
<table>
<thead>
<tr>
<th>Trace Type</th>
<th>Trace Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trace</td>
<td>AddPayerResponse</td>
<td>DeleteThisRowNotEntered - fn[123456] pin[789012] adh[6/21/2010 12:00:00 AM] adh[6/21/2010 12:00:00 AM] tsa[39]</td>
</tr>
<tr>
<td>Trace</td>
<td>PostResponse</td>
<td>FromClaim - fn[123456] pin[789012] tsa[39]</td>
</tr>
<tr>
<td>Trace</td>
<td>BeforePost</td>
<td>tsa[39] tsr[40]</td>
</tr>
<tr>
<td>Trace</td>
<td>X12Rep</td>
<td></td>
</tr>
<tr>
<td>Trace</td>
<td>DTR4A</td>
<td></td>
</tr>
<tr>
<td>Trace</td>
<td>X12Rec</td>
<td></td>
</tr>
</tbody>
</table>
```

**BeforePost:** 276 transactions as it was sent to the payer:

```
<table>
<thead>
<tr>
<th>Trace Type</th>
<th>Trace Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trace</td>
<td>AddPayerResponse</td>
<td>BTR<strong>27</strong>0001=</td>
</tr>
<tr>
<td>Trace</td>
<td>PostResponse</td>
<td>HL<strong>1</strong>2521-1=</td>
</tr>
<tr>
<td>Trace</td>
<td>BeforePost</td>
<td>NM<strong>5</strong>50<strong>11</strong>=</td>
</tr>
<tr>
<td>Trace</td>
<td>X12Rep</td>
<td>HL<strong>4</strong>1292=</td>
</tr>
<tr>
<td>Trace</td>
<td>DTR4A</td>
<td>RM<strong>1</strong>2<strong>1</strong>=</td>
</tr>
<tr>
<td>Trace</td>
<td>X12Rec</td>
<td>RM<strong>2</strong>3<strong>1</strong>=</td>
</tr>
</tbody>
</table>
```

**PostResponse:** 277 transactions as received from the payer:

```
<table>
<thead>
<tr>
<th>Trace Type</th>
<th>Trace Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trace</td>
<td>AddPayerResponse</td>
<td>BTR<strong>27</strong>0001=</td>
</tr>
<tr>
<td>Trace</td>
<td>PostResponse</td>
<td>HL<strong>1</strong>2521-1=</td>
</tr>
<tr>
<td>Trace</td>
<td>BeforePost</td>
<td>NM<strong>5</strong>50<strong>11</strong>=</td>
</tr>
<tr>
<td>Trace</td>
<td>X12Rep</td>
<td>HL<strong>4</strong>1292=</td>
</tr>
<tr>
<td>Trace</td>
<td>DTR4A</td>
<td>RM<strong>1</strong>2<strong>1</strong>=</td>
</tr>
<tr>
<td>Trace</td>
<td>X12Rec</td>
<td>RM<strong>2</strong>3<strong>1</strong>=</td>
</tr>
</tbody>
</table>
```
**ADJPayerResponse:** 277 transaction adjusted to include Change Healthcare specific information:

```
ADJPayerResponse:
```

**X12Rsp:** Displays X12 277 transaction response if desired. Other response trace types include “TextRsp” and “HTMLRsp”:

```
X12Rsp:
```
Real-Time Claim History Search

The user has the option to search for real-time claim transactions by any combination of the following fields:

- **Payer**: If multiple payer IDs are associated with an organization, the user can filter a search by payer.
- **NPI**: National Provider Identifier submitted on the real-time transaction.
- **Tax ID**: Provider Tax Identification Number submitted on the real-time transaction.
- **Trx ID**: Internal Change Healthcare transaction ID.
- **Patient Last Name**: Last Name of the Patient.
- **User ID**: ID that was submitted on the transaction.
- **Prod/Test Trx**: Returns Production, Test or All transactions.
- **All**: Returns all claim regardless of the environment submitted.
- **Prod**: Returns claims that were submitted via the production environment.
- **Test**: Returns claims that were submitted via the test environment.
- **Trx Error Code**: Internal Change Healthcare assigned error code as it relates to the transaction communication.
