

Change Healthcare Medical EDI Network

Start ▶

CHANGE
HEALTHCARE

Insight. Innovation. Transformation.

The Change Healthcare Medical EDI Network is the largest financial and administrative network in the U.S. healthcare system.

We are rooted in modern healthcare technology and provide a unique set of capabilities.

The breadth and depth of our Medical EDI Network and our position in the middle of the healthcare ecosystem allow us to help optimize administrative functions, improve connectivity, reduce costs, and enhance care to members.

We can help augment your claims processing system with electronic workflows by automating and linking claims processes. With analytics enhancements and machine learning insights, we help you determine payments upstream instead of downstream.



Introduction

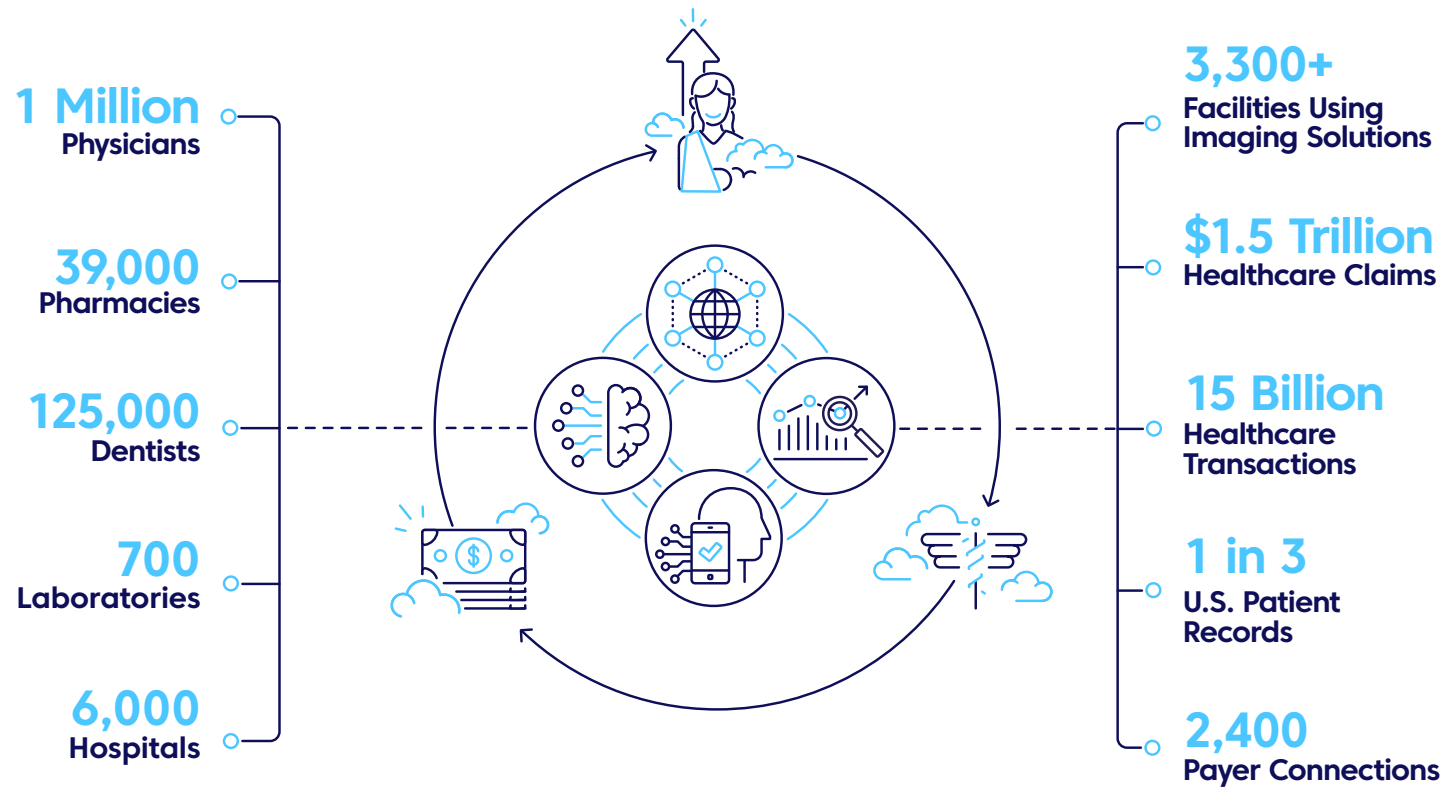
Payer Challenges

Medical Network Capabilities

EDI Transaction Solutions

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Our Medical Network completes 15 billion transactions each year, representing over \$1.5 trillion in healthcare claims



