

# Competitors: Provider Connectivity What and Why?

For NPAG 2011

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# Competitors

- United/Ingenix acquires Axolotl
- United/Ingenix acquires Picis
- United acquires HealthNet's northeast business
- Aetna acquires Medicity
- Aetna's Active Health servicing other health plans' members
- Humana acquires Concentra
- Humana and athenahealth to partner
- Humana's RightSourceRx sees continued growth from their drug delivery business; \$1 billion in 2010

# Competitors

- Cigna exits its exclusive for EDI
- Medical Mutual of OH exits its exclusive for EDI
- GEHA announces a new partner for EDI
- Emblem Health introduces its Member Communication Program
- Health First, Health Alliance, ...
- Harvard Pilgrim, Tufts, ...
- Wellcare ...

# Health Plan Pressures

- Health Care Reform
- Medical Loss Ratio
- State Government initiatives
- Bad press
- Insurance commissioners
- Hospitals acquiring physician practices
- HIEs, ACOs, P4P, Medical Home, ...

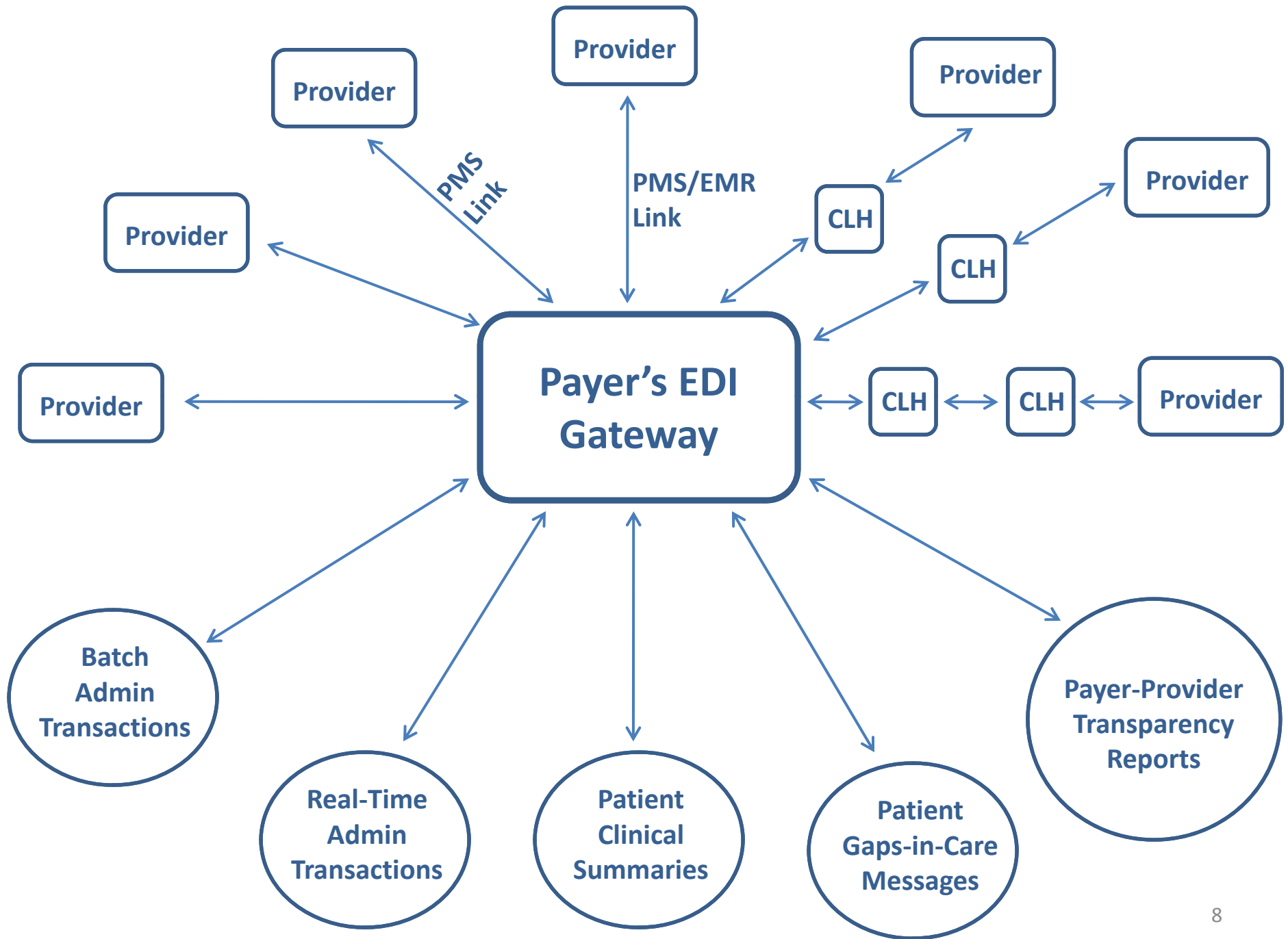
# Acronyms Abound

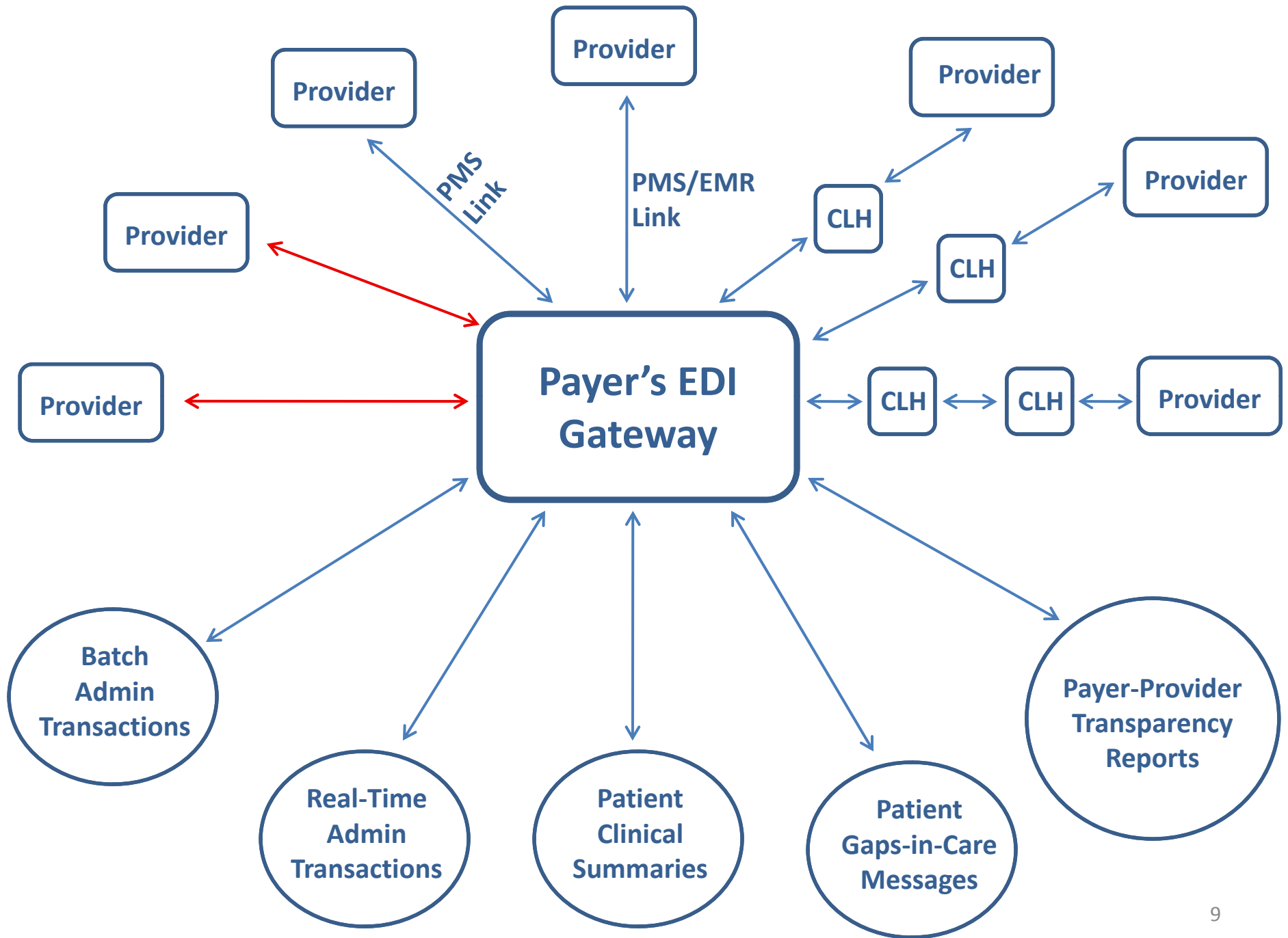
- In the old days, we only had EMC and NSF
- Today, we have
  - HIPAA – Health Insurance Portability and Accountability Act
  - HIE – Health Information Exchange
  - P4P – Pay-For-Performance
  - ACOs – Accountable Care Organizations
  - PQRI – Physician Quality Reporting Initiative
  - PPACA – Patient Protection and Affordability Care Act
  - MU – Meaningful Use
  - RTCA – Real-Time Claims Adjudication
  - MLE – Member Liability Estimator
  - CCR – Continuity of Care Record
  - CCD – Continuity of Care Document
  - ONC – Office of the National Coordinator for Health Information Technology
  - POET – Partnership in Operations Excellence and Transparency

