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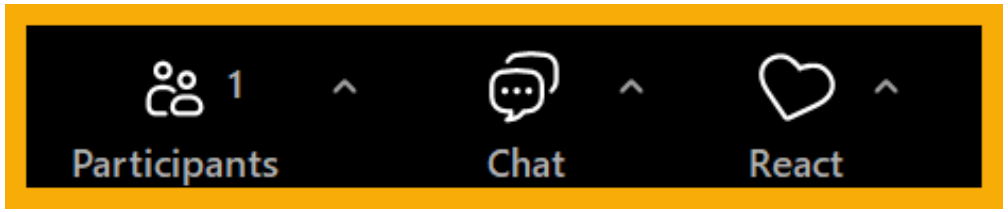
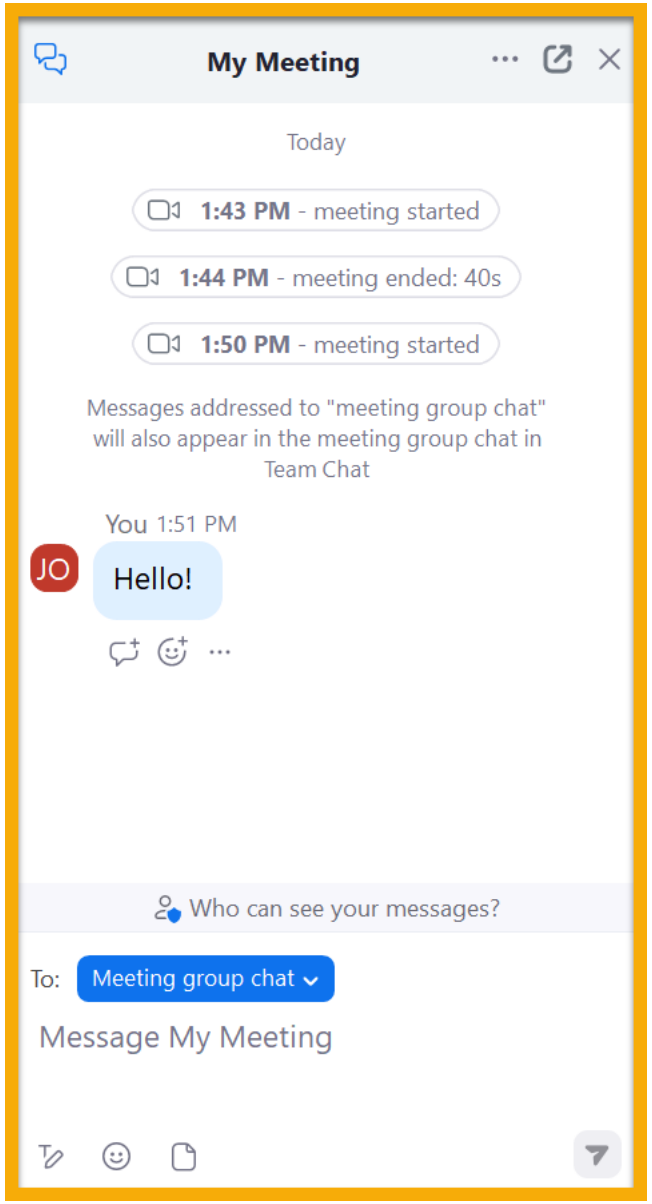
ConnectCenter Navigation

August, 2024

8/12/2024

Accessing Zoom Chat





Today’s Topics for Review

Agenda Topics
Accessing the ConnectCenter
Home Screen Navigation
Rejected Claims Tab
Locating Claims in ConnectCenter
Reviewing File Details
Links to Previous Billing Documents