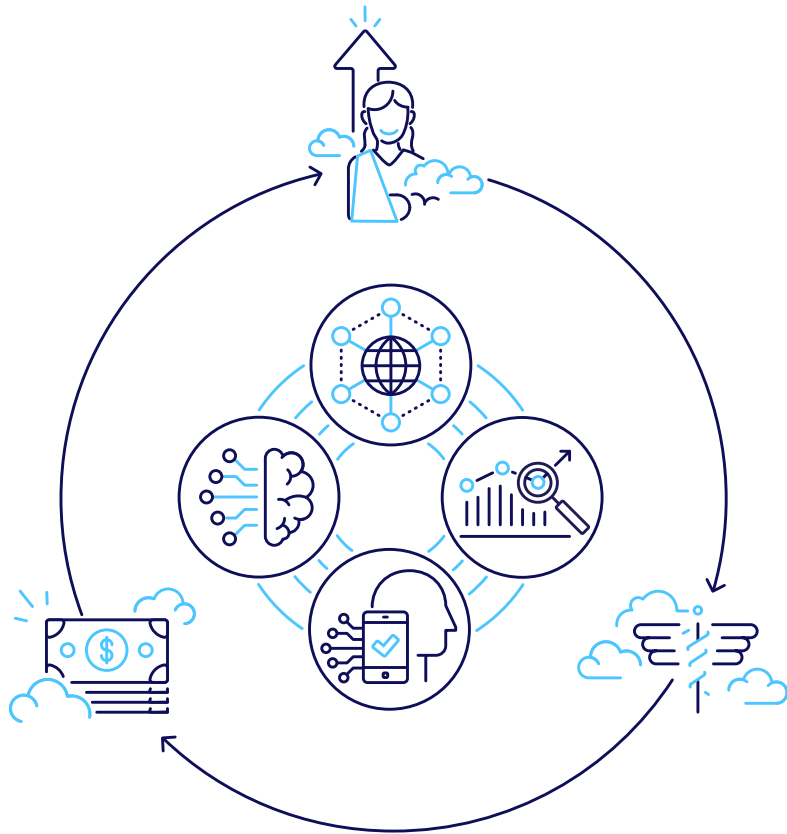
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Our modern Medical EDI Network tackles multiple challenges shared by payers, providers, and patients.

- Patients are in charge, increasingly, of their own healthcare journey, including payments.
- More providers are moving to value-based care.
- Regulators are pushing for greater visibility and interconnectivity.
- Workflows are becoming more integrated throughout the industry.
- Cost savings pressures are increasing, leading to industry consolidation.

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Wasteful Spending

30% of U.S. Healthcare spending is estimated to be wasteful.

U.S. healthcare expenditures expected to grow from **\$3.5T** in 2017 to **\$5.7T** by 2026.

Increasing Consumerism

HDHPs have grown **12%** annually since 2012.

The Shift to Value-Based Care

Increases the need for enhanced documentation, robust data, and sophisticated analytics.

Growth of Higher Risk Patient Populations

34% growth in >65 population
The number of people with chronic conditions is rapidly increasing.