- **All**: Returns all transactions regardless of error code.
- **Successful (0)**: Returns transactions that were processed by Change Healthcare and the payer.
- **Error (99)**: Returns transaction that resulted in an error while attempting to process.
- **Claim Error Code**: Internal Change Healthcare assigned error code as it relates to the claim data.
- **Change Healthcare Date**: The date fields may be entered manually in any of the following formats: M/D/YY, MM/DD/YY, MM/DD/YYYY, or selected via the on-screen calendar icon.
Real-time claim search using multiple criteria: "Tax ID", "Prod/Test Trx", and "Change Healthcare Date". Click "Search":

The Real-Time Claim History Search is limited to a maximum date range of thirty days. A search request greater than thirty days will result in the following error message:

Please review the following errors:
- You can only search a maximum date range of 30 days.
Real-Time Claim History Search Results

The “Real-Time Claim History Search” result grid is made up of the following:

- **Trx ID**: Internal Change Healthcare transaction ID.
- **Patient LN**: Last Name of the Patient.
- **Patient FN**: First Name of the Patient.
- **Tax ID**: Provider Tax Identification Number submitted on the real-time transaction.
- **Site ID**: ID of the site that submitted the transaction.
- **Trx Err CD**: Internal Change Healthcare assigned error code as it relates to the transaction communication.
- **Claim Err CD**: Internal Change Healthcare assigned error code as it relates to the claim data.
- **Claim Err Desc**: Text description of the “Claim Err CD”.
- **Time**: Date and time the transaction was processed.
- **Total Sec**: Total seconds to complete the processing of the transaction.
- **Payer Sec**: Total seconds it took to receive a reply from the payer.
- **User ID**: ID that submitted the transaction.
- **Payer ID**: The payer ID where the transaction was submitted.
- **Production Trx**: Indicates if the transaction was submitted to the test or Production environment.

<table>
<thead>
<tr>
<th>Trx Id</th>
<th>Patient LN</th>
<th>Patient FN</th>
<th>Tax ID</th>
<th>Site ID</th>
<th>Trx Err CD</th>
<th>Claim Err CD</th>
<th>Claim Err Desc</th>
</tr>
</thead>
<tbody>
<tr>
<td>12644884</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>No Errors</td>
</tr>
<tr>
<td>12644085</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>99999</td>
<td>Rejected by Real-time Claim Server</td>
</tr>
<tr>
<td>12644886</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>No Errors</td>
</tr>
</tbody>
</table>

The ability to download the search results to Excel is also available for a Real-Time Claim search. Please see the “Download Result Grid” section of this guide for instructions on downloading the search results to Excel:
Real-Time Claim Transaction Detail

The details of a real-time claim transaction returned in the “Real-Time Claim Transaction Search” can be viewed by clicking on the “Trx ID” link provided in the result grid.

The “Trx ID” link will highlight a different color when rolled with the mouse pointer. Click the “Trx ID” link to access the transaction details:

<table>
<thead>
<tr>
<th>Trx Id</th>
<th>Patient LN</th>
<th>Patient FN</th>
<th>Tax ID</th>
<th>Site ID</th>
<th>Trx Err CD</th>
<th>Claim Err CD</th>
<th>Claim Err Desc</th>
</tr>
</thead>
<tbody>
<tr>
<td>1264884</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>No Errors</td>
</tr>
<tr>
<td>1264885</td>
<td></td>
<td></td>
<td>0</td>
<td>99999</td>
<td></td>
<td></td>
<td>Rejected by Real-Time Claim Server</td>
</tr>
</tbody>
</table>

The result grid can be sorted in either ascending or descending order by clicking on a column header in blue text. **Please note:** the result grid cannot be sorted by “Patient FN.”

**Transaction Trace Type:** Displays the life cycle of the real-time claim transaction. The response can be returned to the customer in a HTML or X12 format. **Please Note:** The primary use of the transaction trace logs is for internal Change Healthcare research and debugging purposes.

The real-time claim transaction trace log screen provides the following details. Trace log information may differ among transactions as the information contained is created based on the submitter.