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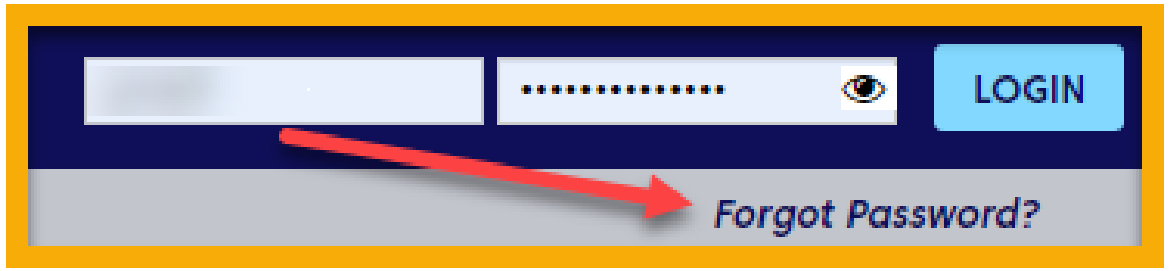
Accessing the ConnectCenter

8/12/2024

Accessing the ConnectCenter

- To access ConnectCenter go to: https://connectcenter.changehealthcare.com/
- If you need your UserID please contact Sandata at 833-545-0394.
- If you know your UserID please enter it and select the “Forgot Password” link to reset your account.
- Once you have reset your password you can log in for the first time.



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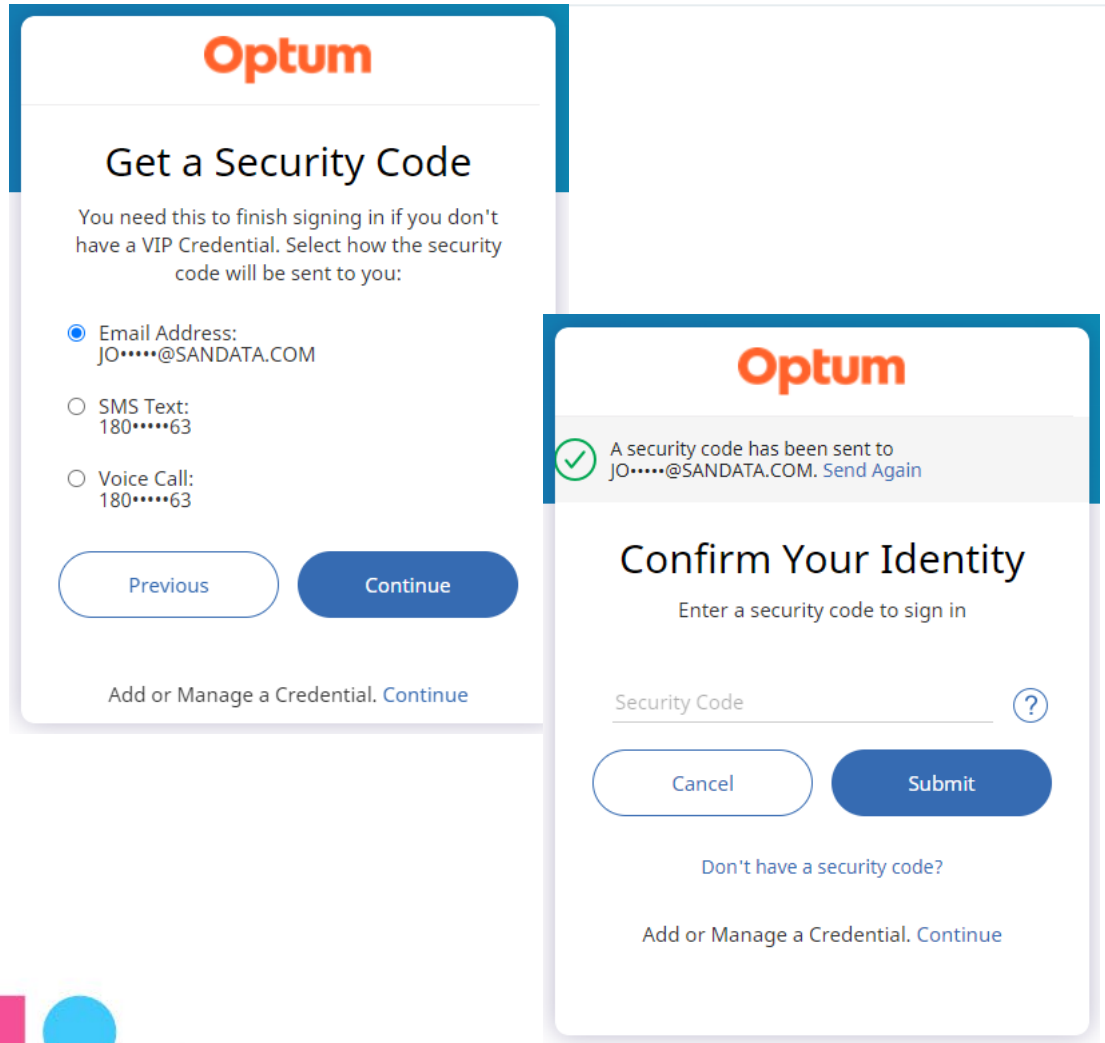
2-Factor Authentication