Proliferation of Healthcare Data

Unprecedented rise in healthcare data **>2,300 exabytes**

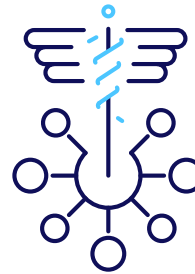
Source: PwC, ORC Change Healthcare Research, Modern Healthcare

Transforming Your Healthcare Organization With End-to-End Healthcare Solutions

Our modern Medical EDI Network can optimize your clearinghouse with value-added solutions addressing healthcare challenges that help:

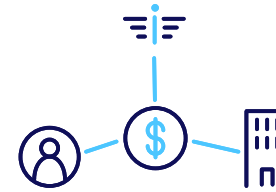
- Create efficiencies
- Increase cash flow
- Manage complex workflows
- Reduce and control costs

Payers Are Looking for New Ways of Doing Business



They Must:

Modernize
Automate
Digitize
Become Fully
Connected



In Order To:

Create Efficiencies
Increase Cash Flow
Manage Complex
Workflows
Reduce and
Control Costs

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Our Medical EDI Network manages inbound and outbound transactions, providing access to innovative value-add capabilities.

Operational Savings

Improve efficiency of EDI and business functions

Proactive Alerts	CRCR Clinical Feed with NLP
Prov Rel Research Portal	Clinical Document Collector Attachments
EDI Research Portal	Clinical Document Collector Enrich Prior Authorization Attachments
Document Analytics	Clinical Document Collector Enrich HEDIS
Attachment with APIs	Eligibility & Claim Status API

Pre-Adjudication

Reduce claims operations costs by rejecting early rather than denying later.

Type 1-7
CCI Edits
Custom Edits
Content-Based Routing

Predict Time-to-Pay
Predict Denials
CXT Pre-Submission
Root Cause Analysis

Payment Accuracy

Improve clinical savings

DRG Advisor™
COB Vision
Coding Advisor
IRN Repricer

Risk-View™
Dx Gap Advisor
Care Gap Advisor

Member-Facing

Empower members to manage their own care

CMS Interoperability API
Consumer Health App
Clinical Document Collector Interoperability

Member Pay with API
True-View™
Care Gap Advisor

● Core Clearinghouse Function

● Machine Learning

● Visibility via Portal

● Member App/Portal API

● Clinical Data Retrieval

● Pre-Adjudication Edits

● Payment Accuracy Function

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Operational Savings Solutions

Improving the efficiency of EDI by providing visibility and greater insights into transactions.

Solution	Description
Eligibility and Claim Status API	Reduce provider calls by providing a real-time claim status and eligibility API
Attachments with API	Request, submit, and review supporting documentation in a more streamlined, completely electronic workflow
CRCR Clinical Feed with NLP Clinical Document Collector Attachments Clinical Document Collector Enrich Prior Authorization Attachments Clinical Document Collector Enrich HEDIS	Electronic delivery that merges clinical and administrative functions together by connecting requesters (providers, health plans) and submitters (EHRs, HIEs) to deliver electronic clinical data in batch and near-real time
Proactive Alerts	Immediately learn about submitter and provider errors before problems build up
Provider Relationship Research Portal	Improve provider relations with communications through a portal that can decrease research time
EDI Research Portal	Help EDI teams researching “what happened to my claim” and proactively reduce rejects using root cause analysis
Document Analytics	Better understand volume activity and submitter trends

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Pre-Adjudication Solutions

Reduce claims management expenses by rejecting claims early in the adjudication process rather than being denied many days later, helping prevent provider friction and expensive claim research and rework by claims operations teams.

Solution	Description
WEDI SNIP Type Edits 1-7	Apply SNIP Types 1-7 edits and reject now verses deny later. Applies multiple validation experience by provider/submitter and payer’s line of business Types 1 & 2: Syntax edits Type 3: Balancing edits Type 4: Situational edits Type 5: External code set edits Type 6: Specialty edits Type 7: Government edits
CCI Edits	Apply CCI edits and reject now verses deny later saving expensive rework by claims operations
Custom Edits	Move common adjudication edits forward and “reject now.” Review common CARC/RARC remit codes to identify edits to move forward into PCS
Content Based Routing	Route to different systems and workflows. Also used to route to PPOs for repricing claims up front and reduce claim charges. Routing includes reconciliation and age reporting
Predict Time-to-Pay	Reduce provider phone calls by setting payment timing expectations using machine learning
Predict Denials	Reduce denials up front by rejecting immediately with a specified confidence level using machine learning. Function also can predict denial reasons
Price Claims	System can host fee schedules and price claims using Reimbursement Manager
Root Cause Analysis	Proactively reduce rejects to improve provider relations and EDI research

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Payment Accuracy Solutions

Payment Connectivity Service (PCS) solutions that operate over one pass of the data for pre-adjudication services, helping to improve clinical savings and create efficiencies.