**Vendor837:** Displays the original raw real-time 837 transactions as submitted by the user:
Change Healthcare 837: Displays the original raw real-time 837 transactions as submitted to the payer:

BeforePost: Displays the original raw real-time 837 transactions as submitted to the payer (may include XML wrapper information):
**PostResponse:** 277, 835, or proprietary response as received from the payer (may include XML wrapper information):

```
Trace Type  | Vendor37 | Payer Response | Daily Load Feed | Response
-------------|----------|----------------|-----------------|---------
PostResponse  |          |                |                 |         
Response      |          |                |                 |         
```

**PayerResponse:** 277, 835, or proprietary response as received from the payer:

```
Trace Type  | Vendor37 | Payer Response | Daily Load Feed | Response
-------------|----------|----------------|-----------------|---------
PostResponse  |          |                |                 |         
Response      |          |                |                 |         
```

**Daily Load Feed:** Not currently utilized.
**Response:** Displays response as presented to the user. The display tabs available are HTML, X12, and Response:

- **HTML:** Displays the payer specific or Change Healthcare generated EOB. Display options are dependent on the payer’s requirements.
- **X12:** Raw 277 or 835 response.
- **Response:** Proprietary response as received from the payer.
Real-Time Transaction Tester

The Real-Time Transaction Tester provides the payer with the ability to submit a 270 (eligibility) or 276 (claim status) transaction to their own systems via Dental Service Connect and review the response.

Enter Request and Test Parameters. Click “Submit Trx”:

![Real-Time Transaction Tester](image-url)
The Real-Time Transaction Tester screen provides the following details:

**Request:**

If a payer currently supports the 270/271 or 276/277 transaction the payer can submit a 270 or 276 request in the following manner:

- **270/271**: Copy the 270 “REQ” trace from the “Real Time Eligibility Transaction Detail” screen and paste it into the “Request” entry box. The request can be submitted as entered or may be modified based on a user’s specific need. Alternatively, a user can manually create the 270 by hand.
- **276/277**: Copy the 276 “X12REQ”, “TEXTREQ”, or “HTMLREQ” trace from the “Real Time Claim Status Transaction Detail” screen and paste it into the “Request” entry box. The request can be submitted as entered or may be modified based on a user’s specific need. Alternatively, a user can manually create the 276 by hand.

**Response Type:**

- **Eligibility X12**: Returns an X12 271 response.
- **Eligibility HTML**: Returns a human readable HTML response.
- **Claim Status X12**: Returns an X12 277 response.
- **Claim Status HTML**: Returns a human readable HTML response.

**Test Type:**

- **Production**: The X12 270 or 276 will be submitted through the production environment.
- **Test**: The X12 270 or 276 will be submitted through the pre-production environment.

**Submit Trx**: Submits the X12 270 or 276 based on user defined parameters.

**Reset Page**: Resets page to the default parameters.
Real-Time Transaction Tester Response

The user will can receive the 271 or 277 in either the raw X12 format or a human readable HTML representation of the response. The 271 or 277 response will appear on the same page below the "Request" entry box.

Eligibility X12 Response Type:

Eligibility HTML Response Type:
Claim Status X12 Response Type:

Claim Status HTML Response Type:
Reports

The reports section allows a user to create daily, weekly, or monthly reports for transaction analysis and review. The reports are specific to claim, ERA, and real time transactions that were submitted through the Change Healthcare Dental Platform.

Rolling over “Reports” with your mouse, will display the available report categories:

Selecting any one of the “Reports” categories will display a list of available reports:

Creating Reports

Selecting a specific report from the report list will display the “Create Report” screen. The “Change Healthcare Date” range on the “Create Report” screen is defaulted to the current month. The “Payer” menu will default to “All” if multiple payer IDs are associated with an organization. If there is only one payer ID associated with your organization, this field will not display.

Please Note: The creation of all reports is currently limited to a maximum date range of 30 days.
Claims Reports

Daily Counts: To create a daily counts report, choose a payer from the “Select a Payer” tab, enter the “Change Healthcare Date” range for the claims you wish to include in your results (“Change Healthcare Date” is equivalent to the date Change Healthcare processed the claim). The date range can be entered either manually or via the on-screen calendar icon. Upon entering the date range, click “Create Report”:

The daily counts report will display a daily and grand total of claims processed by Change Healthcare. Please Note: “Pre-Treatment” counts are not available by default, but can be included at the payer’s request.