- You will be asked to utilize 2-factor authentication moving forward for ConnectCenter.
- Selecting the email option will send you a code to your email on file.
- Confirm your identity using the provided code and submit.
  - NOTE: this is new to provide more security moving forward.
- This will bring you to the home screen in ConnectCenter.

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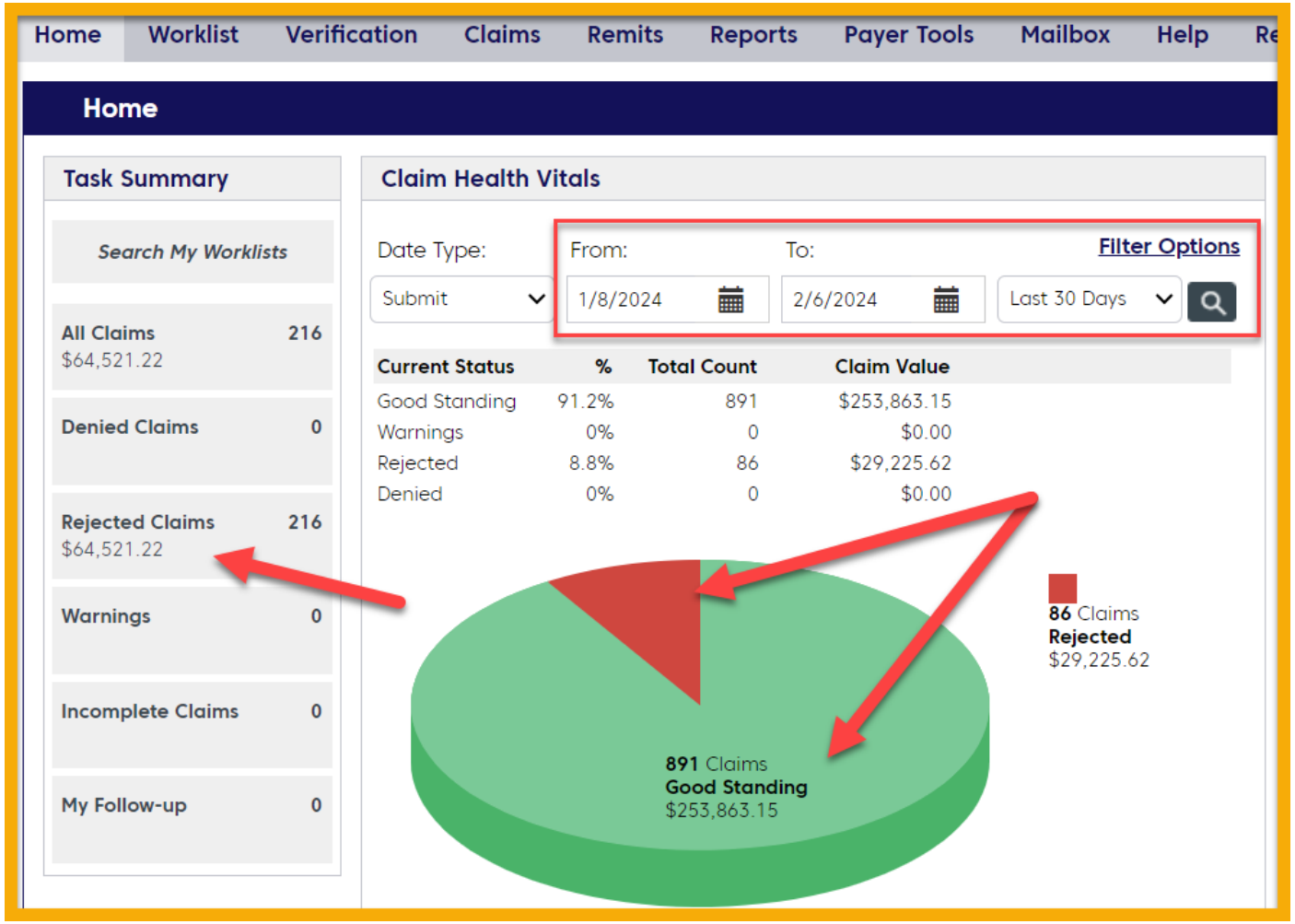
Home Screen Navigation