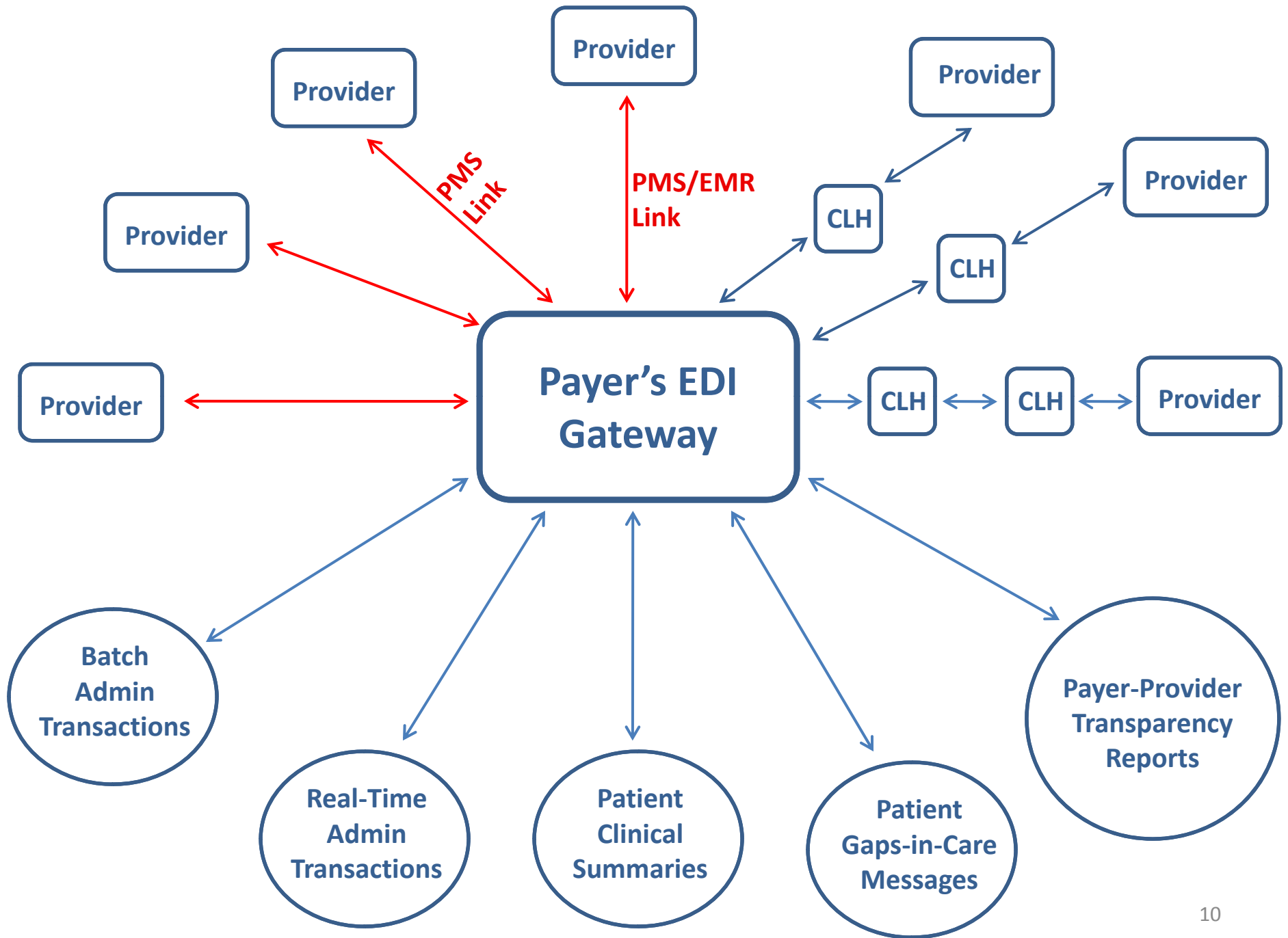
# What is the Commercial Payers' Strategy for Provider Connectivity?

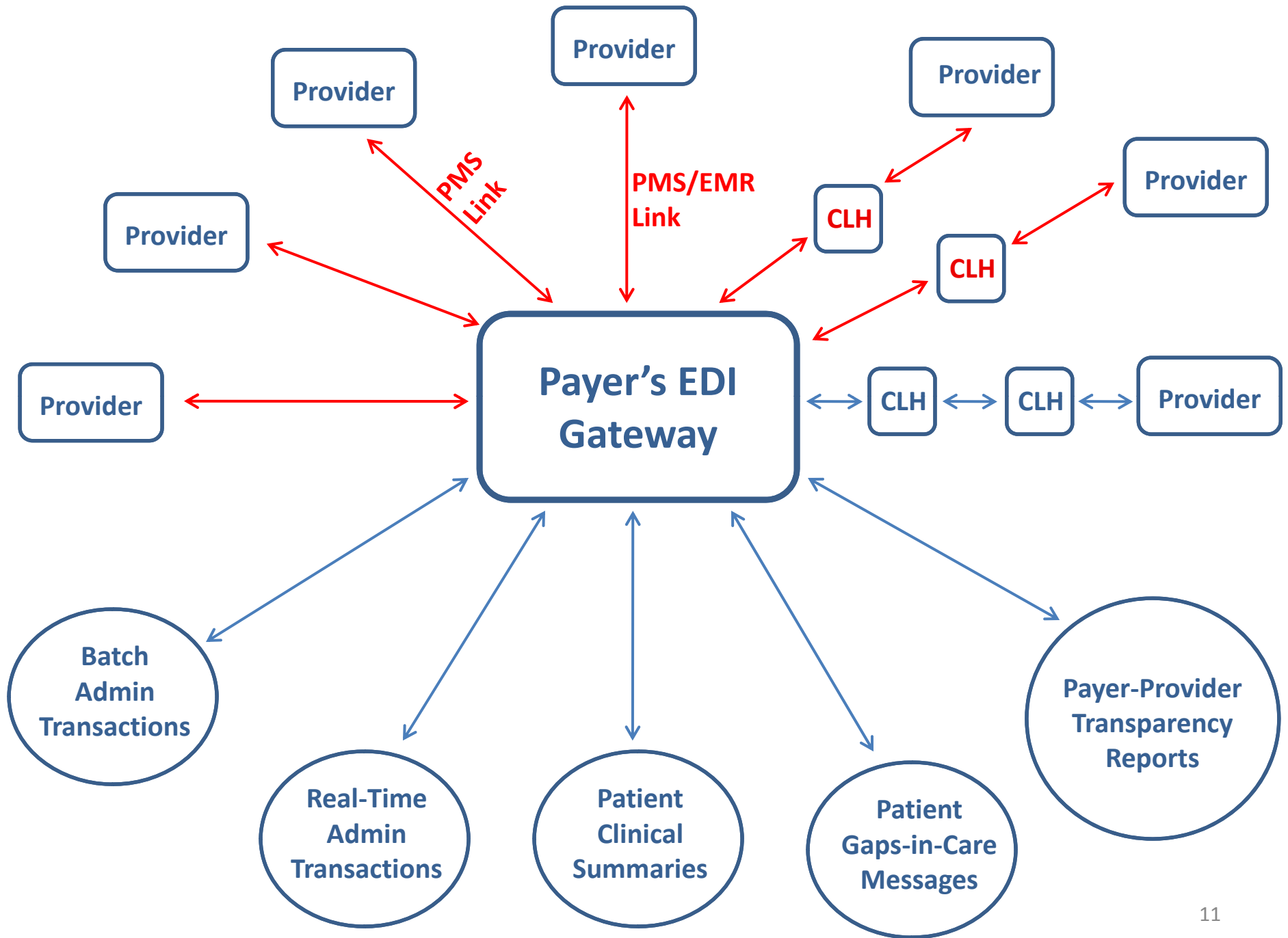
# Provider Connectivity

- Competitors' Goals:
  - Reduce their costs (internal and external)
  - Significantly improve the quality of service
  - Speed-up the process
  - Work closely with the providers' vendors
  - Significantly 'improve the experience' for their providers
  - 100% Self-Service: Maximize their EDI Rates
- Maximizing Provider Connectivity is key to reducing the Clinical Cost of Care









# Provider Connectivity

- Direct Connections
  - High-volume providers
  - PMS/EMR vendors with large provider base
  - Clearinghouses with direct contract with providers
  - Service bureaus
  - Overall Goal: 80-85% direct with provider, or direct with PMS/EMR vendor, or direct with directly contracted clearinghouse, or direct with service bureau

# Provider Connectivity

- EDI Gateway
  - Single point of entry, and exit, for all information exchange with providers, from all channels, for all back-end systems
  - Trading Partner Management System
    - Administrative
    - Clinical
  - Host eligibility, status, refer/auth/pre-cert databases and systems
  - Excellent tracking and reporting system
  - Support multiple formats and multiple versions of formats

# Provider Connectivity

- EDI Gateway
  - Pre-adjudication real-time or ‘fast-batch’ editing
    - Promotes cooperative strategy with providers
    - Overpayment protection
    - Increase auto-adjudication rates
    - Operational efficiencies
    - Significantly ‘improves the experience’ for their providers
  - Pre-adjudication edits:
    - LMRP, CCI, Medical Necessity, U&C, Dups/Partial Dups,
    - Bundling/Unbundling, Fraud potential, EM Crosswalk,
    - Global Surgery, NCD, LCD, Age and Gender, Modifier Use, Provider Profile, Multiple Procedure, ...
    - With full patient and provider history

