

Change Healthcare

A comprehensive healthcare technology and payment company providing software, analytics, and network solutions for providers, payers, and pharmacies.

https://www.changehealthcare.com

Overview

Change Healthcare, a subsidiary of Optum (UnitedHealth Group), offers a comprehensive suite of software, analytics, technology-enabled services, and network solutions that connect payers, providers, and patients across the U.S. healthcare system. The company's mission is to be a key catalyst of a value-based healthcare system, optimizing efficiency, improving patient satisfaction, and reducing costs.

Key Capabilities and Features:

Revenue Cycle Management (RCM) & Financial Solutions: Optimizes revenue cycles, automates financial processes, and accelerates payments through automated claims processing, denial management, and real-time eligibility verification.

Claims Management: Provides an analytics-driven solution for claims and remittance management to automate workflows, improve resource utilization, and accelerate cash flow.

Data & Analytics: Delivers actionable insights through advanced analytics, including population health analytics, real-world evidence for drug development, and clinical decision support for better care outcomes.

Interoperability & Clinical Exchange: Offers a highly-scalable intelligent network and integration platform that connects healthcare systems with providers, payers, and pharmacies, supporting standards for seamless data sharing and EHR/EMR integration.

Patient Access Solutions: Simplifies patient access to care and information via patient portals, price transparency tools, and digital intake to reduce administrative burdens.

Enterprise Imaging & AI: Includes solutions for enterprise imaging and leverages Artificial Intelligence and workflow automation to enhance operational performance.

Target Users and Use Cases: The platform is designed for a wide range of healthcare stakeholders, including hospitals, health systems, physician practices, independent and chain pharmacies, payers (health plans), and life sciences companies. Primary use cases revolve around financial and administrative processes, clinical decision support, and improving the overall patient experience and care coordination.

Key Features

- · Revenue Cycle Management
- · Claims Management & Clearinghouse
- Data & Analytics
- Interoperability & Clinical Exchange
- Patient Access Solutions
- Enterprise Imaging
- Artificial Intelligence & Workflow Automation
- Payment Accuracy

Pricing

Model: enterprise

Pricing is typically custom and enterprise-based, requiring a direct quote from the company based on the specific suite of products and services required.

Target Company Size: small, medium, enterprise

Integrations

EHR/EMR Systems, Practice Management Systems, Pharmacy Management Systems

Compliance & Certifications

HIPAA, HITRUST

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