Home Screen Navigation

- The Home screen displays a pie chart of all claims rejected and/or accepted throughout a specified date range
  - NOTE: Using the pie chart is not the best practice for reviewing claims in detail. Refer to Claims Review Section.
- The date range for viewing can be adjusted using the “From” and “To” filters above the chart
- Selecting the “Rejected Claims” tab on the left-hand side will allow you to view and manage rejected claims



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Rejected Claims Tab

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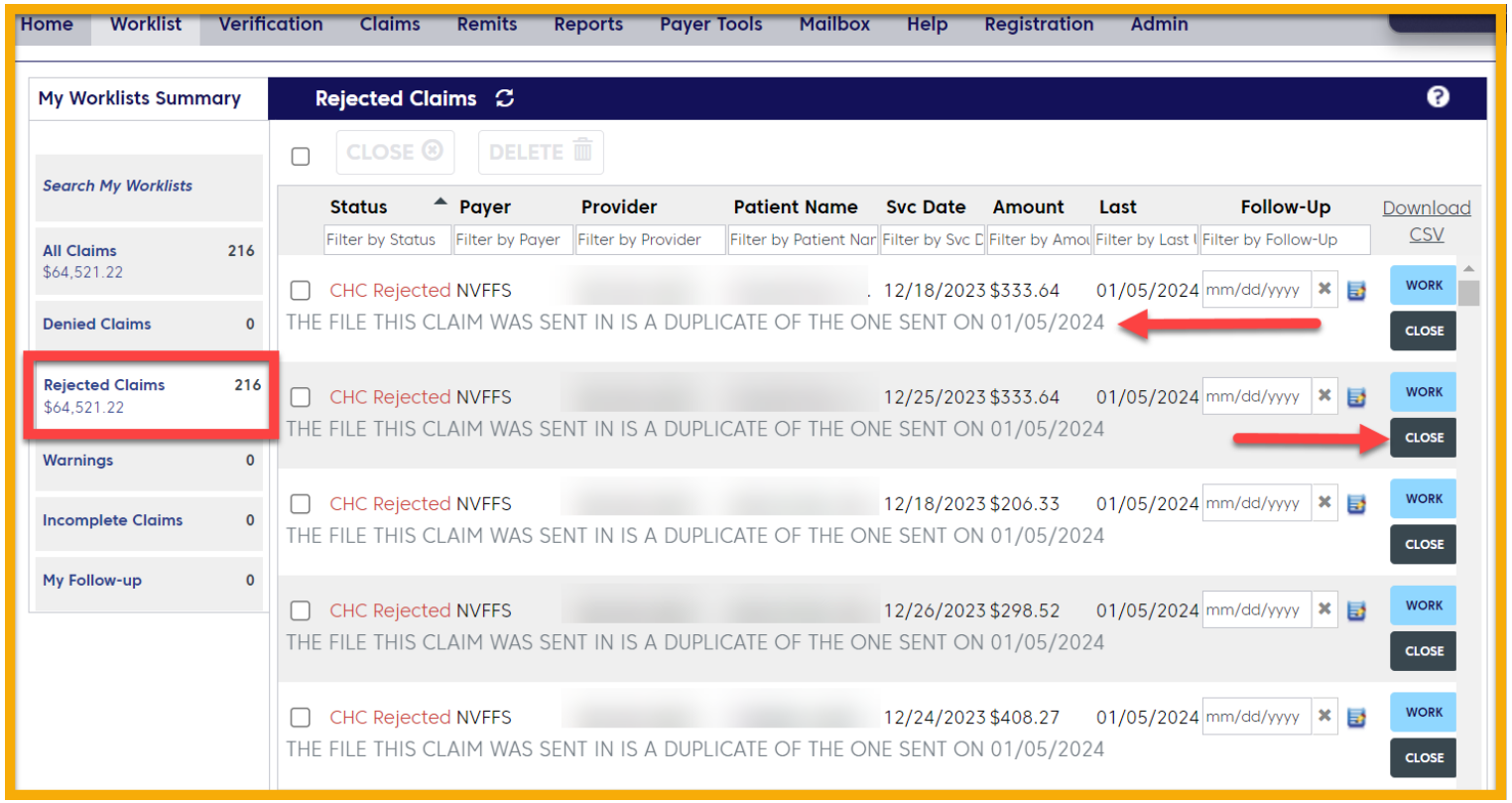
Rejected Claims Tab



