

## Provider Management – Getting Started

Provider Management allows you to create providers that can be used throughout the ConnectCenter application.

Providers keyed into Provider Management can be used when creating a claim, creating a new eligibility request, creating a claim status inquiry, or working with authorizations and referrals.

Although only administrative users will have the ability to use Provider Management, all users who are part of the same submitter account will have access to use any provider created by any admin in the account.

### Steps to add a provider:

[Step 1 – Accessing the Create Functionality](#)

[Step 2 – Create Provider](#)

[Step 3 – Additional Provider Information](#)

[Step 4 – Setting Default Providers](#)

### Step 1 – Accessing the Create Functionality

Provider Management is accessed on the Admin menu and is only available to users who have an Administrative role. The landing page offers a search which is typically not helpful. Most users should click the **Search** button on this screen without adding any search criteria.

**Provider Search** ▶ Live Chat ?

Provider Registration ID: (Pre-Enrollment Providers only)

Biller ID:

Submitter ID:

Provider ID:(Submitter ID is required)

Status :

[To Provider Bulk Load](#)

If this is your first use of Provider Management, the application may display a message 'No providers found'. To add a new provider, click the **Create** button.

**Provider Search Results** ▶ Live Chat ?

No providers found ×

[Download CSV](#)

Submitter ID	Primary Id	Last/Org Name	First Name	Middle	Email	Phone	Effective Date	Status	Expiration
<a href="#">Filter by Submitter</a>	<a href="#">Filter by Primary Id</a>	<a href="#">Filter by Last/Org Name</a>	<a href="#">Filter by First Name</a>	<a href="#">Filter by Middle</a>	<a href="#">Filter by Email</a>	<a href="#">Filter by Phone Nur</a>	<a href="#">Filter by Effective Date</a>	<a href="#">Filter by Status</a>	<a href="#">Filter by Expirat</a>

Other users will find the provider information they entered during the Sign-Up process is listed here. To review an existing provider, click either the Provider ID or the Provider Name.

**Provider Search Results** ▶ Live Chat ?

**Bill:** 214438 - Driscoll Health WC **Submitter:** 717915 - Change Healthcare

[CREATE](#) [TRANSACTION/PRODUCTS](#) [Download CSV](#)

Submitter ID▲	Primary ID ▲	Other ID	Last/Org	First Name	Middle	Email	Phone	Effective Date	Status	Expiration
<a href="#">Filter by Submitter</a>	<a href="#">Filter by Primary</a>	<a href="#">Filter by Other ID</a>	<a href="#">Filter by Last/Org</a>	<a href="#">Filter by First Name</a>	<a href="#">Filter by Middle</a>	<a href="#">Filter by Email</a>	<a href="#">Filter by Phone Num</a>	<a href="#">Filter by Effective D</a>	<a href="#">Filter by Stc</a>	<a href="#">Filter by Expirati</a>
717915	<a href="#">1306838487</a>	<a href="#">API-234234</a>	CHIPPEWA V...	COAD			7158348471	10/20/2020	ACTIVE	
717915	<a href="#">ZXCZXCXZC</a>		STARR COUN...	THALIA			9564875561	02/19/2021	ACTIVE	

**Note:** it is important that you do not create a new provider entry that duplicates an existing entry. Therefore, prior to using "Create" you should carefully review the entire list of providers displayed in this list to confirm that the provider you wish to create is not already listed.

### Step 2 – Provider Demographic Information

- **ID Type** is a required field. ConnectCenter provides a list of id types for your selection. NPI is the default. API and UMPI can also be selected
- API stands for Atypical Provider ID and can be used to record a payer issued provider identifier. APIs are generally used for providers who lack an NPI. APIs are often issued to providers by a state government or state Medicaid office and are likely to be called something entirely different than API. Each state has its

**Provider Search Results** ▶ Live Chat ?

**Create Provider**

**PROVIDER**

**Provider Demographic Information**

ID Type \*

ID \*

Entity \*

Group ID

Type \*

Last/Org Name \*

First Name \*

Middle Name

Title

Prefix  Suffix

Phone Number

Fax Number

Contact

Email

**Other Demographic Information**

Tax ID

Primary Taxonomy Code

Mailing Address

City

State  Zip

Physical Address   Same as Mailing

City

State  Zip

**Alternate Provider IDs**

Provider ID	Type	Group

ID Type

ID

Group ID [ADD ALTERNATE ID](#)

HIS ID

**Activation**

Effective Date:

[CANCEL](#) [SUBMIT](#)

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own nomenclature. Some payers may direct providers to use their Tax ID as their API.

- UMPI is a special type of API that is issued to Minnesota providers by the state of Minnesota.
- **ID** is a required field. ConnectCenter will validate the data entered in this field if it is an NPI.
  - When an NPI is used, ConnectCenter will check the NPI provided against the National Plan and Provider Enumeration System (NPPES). If the NPI is found, data from the NPI registry will be populated. If the data from the NPI registry is out of date, you can and should correct it.
  - When ID type is set to API, no syntax edits will be used to check the format of the ID since formats vary widely.
- **Entity** is a required field. ConnectCenter provides a list of entities for your selection. Provider is the default. Facility, Lab and Other can also be selected.
- **Type** is a required field. ConnectCenter provides a list of types for your selection. Physician is the default. Non-physician can also be selected.
- **Last/Org Name** is a required field.
- **First Name** is a required field, **unless** you have indicated that the provider's entity type is something other than Provider.
- **Tax ID** is an optional field but is highly recommended.
- **Taxonomy code** is an optional field but is highly recommended for anyone who will be creating claims online.
- **Contact Name, Phone, Fax, and Email** fields are all available as optional fields. Many of these fields can be used in the claim, referral or authorization completion processes
- **Mailing and Physical Addresses** are available as optional fields. Physical address is recommended and will be used in the claim creation process.

