

CHΔNGE
HEALTHCARE

Insight. Innovation. Transformation.

Revenue Integrity Services

Optimize Reimbursement, Quality Outcomes, and Compliance



With Change Comes Opportunity

At Change Healthcare, we see opportunities to ensure revenue integrity in all phases of the revenue cycle. While many providers focus strictly on the mid-cycle and take a piecemeal approach to drive incremental improvement, we know that revenue integrity is really an outcome. To achieve optimal revenue integrity, all the front-end, middle, and back-end processes that drive it must be addressed collectively to deliver maximum compliance and reimbursement for every clinical encounter.

Our experts help specialty practices and hospitals improve decision-making from the first time a patient engages to final claim submission, with analytics and reports to drive continuous quality improvement.

We deliver value to our customers by providing:

- **An experienced and highly specialized workforce** who can help:
 - Triage and route patients to clinically appropriate, cost-effective care settings
- **Conduct initial/prospective admission reviews** using clinical-decision support tools
- **Leverage clinical and allied health expertise** to manage the authorization process
- **Optimize revenue** by focusing on the specific needs of each specialty
- **A rigorous quality-review process** that mitigates compliance risk and helps ensure appropriate revenue capture
- **An optimized delivery model** that provides a flexible resource pool and global team solutions
- **Business insights** via reporting and analytics to increase performance transparency and identify coding-pattern trends
- **Process efficiency** driven by technology-enabled resource management to deliver faster turnaround times while effectively managing costs

- **A proactive and integrated approach** to identify areas for opportunity and drive action across the clinical revenue cycle

Our Services

You can begin improving revenue integrity today by engaging one or more of our services:

- Clinical Access and Triage Management Services
- Utilization Management Services
- Connected Authorization Services
- Physician and Hospital Coding Services
- Coding Quality and Audit Services
- Clinical Documentation Improvement Services
- Charge Capture Compliance Audit Services

Optimize Revenue While Maintaining Compliance

Clinical Access and Triage Management Services

We help you align needs to resources by routing patients to clinically appropriate, cost-effective care settings.

- Clinicians average 10+ years of clinical experience, with expertise in care management and telehealth services.
- We use evidence-based protocols and clinical decision support tools to assist patients seeking help with illnesses and injuries, medication compliance, chronic case management, post-operative follow-up, test results, and discharge planning compliance.
- Your organization benefits by helping to ensure: patients receive care in a timely manner; resources allocated to secondary and tertiary care are used wisely; costly and unnecessary readmissions are avoided; and bad debt risk associated with unnecessary ED visits is mitigated.

Utilization Management Services

Our services help to ensure patients receive the most appropriate level of care while helping to reduce medical necessity denials. These include:

- Initial/ prospective reviews on admission help to determine the appropriate care setting, including placement-status reviews using InterQual® or another evidence-based clinical decision-support tool.
- Concurrent authorization services for admissions.
- Additional scrutiny is applied when decision-support tools conflict with a physician's clinical judgement, with additional documentation for medical necessity of care.
- Reporting and analytics keep you informed of performance so you can track the return on investment.

Connected Authorization Services

We leverage expertise, broad payer connectivity and intelligent automation to manage prior authorization, including pre-certification for inpatient and outpatient procedures and therapies, and inpatient retrospective authorization after receipt of Medicaid eligibility.

- Expert staff has in-depth knowledge of Medicare, Medicaid, and commercial requirements. We monitor authorization requests using our automated technology, with clinical specialists overseeing complex cases.
- Scalable technology interfaces with your HIS to automate tasks in real time, such as identifying authorization requirements, submissions, and status inquiries—helping to reduce the risk of human error.
- Month-over-month KPI reports offer transparency to optimize functions and help ensure success.
- Our expertise-plus-technology strategy helps facilitate timely care, reduce denials, and accelerate reimbursement.

Revenue Integrity Services

Physician and Hospital Coding Services

Physician and Hospital Coding Services offer tailored delivery models to enable you to outsource or augment the coding function.

- Experienced coding leadership drives improved quality and coder productivity.
- A flexible resource model provides support during system changes, backlogs, and/or extensive coder absences.
- System-agnostic services along with a team of coders experienced in working with multiple billing systems leverage current technology investments.
- A result-driven approach helps decrease discharge not final billed (DNFB).

Coding Quality and Audit Services

Our coding compliance experts help organizations mitigate risk by implementing quality review programs that verify accuracy and identify potential coding compliance issues.

- Reviews focus on data integrity, proper utilization of all coding elements, and adherence to payer guidelines.
- Audit findings are used to create custom education programs and create coding compliance plans.

Clinical Documentation Improvement Services

Our experienced Clinical Documentation Improvement (CDI) team focuses on improving the quality of clinical documentation and facilitating an accurate representation of healthcare services. This includes:

- Identification of trends, growth, and gaps in diagnosis and procedures.
- Concurrent or retrospective reviews of health records.
- Providing education and best practices on querying and documentation.
- Facilitating collaboration between physicians and other team members.

Charge Capture Compliance Audit Services

Our Charge Capture Compliance Audit Services program provides a comprehensive post-bill review to identify missed-charge opportunities.

- Includes a comprehensive claim, documentation, and process review for the selected population to identify under- and over-billing.
- We complete a root-cause analysis and create performance improvement plans to improve process and mitigate risk against further missed charges.

For more information on our Revenue Integrity Services, call **844-798-3017** or visit **our website**.



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About Change Healthcare

Change Healthcare (Nasdaq: CHNG) is a leading 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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