# Provider Connectivity

- Provider Transaction Web Portal
  - All administrative transactions
    - DDE for all transactions, including claims
    - Upload/download of files supporting multiple formats
  - All-payer for all-transactions
    - Owned, private-labeled, or co-branded by the payer
    - Or a partnership with a third party
  - Goal
    - Meet the needs of the ‘paper’ provider
    - Meet the connectivity needs of the small PMS vendors
    - Provide a ‘free’ option for any provider, any vendor

# Provider Connectivity

- Real-Time Claim Submission
  - Real-Time Claim Adjudication
  - Fast-Batch Claim Adjudication
    - 12-hour turn-around time
    - 277U
- Providers
  - Most not adopting real-time claims submission; does not fit their work flow
  - Fast-batch fits the provider's work flow and easy for their vendor to support
  - EMRs will support providers' participation in real-time claim submission

# Provider Connectivity

- Member Liability Estimator:
  - ‘Dummy’ Claim; based on the submission of an 837
    - Many payers will support a ‘fast-batch’ service
  - Eligibility-based model; 270 with CPT codes, and reimbursement amount based on historical data
    - Real-time and fast-batch
- Providers:
  - Larger the practice, the more they will support the ‘dummy’ claim
  - Smaller the practice, the more they will support the eligibility-based

# Provider Connectivity

- Eligibility
  - Improve the quality
  - Become CORE certified
  - Minimize the need for a phone call
  - Support a vendor's auto-batch service
- Status
  - Work with vendors to automate this service and minimize the need for any phone calls
  - Support 277U

# Provider Connectivity

- ERA/EFT
  - Little to no savings with ERA without EFT
  - EFT costs and complexities
  - Fix all issues with ERAs; meet providers' needs
  - Work with vendors that support:
    - Automatic posting and reporting of ERAs
    - Denial management reporting to improve quality
    - Reducing the providers' AR days
      - Coordination of Payments
  - Faster payment with EFT

# Provider Connectivity

- New Contracts with Providers
  - Providers must support the following:
    - Electronic claims, eligibility, status, and ERA with EFT
    - Accept, and use, Patient Clinical Summary, with Gaps-in-Care messaging
    - Within 2-3 years, implement bi-directional clinical information exchange with payer
    - P4P for EMR and e-Prescribing use
    - Future: EMR and E-Prescribing will be required

# Provider Connectivity

- New Contracts with Providers
  - Payers to provide the following to their contracted providers and the providers' vendors:
    - Real-time and/or fast-batch claims service
    - Quality real-time eligibility and status
    - 12-hours, or less, turn around for claim/ERA and any other batch transaction
    - Member Liability Estimator; real-time and batch
    - Bi-directional clinical information exchange, and gaps-in-care messaging; real-time and batch

# Provider Connectivity

- Patient Clinical Summary
  - Summary of all medical information that a payer has for a member
    - Based on claim history
    - Personal Health information from the member
    - Prescription History
    - Lab Results, if available
    - Gaps-in-care, clinical messages
  - Current Strategy:
    - Access via the payer's web portal, via a 270/271
    - Access via the PMS/EMR vendor's integration with payer
    - Access via other vendor's integration with payer

# Provider Connectivity

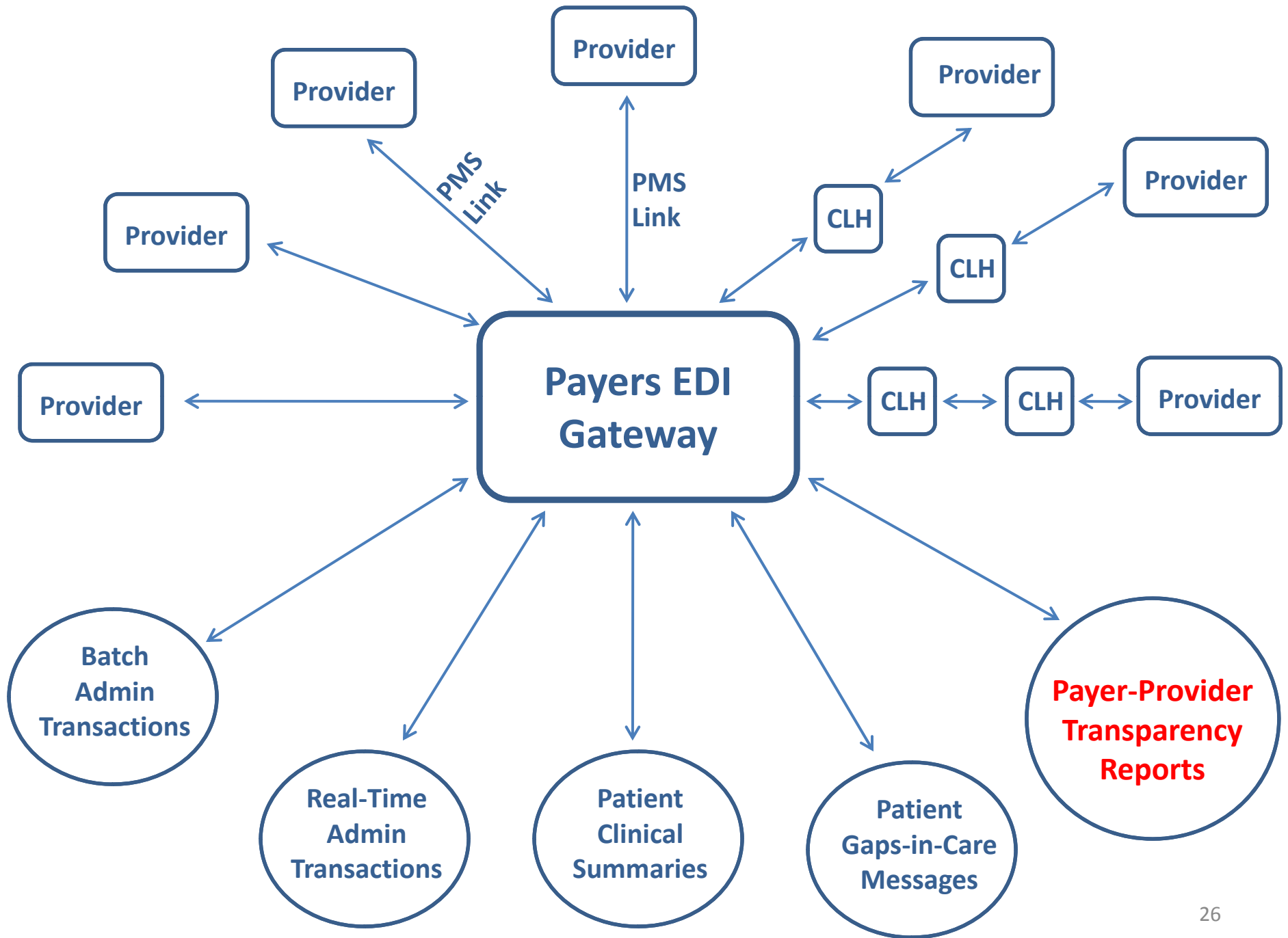
- E-Prescribing
  - Virtually all the payers support e-prescribing with their own PBM or with their contracted PBM
  - No financial support for e-prescribing vendors
  - Opportunity for P4P dollars for the providers
  - Payers pushing for 'Gaps-in-Care ' Messages to become part of e-prescribing
    - Payers are providing financial support for messages, but not for e-prescribing
  - Integrated into all ONC certified EMR systems

# Provider Connectivity

- E-Lab Results
  - Payers' contracts with labs require that labs provide lab results for payers' members
  - Payers adding lab results to Patient Clinical Summary and to enhance Gaps-in-Care Messages
  - Payers contracting with PMS/EMR companies to integrate e-prescribing and e-lab with Patient Clinical Summary and Gaps-in-Care Messaging
    - Minimize redundant lab orders
    - Recommend lab tests
    - Best practices
    - Foundation for future Patient Compliance Programs

# Provider Connectivity

- Commercial Payers' Contract with Vendors
  - PMS Vendors
  - PMS/EMR Vendors
  - Service Bureaus
  - Direct-Provider Clearinghouses
  - Third Party Clearinghouses



