



Pre-Payment Insight & Review

Support Increased Claim Payment Accuracy



With Change Comes Opportunity

Delivering an accurate bill is essential to the delivery of quality healthcare at an affordable cost. As claims become more complex, achieving payment accuracy requires a cohesive, multi-pronged approach. Change Healthcare delivers a complete end-to-end payment accuracy portfolio that spans the payment continuum—from the point of submission to post-pay audit and recovery.

Change Healthcare's Pre-Payment Insight & Review solution is comprised of a series of services that fall into two categories: Pre-Payment Insight Record Review and Pre-Payment Insight Code Edits.

Before a claim is paid, our Pre-Payment Insight & Review solution serves as a final filter to help ensure claims are paid properly the

first time around. The solution supplements your primary editing software, and helps uncover additional cost savings through highly defensible, supplemental code edits. By identifying billing and coding errors during medical record review, the solution helps ensure the medical record supports the claim.

Our software as a service (SaaS) delivery model means our code is easily edited to help achieve compliance with evolving regulatory changes. Most importantly, our solution is backed by a team of experts who partner with each customer to provide claims data analytics, support for recommendations and appeals, and insightful guidance to help you realize results.

Leverage Data and Technology to Identify Aberrant Claims and Providers

Our competitive, contingency-based pricing model provides optimal value. On average, our customers see a 1-2% reduction in medical spend on paid claims.¹

Intelligent Claims Selection

Our Pre-Payment Insight Record Review leverages sophisticated data analytics, artificial intelligence (AI) modeling, and a powerful, certified rules engine to identify and prevent improper claims payment.

The service uses innovative technology to identify the claims most likely to contain charges not supported by the underlying documentation. Unlike spot solutions, which focus only on a certain claim or review type, our solution takes a programmatic, 360-degree approach to claim selection. Claims are chosen using scenario-based rules, analytics-based provider flags, and our proprietary AI model.

Expert Human Refinement

Once flagged, claims are reviewed by a Senior Insight Record Review Analyst, who references claims history and record review history to focus on only those claims at risk for error.

Typically, fewer than 1% of claims are flagged; after claim refinement, 10-15% of these claims are ultimately selected.² On average, 60-70% of these claims have findings after medical record review.³ This process helps you realize greater savings with fewer reviews, minimizing provider abrasion.

Advanced-Level Review

Our team of certified medical coders and coding-credentialed registered nurses review the medical record documentation, providing fully-sourced recommendations designed to stand the test of time. In the rare instances that providers appeal, we provide full support for our review recommendations.

After the medical record review, Change Healthcare's experts share periodic reports with your team to highlight the vulnerabilities within your claims data. We guide your internal departments—such as Claims, SIU, or Provider Contracting—through the process of quarterly business reviews.

¹ Internal Change Healthcare data for all Pre-Payment Insight & Review customers over a one-year period. Individual results may vary.

² Ibid.

³ Ibid.

Provide a Strong Safety Net After Primary Code Editing

Primary editors scrub claims during the claim adjudication process, identifying most deniable charges. Our Pre-Payment Insight Code Edits serves as a supplemental code editor, acting as a final filter to catch missed savings. The solution detects deniable charges initially missed for a variety of reasons, such as:

- **Out-of-date Primary Edit Software.** As Change Healthcare's software utilizes a SaaS model, all code edits are maintained within the certified rules engine. Regulatory updates are always available by the effective date.
- **Automation Limitations.** To keep claims moving, payers strive to automate most or all primary code edits. Our supplemental position allows us to develop edits that are either unavailable or inactive in primary editors, as they must be validated before edit application. For example, our robust suite of cross-claim provider-based edits look beyond 'same NPI' to 'same Tax Identification Number (TIN) and specialty'. Our expert coders help ensure only valid edits are returned.
- **Positioning of Primary Code Edits.** If your primary editor acts during the pre- or mid-adjudication phase, some edits might not be accurately applied. For example, multiple-procedure discounting is most effectively applied post-adjudication. Our supplemental discounting edits identify these types of missed opportunities.
- **Lack of Advanced Edits.** In addition to core code edits, Change Healthcare developed edits not found in primary editors. These highly-defensible edits are based on Current Procedural Terminology (CPT)[®] parenthetical notes, Healthcare Common Procedural Coding System (HCPCS) manual code descriptions, or National Correct Coding Initiative (NCCI) policy manual coding guidance.

All Insight Code Edits are sourced and documented based on industry standard coding and reimbursement guidelines, available to customers through a web-based portal. Edits are flexible, and can be customized at the provider, TIN, line of business, rule, or code level.



Typically, fewer than 1% of Insight Code Edits are appealed.⁴ We provide full appeal support for all edit recommendations, as well as portal-based electronic appeal submission.

Achieve Rapid Results with Our Proven, Innovative Solutions

Transparent, Defensible Results

Pre-Payment Insight & Review delivers optimized cost savings with minimal disruption and low provider abrasion. All code edits in Change Healthcare's inventory are based upon industry standard coding and reimbursement guidelines. None are 'black box' or unpublished commercial edits.

As our results are fully transparent and defensible, provider abrasion is kept to a bare minimum. Our record review results are meticulously outlined, providing the detail you need to clearly articulate denial rationale.

Minimized Provider Abrasion

Change Healthcare was an early adopter of AI technology. Pre-Payment Insight Record Review leverages advanced continuous learning AI models and extensive data sets to optimize the claim selection process.

Our sophisticated scoring models generate high-quality predictions to identify claims with the greatest savings opportunities. By decreasing the number of false positives, this innovative methodology also helps reduce provider abrasion.

Our customers include commercial health plans, Medicare Advantage, Managed Medicaid, third-party administrators (TPAs), and self-funded plans. On average, our customers have realized a 15% increase in savings identification due to our innovative machine-learning technology.⁵

Dedicated, Expert Support

Change Healthcare has nearly 20 years of experience in the pre-payment integrity field. Our expert team is comprised of credentialed coders and clinicians, investigators, healthcare data analysts, and client-relationship managers.

The team serves as an extension of our customers' claims operations, building trusted relationships through daily interactions and knowledge-sharing.

Our solutions can be implemented in just 60 days via interfaces with the industry's leading claims systems, or 90 days for proprietary claims systems. A dedicated implementation team guides you through each step of the claim flow and use process.

⁵ Internal Change Healthcare data for all Pre-Payment Insight & Review customers over a one-year period. Individual results may vary.



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.

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