The report provides the following details:

- **Change Healthcare Date**: The date Change Healthcare delivered the claim to the payer.
- **Payer ID**: The payer ID where the claims were delivered.
- **Payer Name**: The payer name where the claims were delivered.
- **Pre-Treatments**: Claims identified as pre-treatments. Counts are selectable and will direct the user to the list of pre-treatments included in this report.
- **Regular Claims**: Claims other than pre-treatments (e.g. primary/secondary).
- **Billed Claims**: Claims that are billable to the payer.
- **Resub Claims**: Claims that were resubmitted to the payer.
- **Total claims**: Daily total of claims.
Reject Counts: To create a reject counts report, choose a payer from the “Select a Payer” tab, enter the “Change Healthcare Date” range for the claims you wish to include in your results, and select “Reason”. Click “Create Report”:

The reject counts report will display a daily total of rejected claims and the reason the claim(s) rejected. The user can also view the claim detail for each claim that rejected for a specific reason as well as the demographics of the provider who submitted the claims. The ability to download results to Excel is available via this report as well.
If “All” is selected as the “Reason”, the results can be returned with the reason codes grouped by checking “Group by Reason Code”:

The reject report provides the following details:

- **Change Healthcare Date**: The date Change Healthcare delivered the claim to the payer.
- **Payer ID**: The payer ID where the claims were delivered.
- **Payer Name**: The payer name where the claims were delivered.
- **Description**: Text description of the rejection.
- **Claim Count**: Daily total of claims that rejected for a specific “Reason Code”.
- **Detail**: Displays the “Claim Search” result grid for the claims that denied for the “Reason Code” indicated. This display provides all the same information available via a standard claim search.
• **Provider List:** Demographics of the provider who submitted claims that rejected for the "Reason Code" indicated. The provider list is made up of the following details and may be downloaded to Excel via the available link:

<table>
<thead>
<tr>
<th>Billing First</th>
<th>Middle</th>
<th>Last</th>
<th>Street</th>
<th>City</th>
<th>ST</th>
<th>Zip</th>
<th>Phone</th>
<th>Tax ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>RONALD</td>
<td>ACKERMAN</td>
<td></td>
<td>3460 OLD WASHINGTON ROAD, SUITE 301A</td>
<td>WALDORF</td>
<td>MD</td>
<td>20602</td>
<td>3001259822</td>
<td>5216</td>
</tr>
</tbody>
</table>

- **Billing First:** Billing Provider First Name.
- **Middle:** Billing Provider Middle Name (if applicable).
- **Last:** Billing Provider Last Name.
- **Street:** Billing Provider Street.
- **City:** Billing Provider City.
- **ST:** Billing Provider State.
- **Zip:** Billing Provider Zip Code.
- **Phone:** Billing Provider Phone Number.
- **Tax ID:** Billing Provider Tax ID.
- **NPI:** Billing Provider NPI.
- **License:** Billing Provider License Number.
- **Rendering First:** Rendering Provider First Name.
- **Middle:** Rendering Provider Middle Name (if applicable).
- **Last:** Rendering Provider Last Name.
- **Street:** Rendering Provider Street.
- **City:** Rendering Provider City.
- **ST:** Rendering Provider State.
- **Zip:** Rendering Provider Zip Code.
- **NPI:** Rendering Provider NPI.
- **BC Lic:** Blue Cross License Number.
- **Medical Lic:** Medicaid License Number.
- **Servicing Lic:** Rendering Provider Servicing License Number.
- **ST Lic:** Rendering Provider State License Number.
Reject Counts by Provider: To create a reject counts by provider report, choose a payer from the “Select a Payer” tab and enter the “Change Healthcare Date” range of the claims you wish to include in your results. Click “Create Report”:

The reject counts by provider report will display a daily total of rejected claims by Provider and the reason the claim(s) rejected. The user can also view the claim detail for each claim that rejected for a specific reason as well as the demographics of the provider who submitted the claims. The ability to download results to Excel is available via this report as well.

