Optimize Revenue and Reduce Risk with Coding & Compliance Advocate

We work with all settings:
- Inpatient & outpatient facilities
- Emergency & urgent care centers
- Professional fee
- Provider-based billing

We also provide:
- Clinical Documentation Improvement (CDI) services
- Physician & back-office staff training
- Compliance plan assessments
- Compliance plan development & monitoring
- Charge capture audit assessments
- Health Information Management (HIM) program assistance

Know Your Strengths
Change Healthcare is one of the largest, independent healthcare technology companies in the United States. We serve 5,500 hospitals and 800,000 physicians, helping health system leaders achieve their strategic objectives. We processed more than 12 billion healthcare-related transactions, covering more than $2 trillion in claims, and touching one in five United States patient records in fiscal year 2016. Learn how we can help you reach your revenue goals.

Did you know?
Medical coding errors are one of the top reasons claims are denied. And that’s a problem. Denials are expensive to rework, and they can lead to delays in reimbursement — or no payment at all.

When it Comes to Coding, Accuracy Matters
Are you experiencing any of these challenges?
- Too many denials, rejections, and underpayments
- D&B greater than 5 days
- Poor cash flow and/or collections
- Increasing days in Accounts Receivable
- Multiple hard-to-code specialties
- High coding staff turnover

Industry Experience
Our coding team is comprised of industry experts. They understand the importance of their role in helping you meet your revenue goals. And they work diligently toward that end.

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