# Provider Connectivity

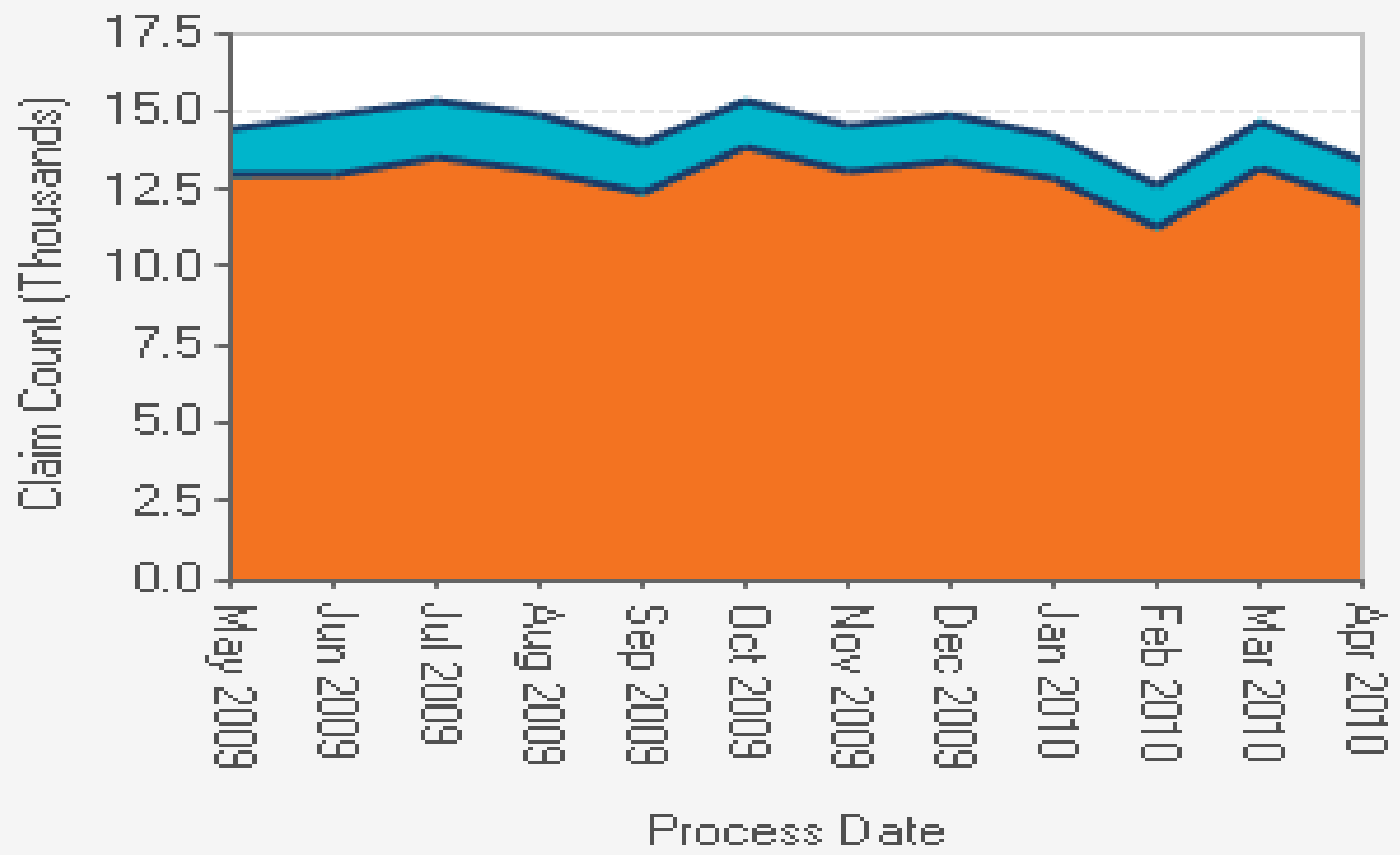
- Payer-Provider Transparency Metrics
  - Denial rates with reasons
  - Medical records requests and outcomes
  - Appeal rates
  - EDI rate
  - Payment turnaround times
  - All reports by procedure, by diagnosis, by any field on a claim, or any field used by the payer to pay a claim
  - P4P reports

# Provider Connectivity

- Payer-Provider Transparency Benefits
  - Lower claims administrative costs for payer and provider
  - Fewer appealed claims
  - Significantly ‘improve the experience’ for the providers
  - Improve provider relations
  - Improve medical spend through re-contracting



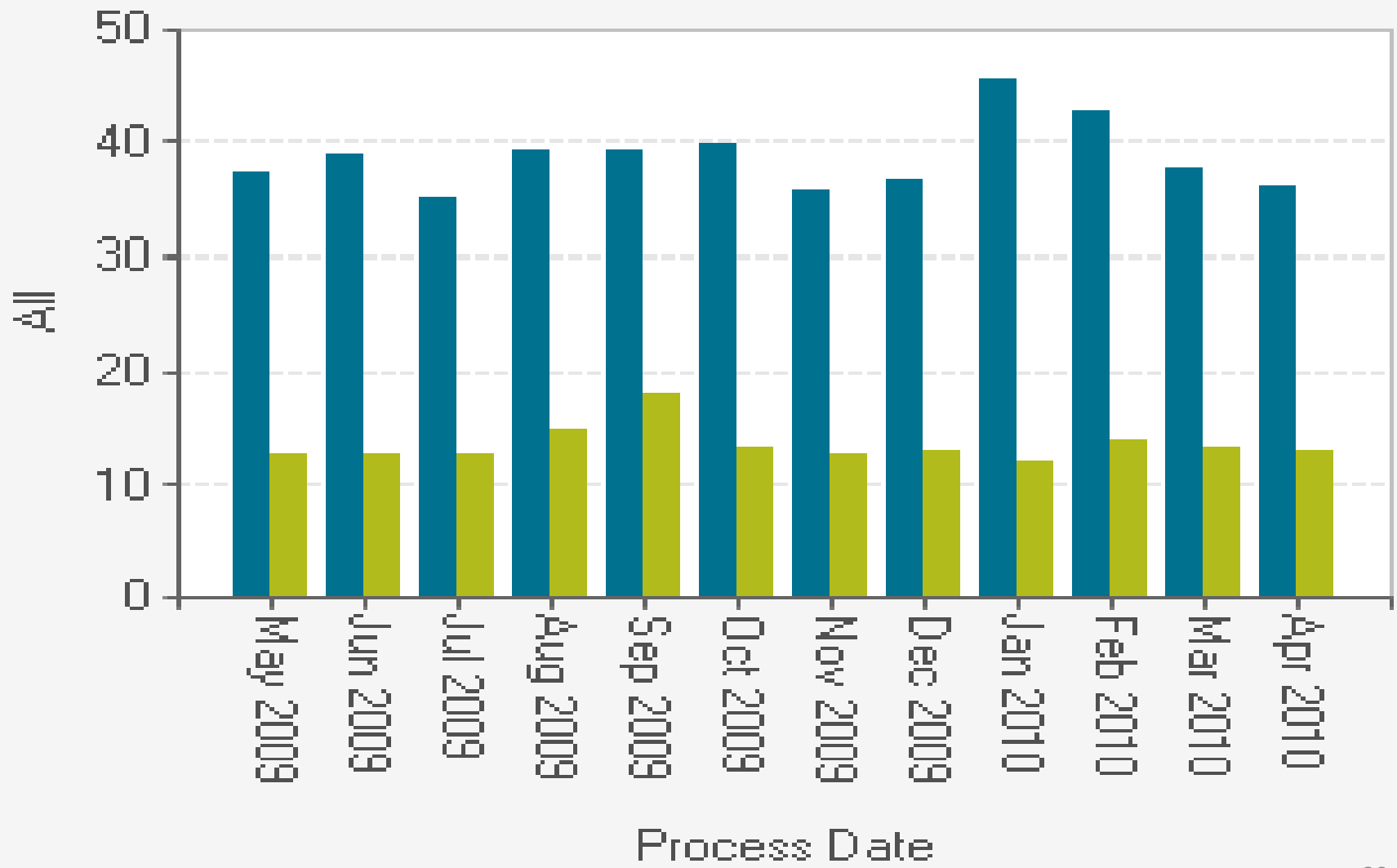
# Claim Volume by Claim Type (Thousands)