The report provides the following details:

- **Change Healthcare Date**: The date Change Healthcare delivered the claim to the payer.
- **Office Name**: The name of the provider/office that submitted the claims.
- **Tax Id**: The Tax Id of the provider/office that submitted the claims.
- **NPI**: The NPI of the provider/office that submitted the claims (If available).
- **Payer ID**: The payer ID where the claims were delivered.
- **Payer Name**: The payer name where the claims were delivered.
- **Description**: Text description of the rejection.
- **Claim Count**: Daily total of claims that rejected for a specific “Reason Code”.
- **Detail**: Displays the “Claim Search” result grid for the claims that denied for the “Reason Code” indicated. The display provides all the same functionality available via a standard claim search. (See “Reject Counts” for screen image).
- **Provider List**: Demographics of the provider who submitted claims that rejected for the “Reason Code” indicated. The provider list displayed here provides the same details available as in the “Claim Reject Counts” report and may be downloaded to Excel via the available link. (See “Reject Counts” for screen image).
**Missing NPI Counts:** To create a missing NPI counts report, choose a payer from the “Select a Payer” tab, enter the “Change Healthcare Date” range for the claims you wish to include in your results, and select a “Reason”. Click “Create Report”:

The missing NPI counts report will display a cumulative total of claims that were missing Billing, Rendering, or both NPIs.

The report provides the following details:

- **Tax Id Count:** Total number of Tax IDs submitted on claims during the date range requested.
- **Claim Count:** Total number of claims submitted during the date range requested.
- **Missing Billing NPI Count:** Total number of claims missing billing NPIs during the date range requested.
- **Missing Rendering NPI Count:** Total number of claims Missing Rendering NPIs during the date range requested.
- **Missing Both NPI Count:** Total number of claims Missing both billing and rendering NPIs during the date range requested.
- **Payer ID:** The payer ID where the claims were submitted.
- **Provider List:** A list of providers who submitted claims that were missing Billing, Rendering, or both NPIs. (See “Reject Counts” for screen image).
Upgrade Counts: To create an upgrade counts report, choose a payer from the "Select a Payer" tab and enter the "Change Healthcare Date" range of the claims you wish to include in your results. Upon completion, click "Create Report":

The upgrade counts report will display a daily total of claims that were upgraded from paper to electronic based on specific payer criteria.

The report provides the following details:

- **Change Healthcare Date**: The date Change Healthcare delivered the claim to the payer.
- **Payer ID**: The payer ID where the claims were delivered.
- **Payer Name**: The payer name where the claims were delivered.
- **Claim Count**: Daily total of claims that were upgraded.
ERA Reports

Daily Counts: To create a daily counts report, choose a payer from the “Select a Payer” tab and enter the “Change Healthcare Date” range for the claims you wish to include in your results (“Change Healthcare Date” is equivalent to the date Change Healthcare processed the ERA). The date range can be entered either manually or via the on-screen calendar icon. Click “Create Report”:

The daily counts report will display a daily and grand total of ERAs processed by Change Healthcare. The ability to download results to Excel is available via this report as well.

The report provides the following details:

- **Change Healthcare Date:** The date Change Healthcare processed the ERA.
- **Payer ID:** The payer ID from which the ERA was received.
- **Payer Name:** The payer name from which the ERA was received.
- **ERAs Received:** Total number of ERAs received from the payer for a specific date.
- **ERAs Delivered:** Total number of ERAs delivered to a provider for a specific date.
Real-Time Reports

Claim Status Counts: To create a real-time claim status counts report, choose a payer from the “Select a Payer” tab, enter the “Change Healthcare Date” range of the transactions you wish to include in your results and click “Create Report”:

The real-time claim status counts report will display a daily and grand total of real-time claim status transactions submitted as well as any transactions that resulted in an error.

The report provides the following details:
- **Change Healthcare Date**: The date Change Healthcare submitted the transaction to the payer.
- **Payer ID**: The payer ID where the transaction was submitted.
- **Total**: Daily total of transactions that were submitted.
- **Error**: Daily total of transactions that resulted in an error.