- The rejected claims tab will display a brief description on why a visit was not accepted.
- To correct any claims, you will access you EVV system and follow the rollbacks and resubmissions process as needed
  - https://sandata.zendesk.com/hc/en-us/articles/31655293981459-Sandata-EVV-Billing-Process-Recorded-Webinar-July-2024
- Once an item has been corrected in EVV you can select the “CLOSE” option to remove it from this list

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Locating Claims in ConnectCenter

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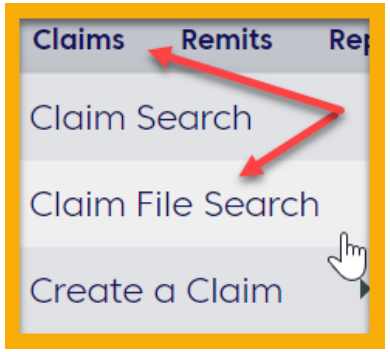
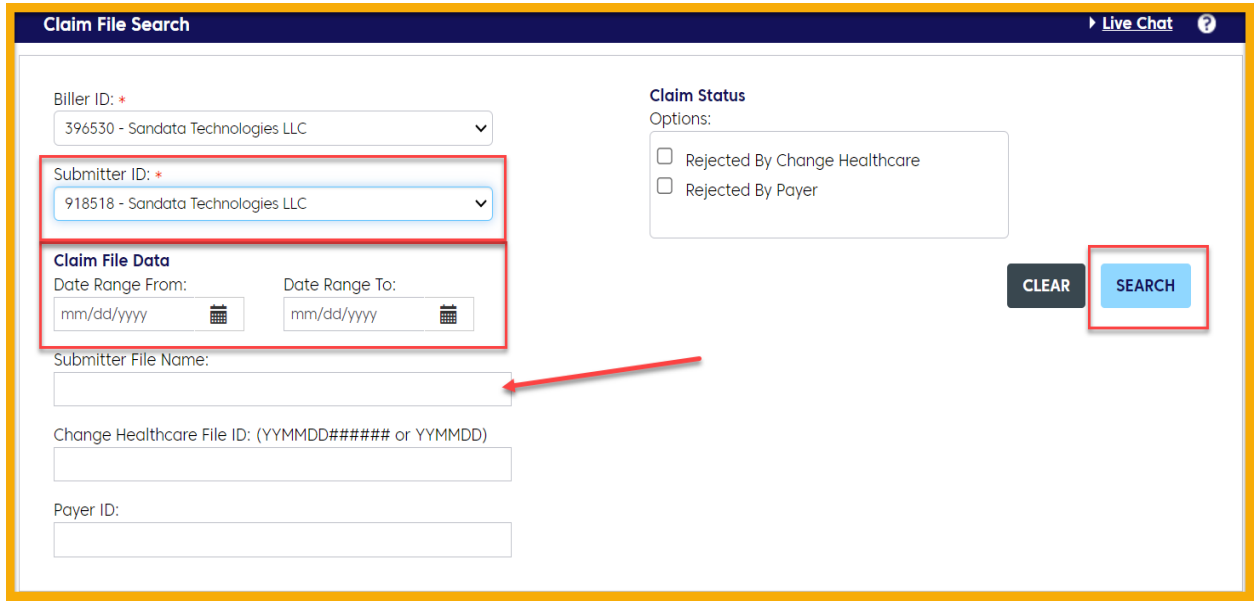
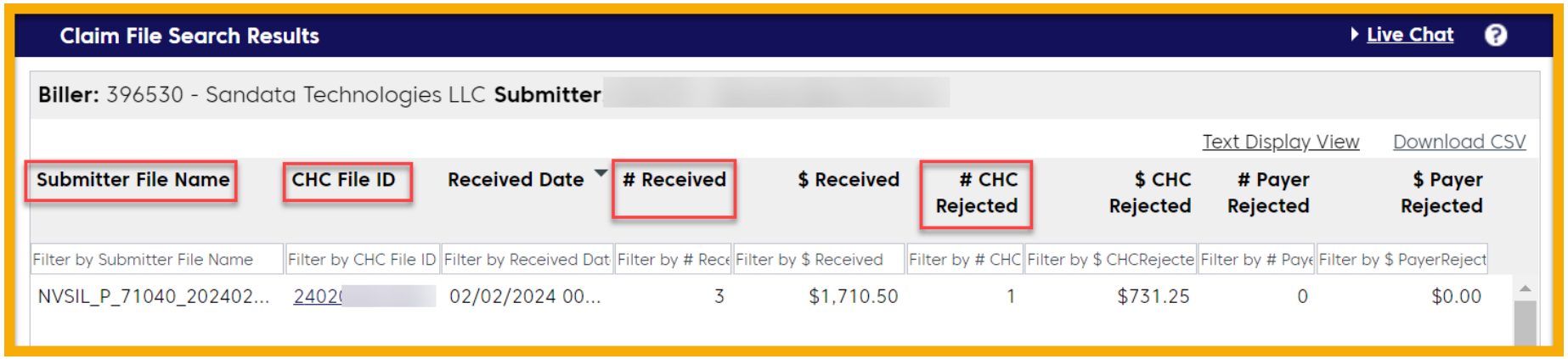
Locating Claims in ConnectCenter

