Change Healthcare

by CEO

Claims Clearinghouse

Details

Review Date	12/01/2023
Purchase Date	Q2'21
Implementation Time	1 month
Product Still in Use	Yes
Purchase Amount	N/A
Intent to Renew	90%
Review Source	Elion

Product Rating

Product Overall		3.0
Use Case Fit		2.0
Ease of Use		3.0
API		4.0
Integrations		4.0
Support		1.0
Value		4.0

About the Reviewer

Purchasing Team   Implementation Team

Product Oversight

Reviewer Organization

N/A

Reviewer Tech Stack

N/A

Other Products Considered

N/A

Summary

- **Product Usage: Change Healthcare's APIs are used for claim submission, claim status, and eligibility checks.**

- **Strengths: The product offers a self-serve option and flexible contract terms that are useful in testing and adjusting business requirements.**

- **Weaknesses: Customer support, onboarding and sales processes are disorganized and unresponsive, making it hard to address custom needs and software issues.**

- **Overall Judgment: Though not entirely satisfied due to several challenges, the company intends to renew the contract due to the high cost of switching to another service provider.**

So today we're chatting about Change Healthcare and how it's used at your company. Before we jump into that, could you give a brief overview of the company and your role there?

I'm the CEO of a company that helps manage the vaccination process for pediatric practices, transforming it from a headache to a financial boon. Our services allow providers to concentrate on essential aspects of healthcare, such as patient care and supporting parents, rather than the intricacies of vaccine management.

What was the need that drove you to look for a product like Change?

We needed a software-based clearinghouse to submit and manage billing through our platform to various insurance companies so we could transition from paper-based claims to an electronic system. We've since expanded our use of Change Healthcare to include functions like eligibility checks, and we've integrated more APIs, but the primary objective was to streamline the claims submission process.

What were some of the key requirements you used when you were deciding on a clearinghouse?

Speed to implementation was our top priority when we first evaluated solutions. Two and a half years ago, lacking a product, we needed a swift launch. Change Healthcare's flexible contract terms, offering month-to-month options, were a significant factor in our choice. This flexibility was important, as we were uncertain of our infrastructure needs and believed that hands-on testing would best determine our requirements.

In addition, referrals played a role in our decision. We received recommendations from colleagues with previous Change Healthcare experience, and one of our team members had a connection with the company, providing us with an internal guide and ensuring we had the right connections. Change Healthcare also offered a self-serve product, enabling us to operate independently, a valuable feature as it allowed us to avoid complex implementations and reliance on external engineering resources. We didn't really look seriously at any other vendors.

How did you find the sales process?

Our experience with the company's sales team was notably disorganized and unresponsive, with a limited ability to address our custom needs. Fortunately, we had the internal connection who facilitated the necessary adjustments to ensure our success. This person's influence internally helped us overcome the challenges we faced. However, without this advantage, our experience would have been extremely frustrating. We were disappointed with the sales process and the information provided to us.

How was the onboarding and setup process?

Our team experienced significant challenges with onboarding and setup support. They only offered a single email address for assistance. Communication with support staff was problematic, as they were often unaware of our company's issues and previous interactions. We found ourselves forced into a self-service approach, which was suboptimal. Additionally, there was confusion surrounding contracting, particularly with the use of their self-service product, which seemed disregarded by their sales team. Perhaps there's a lack of internal incentive to focus on self-service customers, but they should pay equal attention to all customers.

Moreover, ongoing support has been disappointing. At one point, we encountered a bug that resulted in excessive incorrect API calls, leading to a drastically inflated bill. The process to rectify this billing issue was very cumbersome. The overarching issue seems to be a lack of organization in customer service, onboarding, and the sales process, neglecting the personal aspect of purchasing software.

What are the use cases that you're using the product for?

We utilize three APIs: claim submission, claim status, and eligibility. Our initial foray was with the claim submission API, which automated claim submissions for our clinics, pivoting away from manual processes to a software-based solution. This API has been in use for two years now, and despite a challenging implementation and initial debugging issues due to limited support, it now performs its function satisfactorily.

The eligibility API, however, has been underwhelming. Recognizing that eligibility services generally don't meet expectations across the industry provides some perspective, but it's still a point of contention for us. It offers some benefits and time savings, yet we're still required to handle approximately 30% of eligibility checks through alternative methods.

What are some of the weaknesses of Change Healthcare?

