HEALTHGRAM a.k.a. PRIMARY PHYSICIANS CARE
DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

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<th>PAYOR ID NUMBER</th>
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**ELECTRONIC REGISTRATIONS AGREEMENTS REQUIRED**

Participation in Dental Electronic Remittance Advice (ERA) is limited to those providers whose practice management software vendor is participating in ERA with Change Healthcare or to those providers who have a Dental Provider Services (DPS) account. Please contact your software vendor to verify participation or register for a DPS account at https://dental.changehealthcare.com

**Dual Delivery of v5010 X12 835 and Proprietary Paper Claim Remittance Advices**

As part of the Affordable Care Act (effective 1-1-14), health plans are required to dual deliver the electronic (ERA/835) and paper remittance advices for a minimum of 31 calendar days or at least 3 payment cycles.

At the conclusion of this time period, delivery of the paper remittance advices may be discontinued. Providers who wish to continue receiving paper remittance advices for a longer period of time may request so by contacting the health plan directly. Upon mutual agreement between the provider and the health plan, the timeframe for delivery of the paper remittance advices may be extended by an agreed-to timeframe.

If the provider determines it is unable to satisfactorily implement and process the health plan's electronic v5010 X12 835 following the end of the initial dual delivery timeframe and/or after an agreed-to extension, both the provider and health plan may mutually agree to continue delivery of the proprietary paper claim remittance advices.

**CCD+ REASSOCIATION**

As part of the ERA enrollment process, and to comply with the Affordable Care Act CAQH CORE Rule #370, Change Healthcare requests you contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Reassociation Data Elements.

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<tr>
<th>CCD+ Record #</th>
<th>Field #</th>
<th>Field Name</th>
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<tbody>
<tr>
<td>5</td>
<td>9</td>
<td>Effective Entry Date</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>Amount</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>Payment Related Information</td>
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The data contained in the Minimum CCD+ data elements will allow you to easily associate your EFT and ERA transactions. You may read more about the CAQH CORE Rule 370 at the CAQH website http://caqh.org/.
## ENROLLMENT CONFIRMATION

ERA enrollments take approximately 1-3 business days for completion. Once complete, Change Healthcare will notify the provider or their PMS vendor, as defined by the PMS vendor.

## CHANGING ELECTRONIC BILLING AGENTS

If the Provider currently receives ERAs through another Billing Agent other than Change Healthcare each Provider must re-enroll following the procedures listed above.

## LATE/MISSING EFT & ERA PROCEDURE

All late/missing ERAs/EFTs are handled by EFTsupport@changehealthcare.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via ON24/7.

## DISCONTINUING ERA

Discontinuing ERA is a 2 step process.

1. Deactivation
   a. Providers receiving ERAs via their Practice Management Software need to request deactivation from their software Vendors. Please call your PMS directly.
   b. Providers receiving their ERAs via an Change Healthcare DPS account need only ignore the ERA option when logging into the DPS.

2. Payer Un-enrollment
   a. Each payer has their own unique process to discontinue ERAs and return to paper Remittance Advice. Please follow the below steps for this payer.

   Email request to dentalenrollment@changehealthcare.com. Include provider name and Tax ID.

## CONTACT PHONE NUMBERS

Change Healthcare Dental Provider Enrollment 888-255-7293 opt. 2