- Access Claims > Claim File Search from the top toolbar
- The Submitter ID should display your agency name and submitter ID
- You can adjust your fields and search dates
  - NOTE: this date range refers to the date the files were submitted from Sandata EVV
- If you know the specific file name from EVV (this can be located on the Billing>Submitted tab in EVV) you can enter this information into the Submitter File Name field





Locating Claims in ConnectCenter (cont'd)



- The Search results will produce the following key pieces of information:
  - Submitter File Name = the EVV file name created/submitted
  - CHC File ID = this is the file ID provided by the ConnectCenter and it is not found within EVV
  - # Received = number of claims within a given file record
  - #CHC Rejected = number of claims within the submitted file that were rejected
- Selecting the CHC File ID will open the claim details for additional review.

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Reviewing File Details

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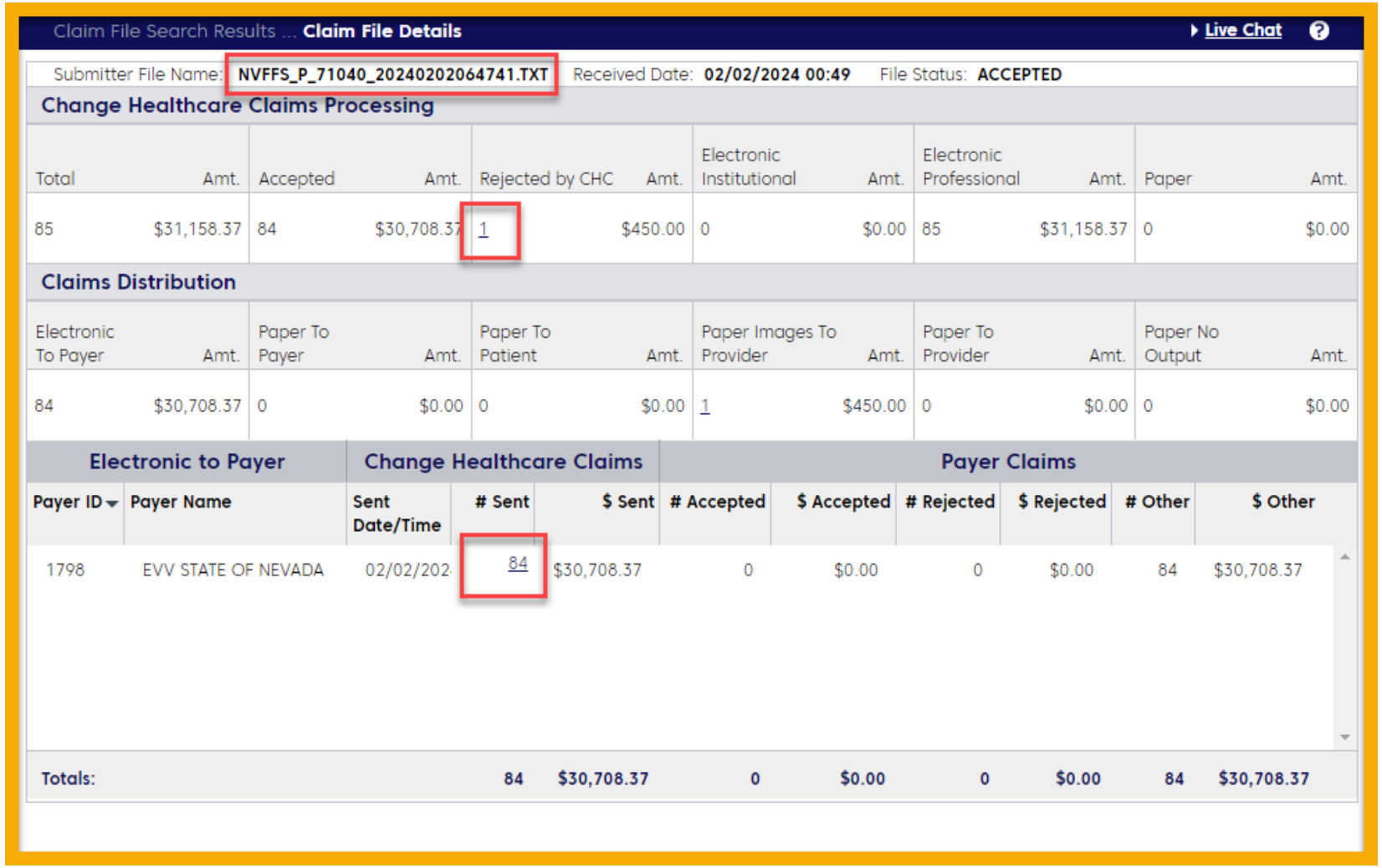
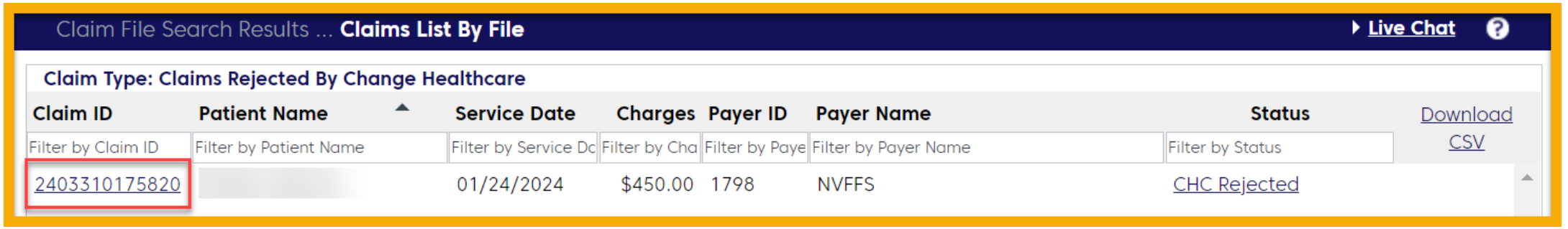
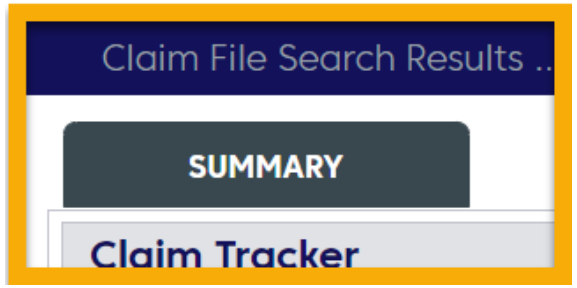
Reviewing File Details

- The top left-hand corner of the details screen displays the file name you are reviewing
- Clicking the rejected (if applicable) or the # sent will open your claims in further detail.