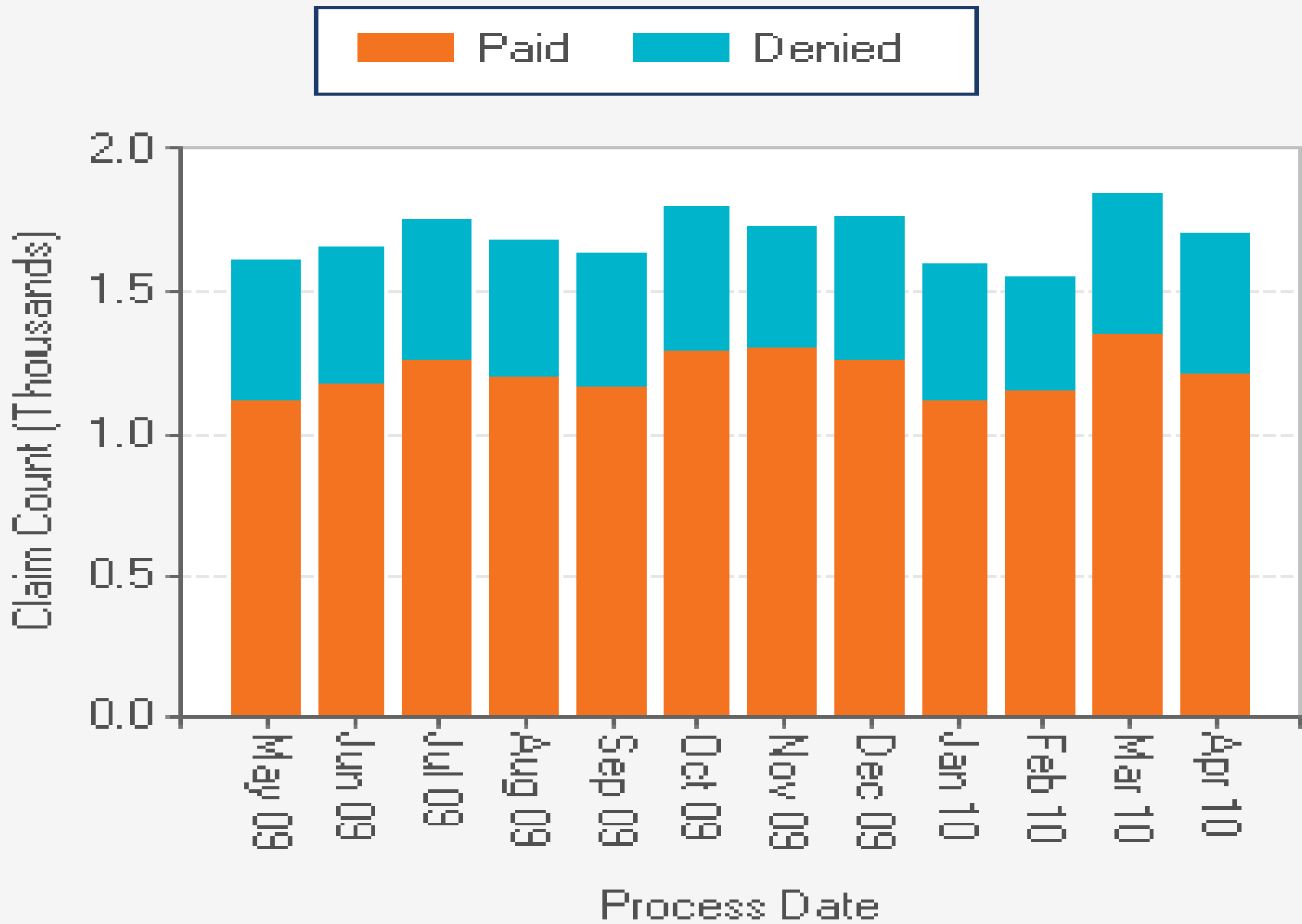
# BlueCard Claim Cycle Time

■ Provider Submission Time      ■ Total Plan Time





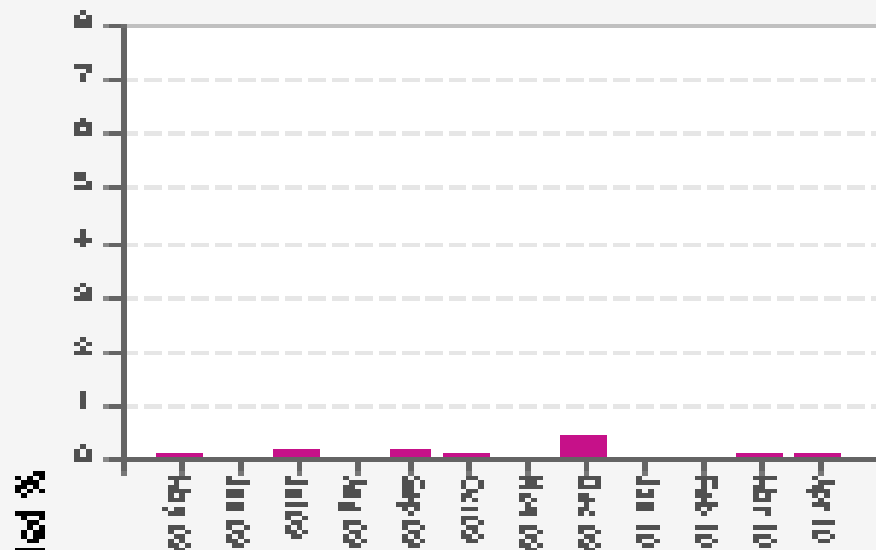
## Denial Rate (Thousands)



