7 Criteria for Clearinghouse Success
Does your Clearinghouse Measure up to Change Healthcare Metrics?

1. **Quality**
   - 99% first-pass clean claim acceptance rate
   - Real-time claims editing to accelerate error resolution and expedite processing
   - Actionable eligibility: EDI plus access to over 500 payer websites for service line detail

2. **Connectivity**
   - 2,200 payers, more direct connections, less delays in processing

3. **Regulatory and Payer Change Management**
   - 90,000 regulatory and payer initiatives occur each year to proactively streamline processing
   - Involvement with key standards groups, such as CAQH / CORE Rules, and CAQH / CORE Payer Certification and Training

4. **Quick Start-Up**
   - Patented enrollment technology expedites enrollment with payers
   - APIs for direct integration of financial processing within practice management and HIS systems

5. **Experience**
   - 3.3 billion acute and ambulatory financial transactions each year
   - $1.8 trillion in annual healthcare billing on behalf of healthcare providers
   - 2,400 health systems, 630,000 providers and 21 clearinghouses rely on us for financial processing

6. **Support**
   - 12-year recipient of the world-class Service Capability and Performance Standards (SCP) certification
   - Real-time support and context-based help with ConnectCenter™
   - Delivery of eligibility verification faster than the CAQH CORE standard

7. **Technology**
   - The ConnectCenter portal provides visibility into overall transactions performance
   - Patented throughput solution automatically routes transactions to speed processing
   - Patented load-balancing ensures performance and scalability for rapid processing
   - Performance benchmarking and drill down capabilities for more insight