Reviewing File Details (cont'd)





- If there are many claims listed, you can utilize the top tool bar filters to narrow down your results
- Selecting the Claim ID will open the claims for further review
- Once the claim details are opened to this level you should select the "SUMMARY" tab

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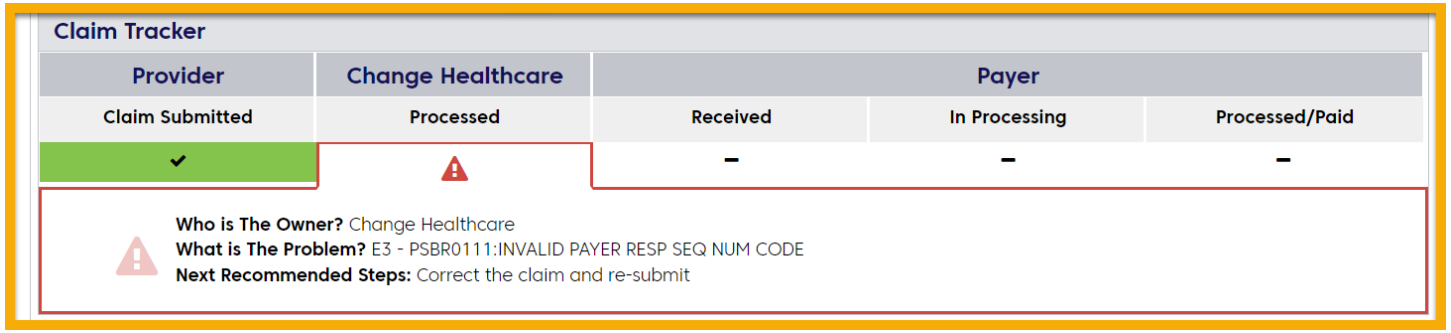
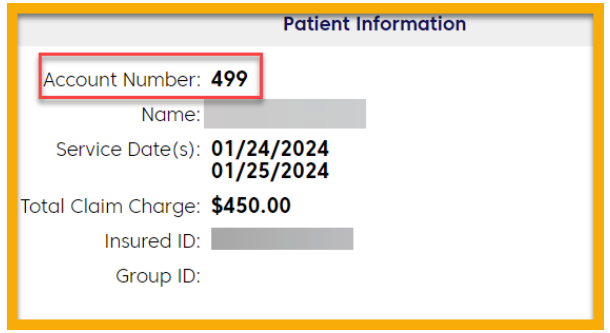
Reviewing File Details (cont'd)





Claim Status	Definition
Acknowledged	The claim was received by CHC.
Accepted	The claim is accepted for adjudication - it contains all the required information to send to the payer
CHC Rejected	The claim is not accepted for adjudication because it is missing something required, like the DOB or the Start of service time, or diagnosis code.
Payer Rejected	The information in the claim is wrong and they can't process it, for example the payer doesn't have a client with that name in their files.
Denied	All or part of the claim was denied and there will be a reason provided.
Request for Information	There is inadequate information provided to process the claim. Information about what is required will be provided.
Pended	A claim is pended when there is missing information the payer is seeking in order to make a coverage decision, such as they are asking questions about alternative coverage, i.e. they think they may not be the primary payer for the client.
Unknown	The Payer status of the claim is unknown.

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Links to Previous Billing Documents

8/12/2024

Links to Previous Billing Documents

- Sandata EVV Billing Process
- NV Billing Training Recording
- NV Billing: Not Okay to Bill Reasons Guide
- NV Quick Guide to Billing Success Infographic
- NV Managing Submitted Claims - Infographic

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