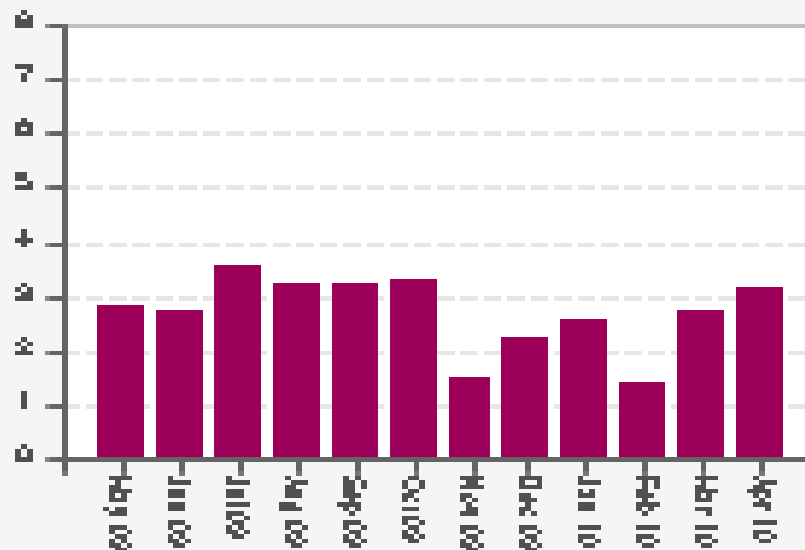


# Denial Rate by Reason

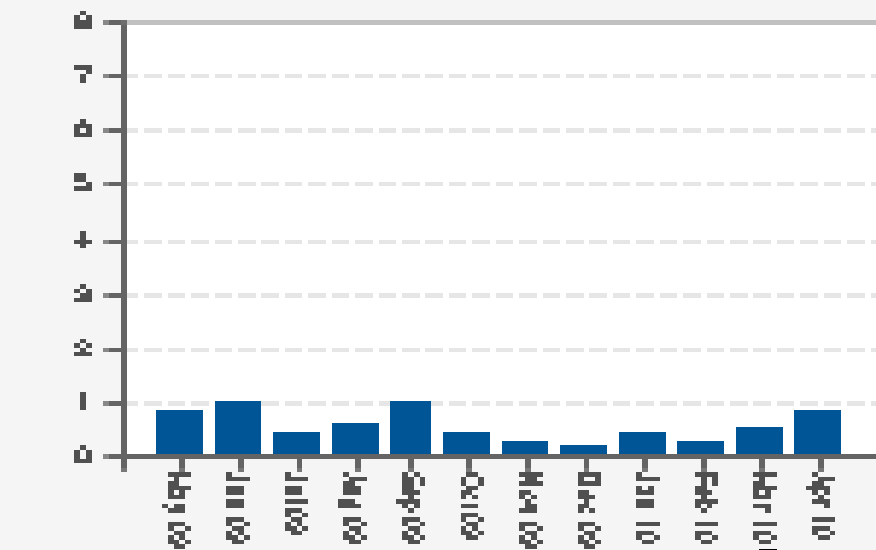
### Medical Review Return



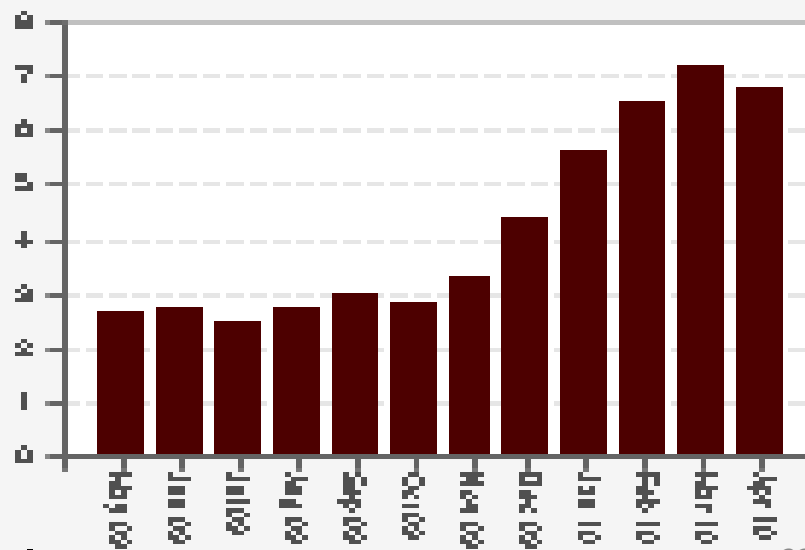
### Member Eligibility



### Non-Contract Benefit



### Wrong Payer

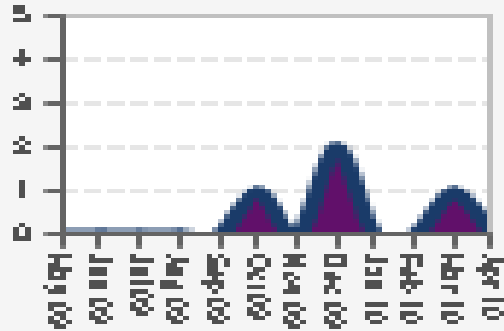


Process Date

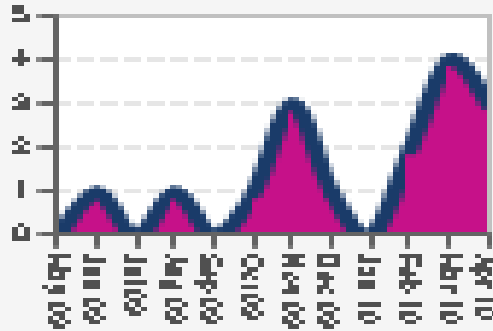


# Upheld Appeals by Initial Denial Reason

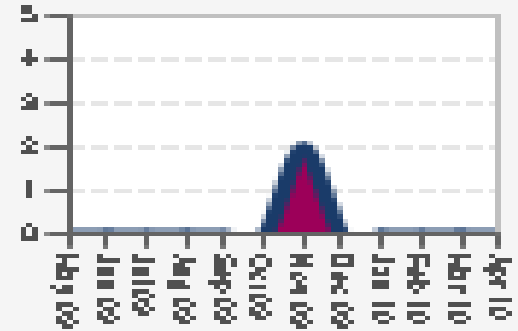
### Benefit Maximum



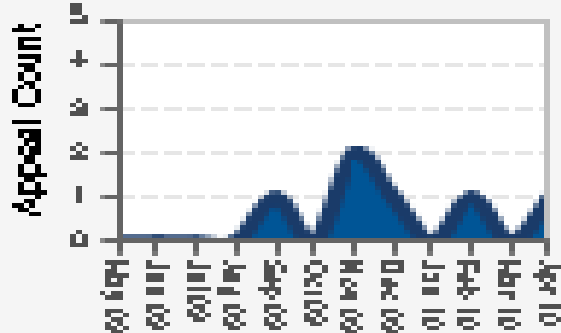
### Medical Review Return



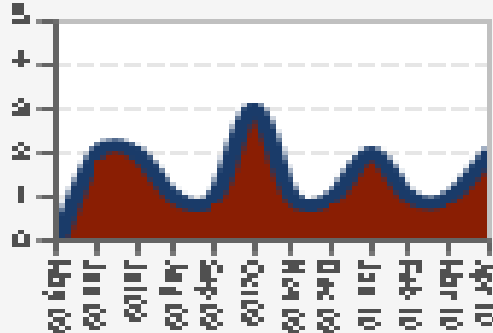
### Member Eligibility



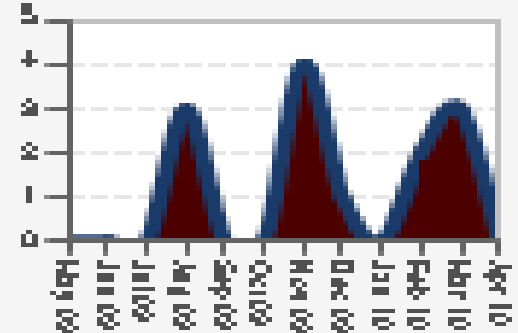
### Non-Contract Benefit



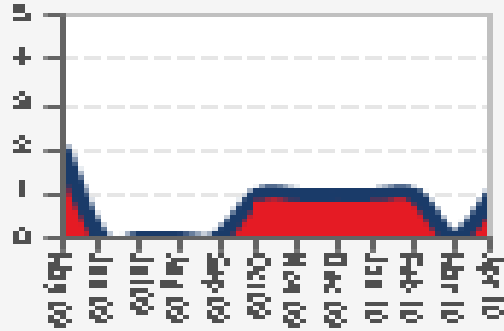
### Timely Submission



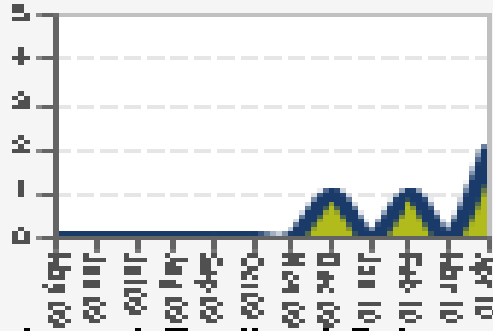
### Wrong Payer



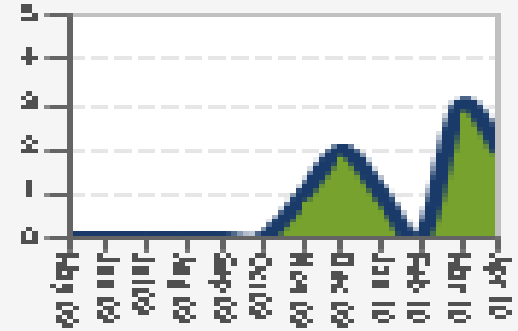
### Authorization



### Renewal



### Medical Record

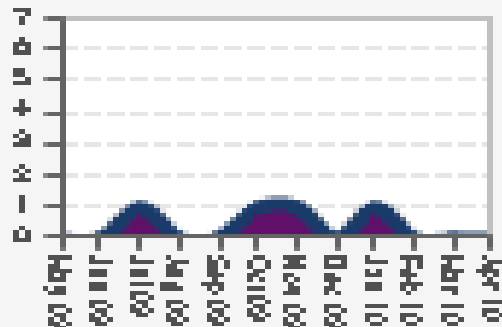


Appeal Finalized Date

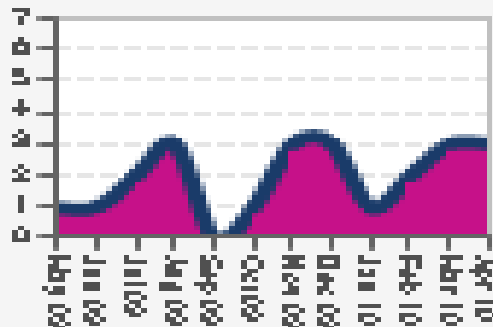


# Overtured Appeals by Initial Denial Reas

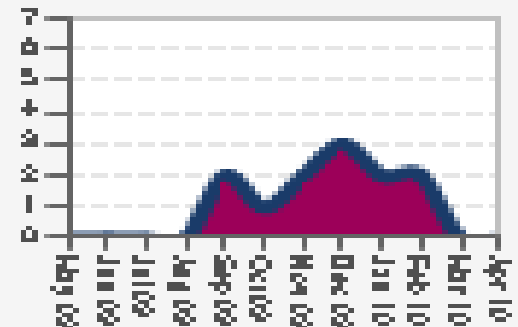
### Benefit Maximum



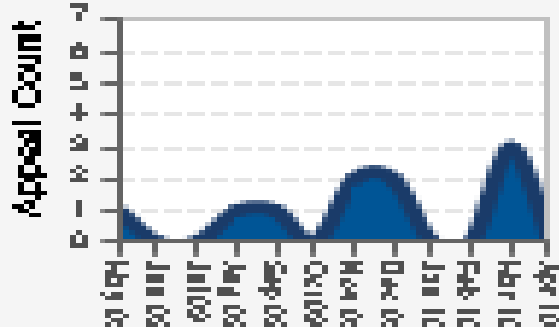
### Medical Review Return



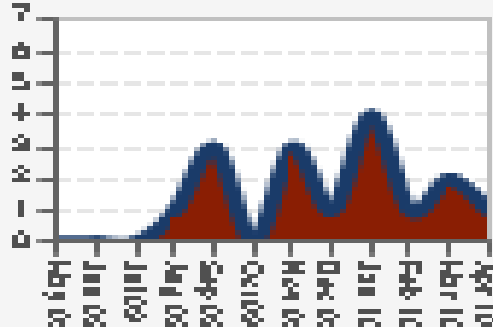
### Member Eligibility



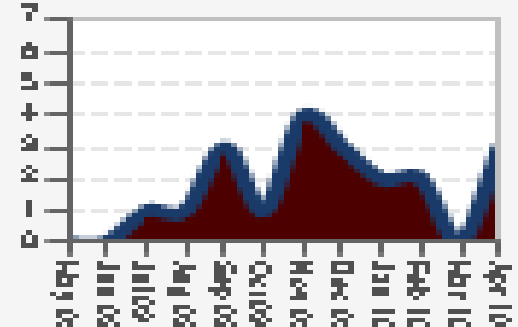
### Non-Contract Benefit



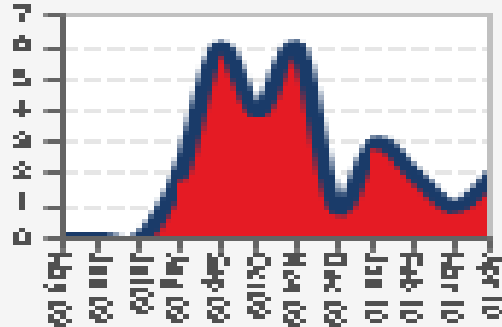
### Timely Submission



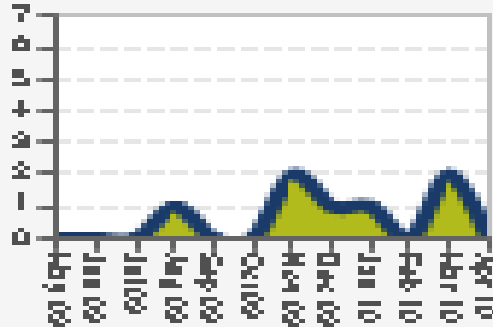
### Wrong Payer



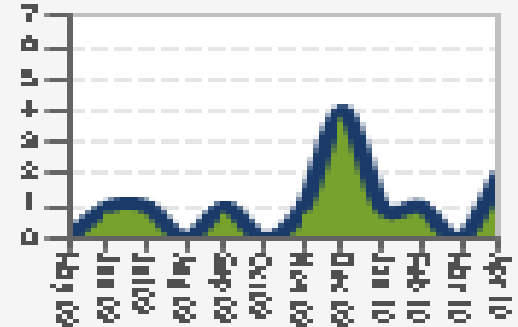
### Authorization



### Renewal



### Medical Record

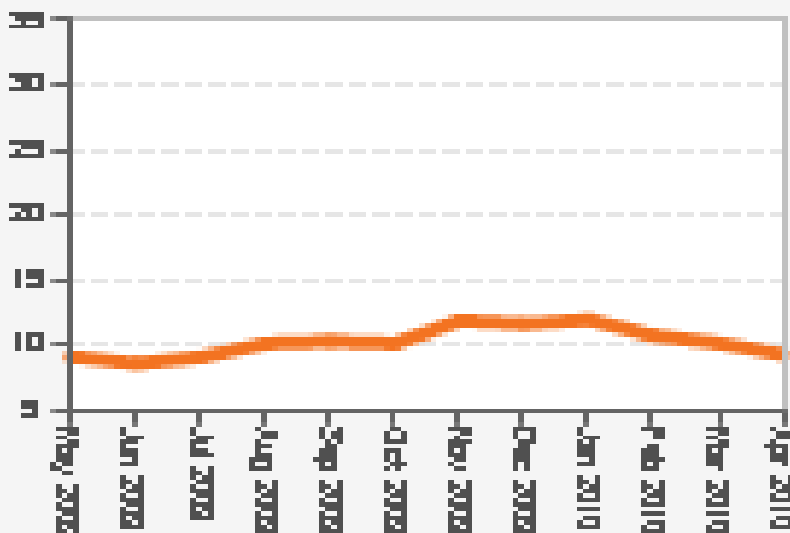


Appeal Finalized Date

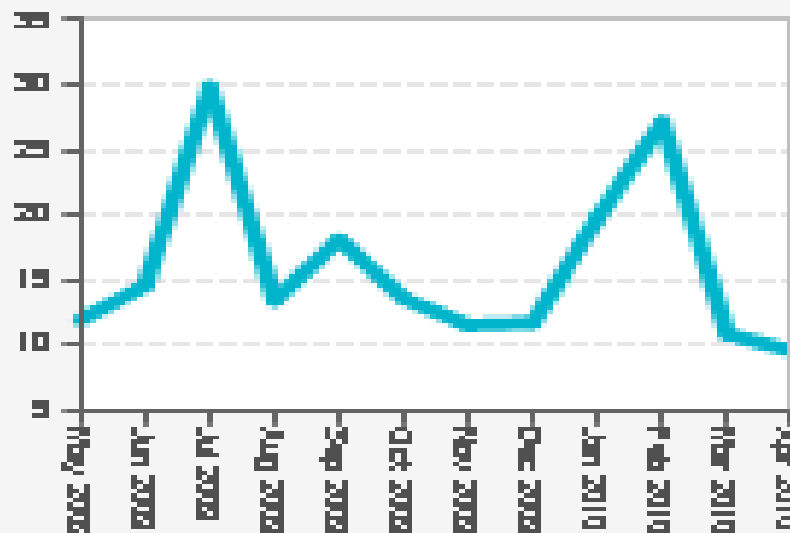


# Processing Time by Team

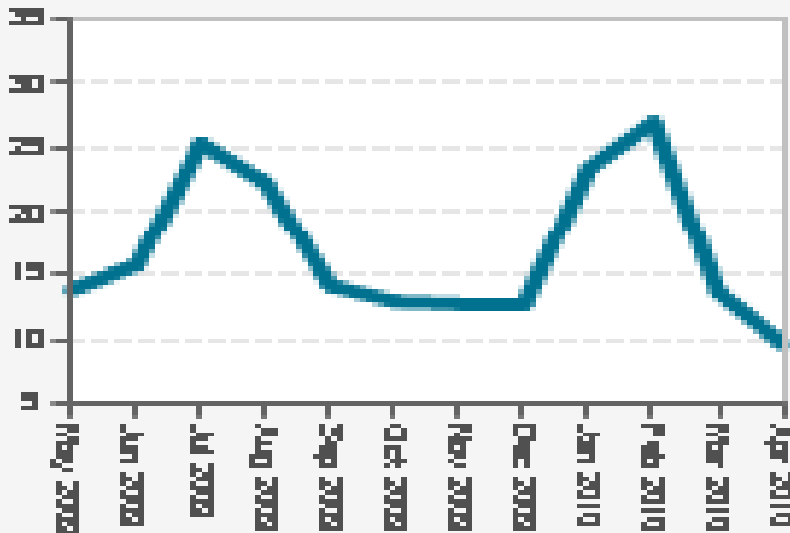
### A Team



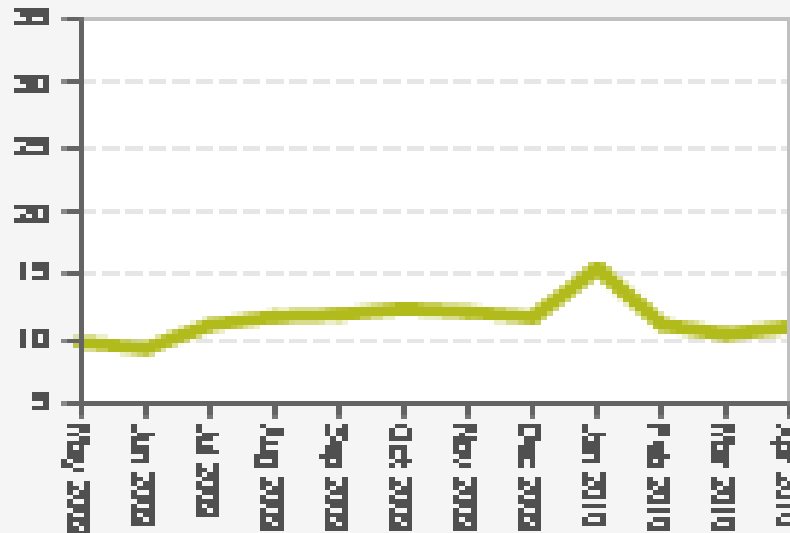
### B Team



### C Team



### D Team



Process Date

# Quotes

“PricewaterhouseCoopers noted that of the \$1.2 trillion wasted in the entire U.S. health system each year, \$210 billion of that waste is a result of inefficient claims processing - the second-largest area of waste. By reducing unnecessary claim rework, POET-enabled hospitals have already experienced a 15% reduction in claims denials. One hospital in Orange County expects to see a 32% decrease in total denials and a 54% decrease in denied dollars. This is exactly what we were hoping to see.”

Juan Davila  
Senior Vice President, Network Management  
Blue Shield of California

“The MedeAnalytics platform has allowed us to create transparency and an environment of collaboration with our providers. The development of the POET program has facilitated stronger communications, shared performance targets and improved efficiency. The MedeAnalytics solution will help differentiate Blue Shield of California in the marketplace.”

Kenny Deng  