Solution	Description
DRG Advisor™ (Roadmap)	Help ensure claim diagnosis codes and DRG coding are in sync
COB Vision (Roadmap)	Reduce claim payments by detecting third-party health plan coverage using machine learning. System can reject claims or mark claims before delivering
Coding Advisor	Reduce claim charges for providers that over-code
IRN Repricer	Reduce claim charges by leveraging Change Healthcare repricer network of 50+ PPOs
Risk-view™	Identify and anticipate new member conditions for care management and proper coding using machine learning
Dx Gap Advisor	Help ensure claim diagnosis codes are correct based on conditions discovered with risk analytics
Risk Mitigation Advisor	By using risk analytics, system identifies new acute condition(s) and engages the provider for verification

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Member-Facing Solutions

Tools and solutions to help members manage their own care throughout their healthcare journey—from finding providers to payment.

Solution	Description
CMS Interoperability API	Help meet CMS Interoperability rules on time by providing a platform for member-facing apps. Includes Patient Access API for EOBs, encounters, and clinical data. Includes medical and pharmacy directories with formularies with payer to payer API support
Consumer Health App and Portal	Help members better manage their health within one portal or mobile app that interfaces with Change Healthcare’s Interoperability solution. Includes member payment
Clinical Document Collector Enrich Interoperability	Enrich payer’s interoperability clinical feed with data from Change Healthcare’s clinical network
Member Pay with API	Simplify member payments directly to providers and improve provider relations. Payments are made via EFT, VCC, and digital checks
True-View™ with API	Meets the CMS Transparency Rule to deliver file extracts to providers for their HMS or PMS systems. Review cost and quality estimates to help find the best care at the right price

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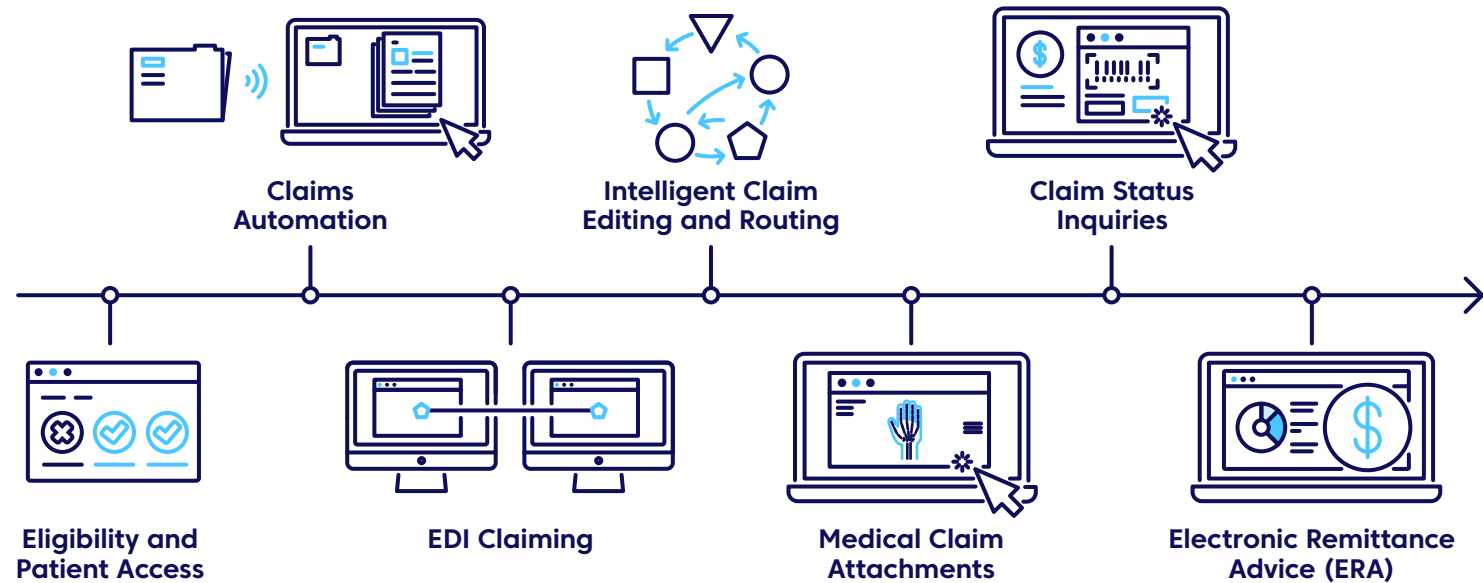
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The transaction part of our Medical EDI Network consolidates and manages inbound and outbound transactions for eligibility and benefits verification, claims submission, and processing, remittance, and payments.



