# Total Payments \$3.5T (2017)

#### - Private insurance

- Government insurance
- Self Insured Companies

Various plans exist. Typically HMO, PPO, EPO. Varying deductibles, co-pay etc.

### Have insurance

**Patient** Includes Medical and/or Dental

### Have no or little insurance

- Self Pay Indigent Care

Includes those that choose to self pay, those that can't pay and can't insure and those with super-high deductible plans

# **Payers**

Large Government 37% Veterans Administration - 17%(est) Medicare - 20% Medicaid- 10%

These entities use private Medicare Administrative Contractors (MAC's) to manage payments for them.

Noridian, Novitas, NGS, WPS, Palmetto, CGS, JN FCSO

Private Health Insurers - 34% "The Blues" (36 separate Blue Cross Blue Shield organizations insuring 1/3d of USA = 106M subscribers)

United Healthcare (70M subscriber) Aetna (23M subscribers) Humana (14M subscribers) Cigna (15M Subscribers)

There are thousands of small private pavers - mostly providing self insurance for their employees

### Other - 18%

There are thousands of small private payers - mostly providing self insurance for their employees Uncompensated care (Hospital pavs) 1.1%

### Self Pay- 10%

High Deductible Health Plans and rising insurance costs mean a rise in self pay

# **Dollars** Paper

Check

Many

pavers still

making

paper

based

patients

also favor

this

ACH/EFT

Increasing

popularity

for payers

and

patients

## Processors

#### Banks

JP Morgan, Wells Fargo, BNY Mellon, Bank of America, GE Healthcare Non bank Processors.

> Patient Accounting Software (PAS). **Outsource Solutions** Instamed, Jopari, Gebbs. Remedy Partners, Vesta Care, VeriCheck., the Business side, G8way, Advathealth, Conifer, Convergent, Dr Chrono. Experian, Mckesson/Zpay, Medassist, Nextgen, NueMD. Ontario Systems, Parallon

### Pavment Card

Access to credit and ubiquity make this verv popular with patients

# Clearinghouses

3rd-party that interprets & manages claim data between providers & payers

General and Specialized Clearinghouses Change Healthcare, Waystar, Navicure, ClaimMD, ApexEDI, Availity, CoretexEDI, Claim Shuttle, Claim MD. ClaimRemedi, Datalink MS Solutions, EAC Submissions.

Not all providers use clearinghouses. When providers get more sophisticated the need declines

### Clearing houses are evolving to meet the market need and are increasingly including payment portals & processing, reconciliation & management services

Claim data transmitted electronically by form 837

Data exchange is direct between provider & payer, or through clearinghouses that tend to specialize in market segments

Electronic remittance advice (ERA) returns by form 835

Payments made by paper check, EFT or card based payment from patient and/or payers

## Data

EMR's Mandated by the Affordable Care Act (ACA)

Electronic Medical Record (EMR/EHR) Epic, Cerner, ALLscripts. AthenaHealth, Kareo, Nextgen. CureMD. eClinicalWorks. Practice Fusion.

Greenway.

iPAtientcare,

ERA Claim data updates

the EHR

## Physician Practices and Ambulatory 20%

**Providers** 

Health Systems (Hospitals)

Universal Health Services (166)

Veterans Administration (162)

Catholic Health Initiatives (154)

Community Health Systems (125)

Academic Medical Centers

(AMC)

OHSU, University of Michigan, UCSF

Integrated Delivery Networks

(IDN)

Where both Paver and Provider are

the USA, HenryFord Health System,

Geisinger, Spectrum/Priority, UPMC.

one company. There are 600 IDN's in

Johns Hopkins, Cleveland Clinic

MAYO Clinic, Memorial Hermann

HCA Healthcare (206)

Encompass Health- 132

Select Medical (106)

Kaiser, UC Health

Ascension - 131

33% (incl. AMC & IDN)

Over 50,000 doctors offices, urgent care facilities and/or ambulatory facilities exist around the USA. IN addition specialist groups such as anesthesiologists are often separate providers

### Other 47%

Pharmaceuticals 10% Supplies, implants, Durable Medical Equipment etc. 37%