Director, Network Performance and CPO  
Blue Shield of California

“Mission Hospital has been collaborating with the POET team to work through underlying operational issues in 2009, and we are seeing about a 30 percent decrease in total denials and about a 50 percent decrease in denied dollars for FY 2010. The POET program has helped create an open forum to share performance issues or processes, with each entity committed to using the data to identify root cause issues and share their findings. As a result, in addition to improving performance, we’ve also created a more collaborative and understanding partnership.”

Dan Martinez  
Director Patient Financial Services  
Mission Hospital

# Provider Connectivity

- New Contracts with Providers
  - Providers agree to participate in the electronic highway for administrative and clinical information exchange
  - Payers agree to support quality real-time and fast-batch services
  - Payers/Providers/Vendors work together to:
    - Improve the quality of care for the payers' members
    - Payers slow down the increase in the cost of care by 'improving the experience' for the providers

# Provider Connectivity

- Member Communication Program
  - Share the same information with members that is shared with the members' providers
  - Empower and engage the member to become an active participant in their healthcare
  - Focus on patient compliance with treatment guidelines and patient adherence to drug regimens
  - Member portal is foundation for communication with members
    - Messaging system between patient and payer, and ability to support patient to provider and patient to pharmacist
    - Patient access to their health record and gaps-in-care messages
    - Online ordering
    - Online Closure
    - Targeted search, support groups, community groups, chat sessions, journal, money, and shopping modules

# Provider Connectivity

- Member Communication Program
  - Use of technology to maximize value of Disease Management Programs
    - Messaging System
      - Web Portal, with online ordering and online closure
      - Email, cell phone, and text messaging, with online ordering and online closure
      - IVR, with online ordering and online closure
    - Incentives
      - Waive co-pays for prescriptions and preventive care
      - Credit for part of deductible, reduce premium
      - Additional funding for HRA/HSA
      - Gift cards, weekends away, and other incentives



- Home
- Health
- Benefits
- Money
- Shopping
- Library
- Journal
- Community
- Results

- ▼ **MESSAGES**
- ▼ **Recent (9)**
  - All
  - Alerts (1)
  - Sent
  - Health (7)
  - Benefits
  - Money
  - Shopping (1)
  - Library
  - Journal
  - Community
  - Feedback
  - Customer Care
- ▶ **Archived**
- **Advantages**

▶ I'd Like To...