As far as eligibility, some insurance providers verify eligibility seamlessly, but particularly with Medicaid and niche insurances, the process breaks down. We have to resort to non-API methods, like manually checking online portals, which is significantly less efficient than an automated verification system. This challenge is amplified for us since we handle smaller claims, typically no more than $300 each, making time-consuming verification methods, like phone calls, impractical.

Evaluating a company like Change Healthcare is complicated because it's difficult to determine if issues with claim status originate from the insurance providers or Change Healthcare's systems. Typically, we can only retrieve the status of a claim about 20% of the time. If I were to advise Change Healthcare, I'd suggest that it would be beneficial for them to attribute problems more openly to the insurance companies when applicable, as the lack of transparency leads to customer frustration directed at Change Healthcare, which may not always be at fault.

Both eligibility and claim status suffer from the same issue: Change Healthcare promotes an efficient communication path with insurers, but if the insurers don't engage correctly or the data isn't transmitted properly, it results in a system that, while somewhat helpful, falls short of what is required, at least in our case.

How do you deal with prior authorization or denial of claims?

We handle denials, but working with Change Healthcare presents challenges because of our business model. Typically, when claims are submitted, insurers provide remittance advice exclusively to a single entity. Since we only manage vaccines and not the entire scope of a pediatric practice's operations, we can't redirect the insurance feedback to us without disrupting the practice's visibility into their other transactions. Consequently, we must interface with the existing clearinghouse or system used by the practice, which increases our initial implementation workload. Legally and from a business perspective, it makes sense to operate this way.

Unlike the standard use of Change Healthcare where you submit claims and receive straightforward notifications from insurers about payment statuses through their API, our situation doesn't align perfectly with this process. Essentially, we're attempting to fit a square peg into a round hole. Due to this mismatch, we can't leverage all the features that

Change Healthcare offers, which can be a source of frustration. However, it's important to recognize that the platform isn't specifically designed for our unique needs.

Is Change Healthcare reliable and relatively bug free?

I have definitely encountered issues of instability. It's unclear to me if the challenges are an issue with the insurance company, or with Change Healthcare, itself.

How would you characterize the overall developer experience?

The developer experience didn't meet our expectations, mainly due to the difficulty in getting our questions answered. We often had to rely on the documentation, which was adequate, instead of direct support. The communication and feedback from their team were the primary issues we encountered. Although I didn't use the documentation extensively, I found the code tester to be quite useful. The developers on my team might have more specific feedback on its effectiveness.

Do you have any tactical advice for organizations that are considering building with Change APIs?

Make sure you thoroughly understand what they're offering by reading the documentation, since it's public and primarily what they provide for guidance. Small healthcare organizations, unlike larger systems that may receive extensive support, often have to navigate these services with limited assistance. Smaller entities aiming to integrate clearinghouse functions without committing to long-term contracts may find external advice insufficient. Self-service customers, particularly those with smaller operations, should be prepared to tackle the integration process with minimal direct help from developers.

Do you have any other thoughts about account management and support?

I think there's been significant churn at Change Healthcare, leading to challenges in communication as new employees need time to learn the ropes. This high turnover rate has impacted client relations; we've lacked a consistent account manager to assist us with issues. For instance, we once received a bill that was nearly 25 times higher than expected, and resolving it was complicated due to the account manager's unfamiliarity with their system. The experience highlighted the value of effective customer success, which, if I was choosing a clearinghouse today, I would prioritize and investigate further.

Do you see any areas of potential growth for Change Healthcare?

Two key areas come to mind. First, work on the lack of clear documentation and feedback when something malfunctions, resulting in cryptic error messages that leave users unsure whether the problem originates from the insurance company or Change Healthcare itself. Second, there's a significant need for investment in customer success and onboarding support. Navigating the complexities of this sector requires a robust support system that was lacking during our implementation phase.

Looking back, do you feel like you made the correct decision in going with Change?

I don't fully believe it was the right choice. However, we're likely to renew because it's functional and we've already invested significantly in the platform—it meets our current needs. If a more suitable alternative were easily available, we would switch, yet the market options aren't clearly superior for our specific requirements. The absence of

extensive competitive analysis and the high switching costs deter us from exploring other solutions. Despite not being completely satisfied with Change Healthcare, the flexibility of a self-serve, month-to-month contract was and remains valuable, providing us the option to switch if a better product is found.