

The State of Healthcare Payers in the Post-pandemic World: Healthcare Payer Operations State of the Market Report

April 2022: Complimentary Abstract / Table of Contents



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Contents

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1.	Introduction and overview	5
	Research methodology	6
	Key information on the report	7
	Background of the research	8
	Healthcare payer operations value chain	10
2.	State of the market: key themes	11
	Growth in home-based care	13
	Increased focus on member experience	20
	Rising enrollment in Medicare Advantage	27
	Social Determinants of Health (SDoH)	31
3.	Healthcare payer BPS market	36
	Market size and growth	38
	- Breakdown by plan type	39
	- Breakdown by processes	40
	- Breakdown by delivery locations	41
	Key buyer decision-making parameters	43
4.	Healthcare payer BPS: deal trends	44
	Active contracts and contract duration	46
	Contract renewals	47
	Buver size	48



Contents

	Pricing model	49
	Technology	50
	– Analytics	50
	 Automation 	52
5.	Healthcare payer BPS: service provider landscape	54
	 Overview of Healthcare Payer Operations PEAK Matrix[®] Assessment 2022 	56
	Service provider market share and growth	57
	Service provider market share by processes	58
6.	Appendix	59
	• Glossary	60
	Research calendar	61



Background of the research/report

The COVID-19 pandemic has caused a fundamental shift in the priorities of healthcare ecosystems. Member experiences and home-based care are now front and center of payer strategy, considering the twin benefits of improved member comfort and potential savings through the prevention of adverse health events. Furthermore, the rapid increase in Medicare Advantage plan enrollments and the growing importance of Social Determinants of Health (SDoH) in health risk assessments have nudged payers to take a harder look at their operational structures and metrics to derive greater value from the market.

The evolving needs of payers are opening new opportunities for service providers who will need to bolster their digital capabilities, develop partner ecosystems, and overcome workforce constraints to best serve the emerging market needs.

This research provides comprehensive coverage of the payer market and analyzes it across various aspects, including regional variations, buyer adoption trends, growth drivers, and digital trends.

In this study, we investigate the state of the Healthcare Payer market. We focus on:

- Key emerging payer trends
- Payer marker size and purchase criterion
- Payer deal trends
- Service provider landscape for the payer market

Scope of this report









A detailed view of healthcare payer processes

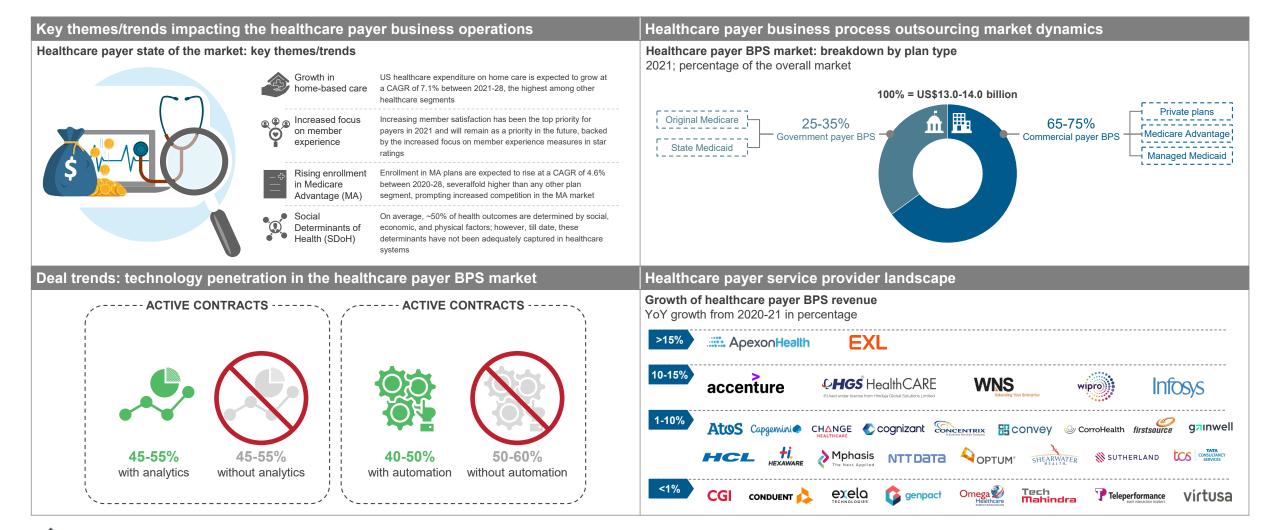
Everest Group's view of the healthcare payer operations value chain

Product development	Member engagement	QQQ Network OOO management	Care management	Claims management	Risk & compliance
Plan development	Enrollment and eligibility	Provider management	Disease management	Initial claims processing	Risk adjustment
Channel management (agent/broker network)	Handling of endorsements and renewals	Provider credentialing	Utilization management	Claims review and investigation (adjudication)	HEDIS and Star rating support
	Risk identification and assessment	Provider contract management	Population health management (PHM)	Claims disbursements	Internal/external reporting
	Records management and HIX support	Support for PBMs; TPAs		Fraud detection & management	
	Billing and collections	Records management		Claims litigation; recovery/subrogation	

Analytics/automation



In this study Everest Group has delved into various aspects of the healthcare payer BPS market, including key themes/trends impacting business operations, payer business process outsourcing market dynamics, key deal trends, and the service provider landscape



Research calendar

Healthcare Business Process

	Published Planned Current release
Reports title	Release date
Untapped Providers' Demand Signaling Transformation at Scale: Revenue Cycle Management (RCM) Operations State of the Market	et Report 2022 December 2021
Intelligent Automation (IA) in Healthcare – Solutions PEAK Matrix® Assessment 2022	December 2021
Healthcare Analytics – Services PEAK Matrix® Assessment 2022	December 2021
Intelligent Automation (IA) in Healthcare – Service Provider Compendium 2022	January 2022
Healthcare Payer Operations PEAK Matrix® Assessment 2022	February 2022
Healthcare Payer Operations – Service Provider Compendium 2022	April 2022
The State of Healthcare Payers in the Post-pandemic World: Healthcare Payer Operations State of the Market Report	April 2022
Healthcare Provider Medical Coding Operations – PEAK Matrix® Assessment 2022	Q2 2022
Revenue Cycle Management (RCM) Operations PEAK Matrix® Assessment 2022	Q2 2022
RCM Operations – Service Provider Compendium 2022	Q3 2022
The Next Big Healthcare Opportunity: Pharmacy Benefits Management (PBM)	Q3 2022
Member and Patient Engagement Operations – PEAK Matrix® Assessment 2022	Q3 2022
Member and Patient Engagement Operations – Service Provider Compendium 2022	Q4 2022
The Curious Case of Consolidation in RCM Solutions Landscape	Q4 2022
Decoding Payment Integrity	Q1 2023

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