Claim Status Counts by Provider: To create a real-time claim status counts by provider report, enter the “Change Healthcare Date” range of the transactions you wish to include in your results and “Payer” (if applicable). Click “Create Report”:

The real-time claim status by provider counts report will display a daily total of real-time claim status transactions submitted by “Office Name”, “Tax Id”, and “NPI” (if available). The ability to download results to Excel is available via this report as well.

The report provides the following details:

- **Trx Date**: The date Change Healthcare processed the transaction.
- **Office Name**: The name of the provider/office that submitted the transaction.
- **Tax Id**: The Tax Id of the provider/office that submitted the transaction.
- **NPI**: The NPI of the provider/office that submitted the transaction (if available).
- **State**: The state of the provider/office that submitted the transaction.
- **Trx Count**: Daily total of transactions that were submitted by a provider/office.
Eligibility Counts: To create a claim upgrade counts report, choose a payer from the “Select a Payer” tab and enter the “Change Healthcare Date” range of the transactions you wish to include in your results. Click “Create Report”:

The real-time eligibility counts report will display a daily and grand total of real-time eligibility transactions broken-down by Change Healthcare specific categories.

The report provides the following details:

- **Change Healthcare Date**: The date Change Healthcare submitted the transaction to the payer.
- **Payer ID**: The payer ID where the transaction was submitted.
- **Useful**: Daily total of transactions that resulted in a successful eligibility response.
- **Non-Useful**: Daily total of transactions that resulted in an unsuccessful eligibility response.
- **Failed Validation**: Daily total of transactions that resulted in internal Change Healthcare validation failures.
- **Failed Authentication**: Daily total of transactions that resulted in authentication failures.
- **997 Response**: Daily total of transactions that resulted in an X12 997 response.
- **Not active**: Daily total of transactions that resulted in a “Payer Not Active” Response.
- **Error**: Daily total of transactions that resulted in an “Error” Response (e.g. Error Code 99).
- **Total**: Daily total of transactions that were submitted.
Eligibility Counts by Provider: To create a real-time eligibility provider usage counts report, enter the “Change Healthcare Date” range of the transactions you wish to include in your results and “Payer” (if applicable). Click “Create Report”:

The real-time eligibility provider usage counts report will display a daily total of real-time eligibility transactions submitted by “Office Name”, “Tax Id”, and “NPI” (if available). The ability to download results to Excel is available via this report as well.

The report provides the following details:

- **Trx Date**: The date Change Healthcare processed the transaction.
- **Office Name**: The name of the provider/office that submitted the transaction.
- **Tax Id**: The Tax Id of the provider/office that submitted the transaction.
- **NPI**: The NPI of the provider/office that submitted the transaction (if available).
- **State**: The state of the provider/office that submitted the transaction.
- **Trx Count**: Daily total of transactions that were submitted by a provider/office.
Response Time: To create a real-time response report, enter the “Change Healthcare Date” range of the transactions you wish to include in your results. In addition, select the “Payer” (if applicable) and “Report Type”. Click “Create Report”:

The real-time response report will display a total of real-time transactions that met the 20 seconds or less (SLA) response time requirement as outlined in CORE Rules 156 - Eligibility and 250 - Claim Status.

The report provides the following details:

- **Payer ID**: The payer ID where the transaction was submitted.
- **Payer Name**: The payer name where the transaction was submitted
- **Tot Trx Count**: The total number of transactions for the date range entered.
- **Trx Count Met SLA**: The total number of transactions that met the 20 seconds or less (SLA) for the date range entered.
- **Trx Count Did Not Meet SLA**: The total number of transactions that did not meet the 20 seconds or less (SLA) for the date range entered.

Scrolling right will reveal the “Total Sec” column for the transactions:
- Percent Trx Met SLA: The percentage of transactions that met the 20 seconds or less (SLA) for the date range entered.
- Percent Trx Met Did Not Meet SLA: The percentage of transactions that did not meet the 20 seconds or less (SLA) for the date range entered.
Billing Reports

The billing section provides the user with the ability to create and view claim billing summary and detail reports for each of their assigned “CPS” customer numbers. The billing summary and detail reports availability is limited to those payers that are invoiced directly from the dental division and have been assigned a “CPS” customer number.

