



Claiming & Remittance for Payers

Transform Your Claims and Remittance Process

Processing claims manually is a costly, error-prone practice that often leads to rework, delayed payments, and disgruntled providers. There's a better way.

With our Claiming & Remittance solution, you can both receive claims and send remittances electronically to optimize efficiency, accuracy, and speed while helping to reduce your costs.



Boost Efficiency and Cost Savings with Electronic Claims Processes

Our Intelligent Healthcare Network™ connects you to more than 800,000 providers so you can receive claims and send remittances directly, quickly, and accurately

The Broadest Reach

Transition from manual-to-electronic claims processing with our Claiming & Remittance solution and help transform your business:

- Our Intelligent Healthcare Network™ houses one of the most extensive repositories of rules and logic, applying edits and customizations to help you receive more clean claim submissions
- More clean claims mean fewer claims to pend, reject, and rework, resulting in both time-and-cost savings
- A more streamlined processing of claims facilitates faster adjudication and payment, helping to improve provider satisfaction
- The direct visibility that providers gain into claims processing helps reduce time spent searching and communicating claim status
- Sending remittance advice electronically saves time, and helps reduce paper and postage expenses

Additional Features

- Maintain visibility of transactions with flexible search options, such as patient, batch, and status, with instant access to 15 months of data and multiple export options
- Identify problems, opportunities, and trends via dashboard analytics
- Leverage our experience to help you with any hurdles or obstacles. We process 12 billion healthcare transactions annually, including an estimated \$2.0 trillion in healthcare claims, and we touch 1 in 5 U.S. patient records
- Rely on the security of our network, which is accredited/credentialed by six industry organizations

Optimize Operations

Claiming & Remittance for Payers integrates seamlessly with our other Medical Network solutions:

- Eligibility & Patient Access gives providers access to real-time eligibility and benefits information to help increase clean-claim submissions
- Medical Claim Attachments enables you to receive attachments electronically for faster claims processing
- Advanced Claim Management helps improve claim auto-adjudication rates
- Payer Connectivity Services manages transaction streams at a single connection point
- Claims Automation enables you to outsource mail room operations
- Our Developer Platform helps you reduce complexity and overhead with RESTful APIs (application programming interfaces)

All statistics based on Change Healthcare data and analysis.



About Change Healthcare

Change Healthcare is inspiring a better healthcare system. Working alongside our customers and partners, we leverage our software and analytics, network solutions and technology-enabled services to help them improve efficiency, reduce costs, increase cash flow, and more effectively manage complex workflows. Together, we are accelerating the journey toward improved lives and healthier communities.

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