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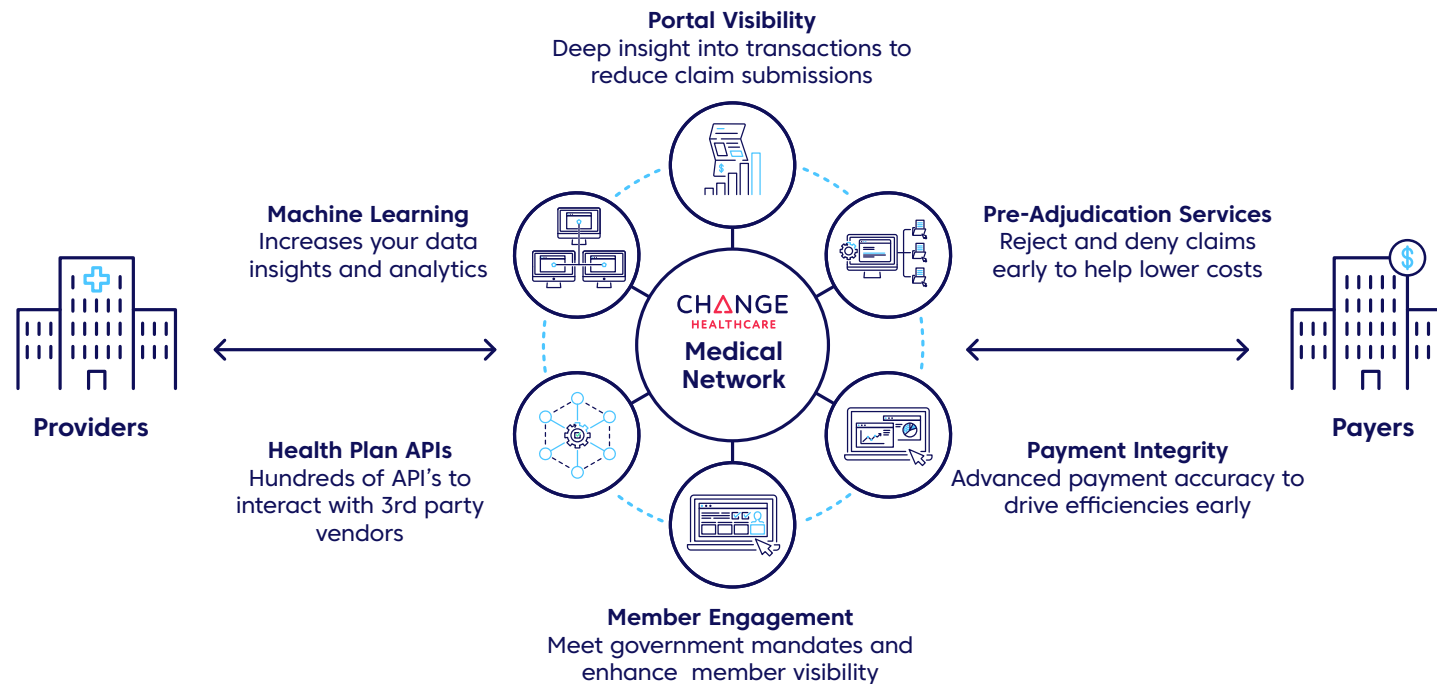
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A Modern Medical EDI Network to Help Transform Your Organization

We continuously invest in our network to improve speed, service levels, and overall performance. Our focus is providing more innovation and value, end-to-end workflows, and automation. We are committed to providing service across markets that are poised to scale.