Select “Customer ID” (if applicable) and the desired “Billing Period”, click “Create Report”:

The billing summary report will display a monthly total of billed claims and the total charge amount for the “Customer ID” selected.

The report provides the following details:

- **Billing Period**: Month and year in which the billing occurred.
- **Billed Claims**: The total number of billed claims for the month.
- **Charge Amount**: The monthly charge amount for the billed claim
The details of the billing summary report can be viewed by clicking on the “Billing Period” link provided in the result grid.

The “Billing Period” link will highlight a different color when selected. Click the link to access the billing details:

<table>
<thead>
<tr>
<th>Billing Period</th>
<th>Billed Claims</th>
<th>Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/2017</td>
<td>4,237,900</td>
<td>$209,814.96</td>
</tr>
<tr>
<td>04/2017</td>
<td>4,013,968</td>
<td>$197,358.80</td>
</tr>
</tbody>
</table>

The billing detail view displays a daily total of billed claims for the billing period selected:

<table>
<thead>
<tr>
<th>Trx Date</th>
<th>Description</th>
<th>Unit Count</th>
<th>Unit Price</th>
<th>Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/01/2017</td>
<td>Claims - PAR</td>
<td>3,092,955</td>
<td>$0.00</td>
<td>$0.09</td>
</tr>
<tr>
<td>6/01/2017</td>
<td>Claims - NON-PAR</td>
<td>605,952</td>
<td>$0.10</td>
<td>$60,955.20</td>
</tr>
<tr>
<td>6/01/2017</td>
<td>Claims - DeCare</td>
<td>127,446</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>6/01/2017</td>
<td>Claims - PAR (Print)</td>
<td>39,076</td>
<td>$0.10</td>
<td>$3,907.60</td>
</tr>
<tr>
<td>6/01/2017</td>
<td>Claims - PRINT</td>
<td>302,024</td>
<td>$0.17</td>
<td>$51,457.08</td>
</tr>
<tr>
<td>6/01/2017</td>
<td>Claims - REJECTED - No Charge</td>
<td>79,351</td>
<td>$0.00</td>
<td>$0.09</td>
</tr>
<tr>
<td>6/01/2017</td>
<td>PassThrough Charges - Bilevel Provider</td>
<td>1</td>
<td>$2,252.54</td>
<td>$2,252.55</td>
</tr>
<tr>
<td>6/01/2017</td>
<td>PassThrough Charges - Non-Bilevel Provider</td>
<td>1</td>
<td>$6.33</td>
<td>$6.34</td>
</tr>
<tr>
<td>6/01/2017</td>
<td>Eligibility - Claim Customer Charges</td>
<td>6,138</td>
<td>$10.00</td>
<td>$61,300.00</td>
</tr>
<tr>
<td>6/01/2017</td>
<td>Eligibility - Non-Claim Customer Charges</td>
<td>156</td>
<td>$12.95</td>
<td>$2,176.20</td>
</tr>
</tbody>
</table>

The billing detail screen provides the following details:

- **Trx Date**: The date the claims were processed by Change Healthcare.
- **Description**: Product description and payer information.
- **Unit Count**: The daily total of claims processed by Change Healthcare.
- **Unit Price**: The price charged for each claim.
- **Charge Amount**: The total charge amount for claims processed by Change Healthcare.
The user can exit the application at any time by clicking the "Logout" link in the upper right hand corner of the screen. In addition, a "Help" icon is available to assist the user with common Dental Service Connect questions.

Clicking the "Help" icon will display the Change Healthcare Dental Customer Service email and toll free phone number.

Selecting the "Logout" link will log the user out of the application and return them to the initial Login screen:
Contact Information

Customer Support
Toll-Free: (877)394-0027

Technical Assistance
Email: dental-real-time@changehealthcare.com
## Change Summary

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/17/2018</td>
<td>2.2</td>
<td>Updated Contact Information</td>
</tr>
<tr>
<td>10/11/2017</td>
<td>2.1</td>
<td>Published</td>
</tr>
<tr>
<td>09/25/2017</td>
<td>2.1</td>
<td>Rebranded</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, www.changehealthcare.com.

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