### Step 3 – Updating Provider Information

After a provider is created for the first time, some additional fields become available for entry. Whether you wish to access one of these new fields or simply review/update prior entries, the steps to edit an existing provider start with selecting **Admin, Provider Management** from the menu. You can search through your provider list by entering the provider ID for the provider you wish to modify and then click the **Search** button. Or you can retrieve the complete provider list by hitting Search without making any entries on the search screen. If a large number of providers are listed, you can filter the list by

entering values in the “filter by” fields found in each column of the table. Results will be updated to show only those that include the text you’ve entered in the filter fields.

To make updates, click provider’s name in the **Last/Org Name** column of the search results grid.

Once a provider has been selected, details about that provider are contained on two separate tabs: Provider and Additional Provider Information. The fields found on the Additional Provider tab are rarely used.

### Using Provider Information

Each of the real-time features, which include eligibility, claim inquiry, authorizations and re referrals, offers a Find Provider option for us in retrieving a provider from the provider list.

When creating a claim, billing, rendering and additional specialized provider fields can be completed using Find Provider. On the 1500 form, use the + button in any provider related field to access Find Provider and retrieve provider demographics. A larger collection of provider related fields may be found on the Claim Details and Service Line Details tabs. These tabs allow you to access your stored provider details using a Find Provider button.

In addition to name and ID, some of the optional provider details that can be retrieved into a claim include:

- Tax ID
- Addresses
- Contact name, phone, email and fax
- Taxonomy codes

### Step 4 – Setting Default Providers

Users can set default providers for use with eligibility, claim status, authorizations, referrals, and claims. Please be aware that there are three distinctly different types of default providers available: Requesting, Billing and Rendering.

All three types of default provider have some things in common:

1. The default selection applies only to you. While the provider list is shared among all the users associated with a specific submitter account, the option of setting one of the listed providers as a default applies only to the person who takes the act of setting a default.

2. Default providers cannot (currently) be set from the Provider Management screen. Instead, you will need to go to the feature where the default provider is to be used and make the update there. Additional instructions are included below.

**Default Requesting Provider**

To create a default requesting provider, go to either eligibility, claim status or authorization/referrals by choosing one of the following from the main menu:

- Verification, New Eligibility Request
- Verification, Authorization/Referral Status
- Verification, Authorization/Referral Submission
- Claims, Claim Status

Each of these features offers a Find Provider button. Clicking Find Provider opens the Select a Provider window. From the **Select Provider** screen, select the **Default** radio button for the provider you wish to set as your default. The next time you create a new eligibility, claim status or authorization/referral request the default provider will be pre-filled into the form.

Select	Primary Id	Last/Org Name	First Name	Tax ID	Taxonomy Code	Effective Date	Status	Expiration	Default
<input type="radio"/>	3846593895	Smith	John	593869385	P.T.C. ATS	11/13/2018		11/13/2025	<input type="radio"/>
<input type="radio"/>	1295835968	Anderson	T	232323233		08/28/2014	ACTIVE	08/28/2020	<input type="radio"/>

Note: that checking the default option does not close the Find Provider window. Click the radio button on the left side, in the Select column, to return to the screen you were on when you clicked the Find Provider button.

**Default Billing Provider (Claims Only)**

To create a default billing provider choose Create a Claim > Professional from the Claims menu. Scroll down to Box 33 of the 1500 form and click the small green plus sign. This will open the Provider list, which looks the same as it does when opened from the eligibility form, shown above.

As previously described, you simply place a check in the default column, next to the correct provider.

The Default Billing Provider can also be set on the Claims Details tab of the professional claim. Use the Find Provider button in the Billing Provider section of the Claim Details

screen as an alternate way to change the default Billing Provider.

**Default Rendering Provider (Claims Only)**

To create a default rendering provider choose Create a Claim > Professional from the Claims menu. Click the Claim Detail tab and then scroll down to the Rendering Provider section. Use the Find Provider button to open the Provider list, which looks the same as it does when opened using either of the other methods described above.

As previously described, you simply place a check in the default column, next to the correct provider.

Note: that if your rendering provider information is identical to your billing provider information it may be best if you do NOT specify a default. Some (but not all) payers will reject claims in which the billing and rendering provider information is the same.

The Default Rendering Provider cannot be set from anywhere other than the claim's Claim Details tab. Although the line level sections of the claim do offer a find provider feature for use in choosing a line level rendering provider, there is no option to set a default rendering provider from these parts of the claim. That is because line level rendering providers typically should not be included on a claim unless different from the claim level rendering provider.

**Other Claims Providers**

While there are quite a few additional types of providers that can be included on a claim, ConnectCenter does not provide an option to set defaults for any of the other types. Other types of providers (for example referring, prescribing, supervising) are less likely to be the same for all of you claims which means that including a provider by default in those cases is as likely to make the claim inaccurate as it is to make it accurate. For any of these other types of providers, where no default is available, you will note that you can access the provider list but the list will not offer a default column.