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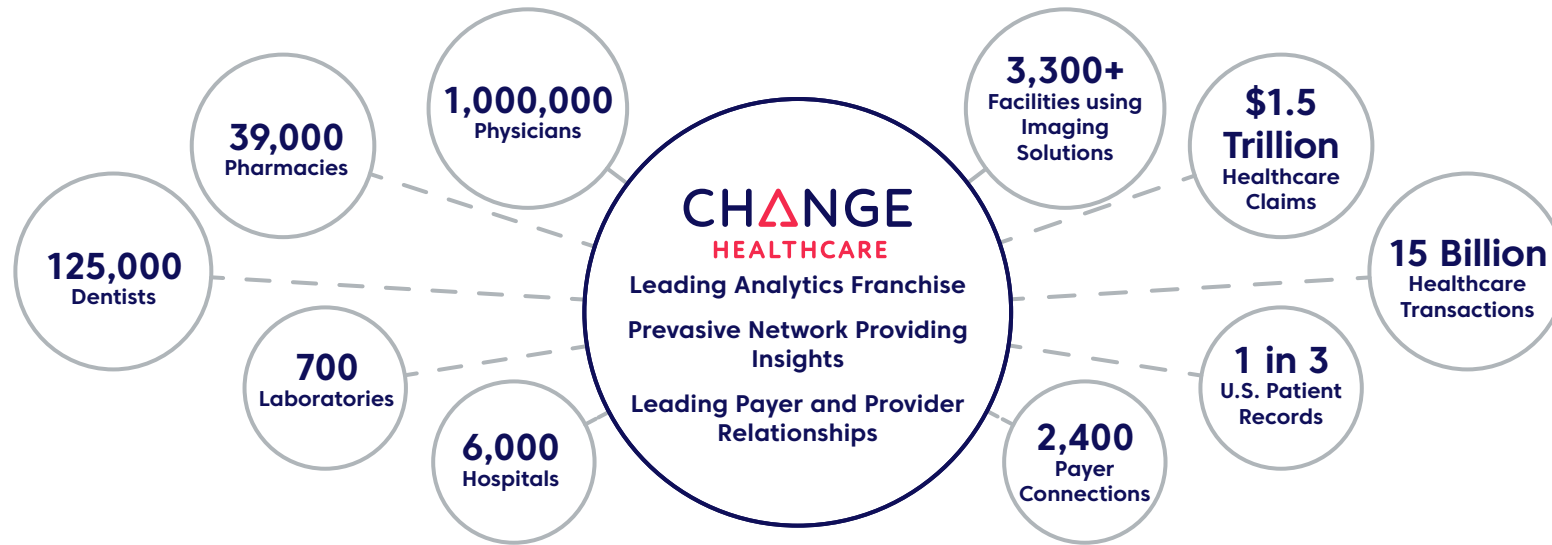
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Mission Critical Partner to the Healthcare Industry

Technology is the core of the Change Healthcare Medical Network. Our leading network and solutions connect customers and consumers throughout the healthcare system.



Improve Clinical Decision Making

Simplify Billing, Collection, and Payment

Enable a Better Patient Experience

Reduce Administrative Errors

Increase Cash Flow and Lower Costs

Enhance Transparency

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**Click here for more about
Medical Network Solutions**



About Change Healthcare

Change Healthcare (Nasdaq: CHNG) is a leading independent healthcare technology company, focused on insights, innovation and accelerating the transformation of the U.S. healthcare system through the power of the Change Healthcare Platform. We provide data and analytics-driven solutions to improve clinical, financial, administrative, and patient engagement outcomes in the U.S. healthcare system.

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