

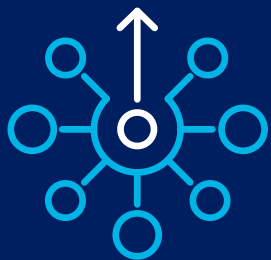


Medical Network for Payers

Streamline Electronic Claim Transaction Processing

The healthcare reimbursement process is changing. Increased regulation, patient responsibility, and administrative duties have created growing pressure on payers and providers alike. To succeed in this fragmented and rapidly changing landscape, payers need a solution to reduce costs and improve efficiencies associated with claims processing – now and into the future.

Medical Network for Payers is a platform that leverages our vast nationwide connectivity to streamline provider and patient engagement. Our suite of solutions support narrow networks, high-deductible plans, bundled payments, and other forms of benefit design.



Medical Network for Payers Reduces Costs and Aids Market Entry and Plan Design

Change Healthcare connects with 800,000 physicians and 2,100 payers, and processes 12 billion healthcare transactions each year

Eligibility and Patient Access

According to the 2016 CAQH Index, health plans could save \$649 million a year through electronic eligibility and benefit verification.¹

Medical Network for Payers connects payers to hundreds of provider workflow applications to communicate critical coverage details. Self-service provider tools enable providers to find the information they need themselves, without resource-consuming calls into the payer support desk.

- Eligibility inquiries (270 / 271)
- Referral authorizations and notifications (278)
- Hosted data solutions for both eligibility and referral authorizations

Claiming and Remittance

Medical Network for Payers digitizes the claiming and remittance cycle with hundreds of thousands of providers in local and national networks.

Claims Management can help improve efficiencies, reduce rejected claims and shorten the adjudication process.

Electronic Attachments eliminate paper. Advanced editing enables payers to reject or pend claims submitted without required attachments.

Claims Status provides visibility from submission to payment, reducing payer support desk calls.

Electronic Remittance Advice (ERA) can help eliminate printing and mailing paper remits, and reduces provider calls.

Claim Integrity

Claim Integrity is an advanced claiming solution that can help elevate payer-provider relations, reduce transactional costs, reduce support calls, and facilitate value-based reimbursement programs. Premium editing and routing capabilities can help improve clean claim rates, and support coding requirements to curtail medical loss.

- Edits include member/provider-based claim rejections, data enhancement, clinical and administrative coding rules
- Claim routing to re-pricing networks (PPOs) and other entities
- Gateway Management Application (fka PCS) to maximize visibility into claim traffic

1. <https://www.caqh.org/sites/default/files/explorations/index/report/2016-caqh-index-report.pdf>

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.