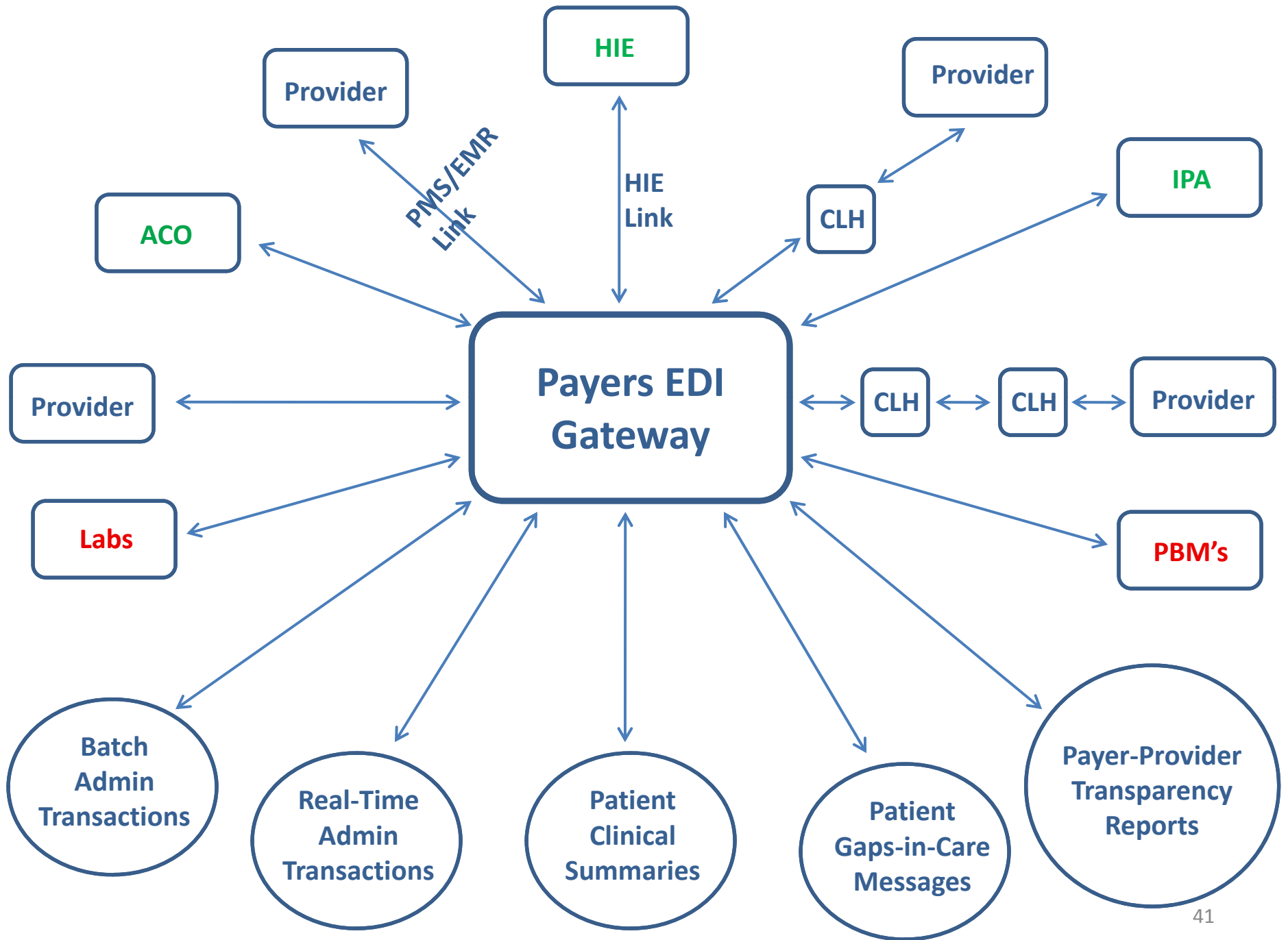
Home

**Messages**

Type	From	To	Subject	Sent	Status
	Enfold	Patrick	Diagnostic Test Claim Filed	05/07/2007 00:00:00	Closed
	Enfold	Patrick	Out of Network Consult	06/10/2007 00:00:00	Closed
	Enfold	Patrick	Drug Recall : Vioxx	06/22/2007 17:43:00	Open
	Enfold	All Members	Blood Glucose Test	07/01/2007 11:15:00	Closed
	Enfold	Patrick	Inhalable Insulin on the way	07/07/2007 16:45:00	Closed
	Enfold	Patrick	Zetia Prescription Filled	07/30/2007 00:00:00	Closed
	Enfold	Patrick	Lipitor Prescription Filled	07/30/2007 00:00:00	Closed
	Enfold	Patrick	Diabetic Care Suggestions	08/01/2007 14:23:00	Open
	Enfold	Patrick	Time to Refill Your Prescriptions	09/15/2007 09:18:00	Closed

**Advantages > All**

Item	Possible	Actual
2007 Pharmacy Savings	\$964	\$737
2007 Blood Glucose improvement	1.2 average	0.3
2007 Relevant Clinical Articles	22	18
2007 Questions answered	7 average	6
Personal diary	Yes	No



# Cigna and HealthPartners

- [http://newsroom.cigna.com/article\\_print.cfm?article=1307](http://newsroom.cigna.com/article_print.cfm?article=1307)
- ‘Individuals improve their health and lower their annual medical costs when their medical and pharmacy benefits are supplied by one company’
- Reviewed data for 11 million members:
  - Cigna Study: savings of \$132 per year per individual; \$228-\$251 per year per family
  - Health Partners study: saved an average of 3.8% per year
  - Members were more likely to ‘engage in health improvement programs ... take their medications appropriately’

# Why did United/Ingenix Acquire Axolotl?

- Continue expansion of Ingenix's business
- Continued focus on services to the providers and expanding relationship with providers
- HIE spend is a medical spend for MLR
- Axolotl's system is separate from Ingenix's system, which is separate from United Healthcare
- Client is the HIE and the providers participating in the HIE; operate an open network and all payers and vendors may participate on equal terms
- Will provide data analytics and other support to providers to develop and operate successful ACOs

# Why did Aetna Acquire Medicity?

- Because they wanted to buy Axolotl and lost out to United/Ingenix
- Tough to make money as a health plan; diversify with Active Health, Medicity, Cofinity, and others to be added
- Michigan Health Connect partners with Medicity
- Aetna using Active Health and Medicity to help them expand and support HIEs and ACOs
- Want to be in a position of strength, when they need to connect to other HIEs, with other health plans, with other ACOs
- Operate an open network

# Payers and HIEs

- Payers will aggressively participate with HIEs:
  - Support the HIEs participation in electronic information exchange with the payer, including
    - Bi-directional sharing of clinical information
    - In many situations, provide financial support
  - Operate an open network so that all vendors participating in HIE, or supporting HIE, can connect electronically for all information exchange directly with the payer

Medication List | Scripts | Pending Rx | Reports | Mail | Admin | Patient Search | Insurance Coverage

Patient: **PALTROW, MARY** Gender: Female DOB: 6/18/1951 Age: 59 Address: One Anywhere Street Providence RI 54360 Phone: 301-208-8000

Problem List

Active Problem List		Manage Problems	View Inactive
Code	Description	Deactivate Problem(s)	
493.02 02/18/2011 K.Seshadri	Extrinsic Asthma with Acute Exacerbation	<input type="checkbox"/>	
272.0 02/18/2011 K.Seshadri	Pure Hypercholesterolemia	<input type="checkbox"/>	

Add Problem

Allergies

Date	Written By	Allergy
02/18/2011	K. Seshadri	Penicillins — Hives

Notes

Date	Written By	Note	Delete
02/18/2011	K. Seshadri	GAP in CARE: Patient is overdue for annual lipid test.	<input type="checkbox"/>
02/18/2011	K. Seshadri	GAP in CARE: Patient has not refilled Lipitor in 60 days.	<input type="checkbox"/>

Manage Medications | Add Drug to Med List | Patient History | Patient Chart | Add Checked

Active Medications	Drug Name	Edit SIG	Drug Monograph	Initial Rx Date	Most Recent Rx Date	# of Scripts	Source
↓	<a href="#">ADVAIR HFA 230-21 MCG INHALER</a> Inhale two puffs by inhalation route twice every day in the morning and evening			02/18/2011	02/18/2011	1	Krishnan Seshadri
↓	<a href="#">LIPITOR 20 MG TABLET</a> Take one tablet by mouth every day			02/17/2011	02/17/2011	1	Krishnan Seshadri

Last updated on: 2/17/2011 3:00 PM (EST) Update Drug History Add Checked

Inactive Medications	Drug Name	Drug Monograph	Initial Rx Date	Most Recent Rx Date	# of Scripts	Source
↑	<a href="#">ACTOS 30 MG TABLET</a> Take one tablet by mouth every day		02/17/2011	02/17/2011	1	Krishnan Seshadri
↑	<a href="#">ALPHA-D-GALACTOSIDASE ORAL TABLET</a> Take one tablet by mouth per meal or may crumble onto food		02/17/2011	02/17/2011	1	Krishnan Seshadri
↑	<a href="#">METHADONE HCL 10 MG TABLET</a> Take one tablet by mouth every three hours		02/17/2011	02/17/2011	1	Krishnan Seshadri
↑	<a href="#">ZITHROMAX 250 MG TABLET</a> Take two tablets by mouth every day		02/17/2011	02/17/2011	1	Krishnan Seshadri
↑	<a href="#">LIFESCAN UNISTIK 2</a>		12/31/2010	02/17/2011	7	(RXHUB)
↑	<a href="#">Bupropion HCl 75 mg Oral</a>		02/16/2011	02/16/2011	1	(RXHUB)
↑	<a href="#">Actos 15 mg Oral</a> Take one tablet daily - by mouth		01/02/2011	02/15/2011	6	(RXHUB)
↑	<a href="#">Amaryl 1 mg Oral</a>		11/01/2010	02/14/2011	6	(RXHUB)
↑	<a href="#">Depakote ER 500 mg Oral</a>		10/30/2010	02/13/2011	6	(RXHUB)
↑	<a href="#">Humalog Mix 75-25 75-25 unit/mL Subcutaneous</a>		01/14/2011	02/12/2011	3	(RXHUB)
↑	<a href="#">Accu-Chek Comfort Curve Test In</a>		10/31/2010	02/11/2011	8	(RXHUB)
↑	<a href="#">Mirtazapine 15 mg Oral</a>		01/01/2011	02/09/2011	5	(RXHUB)

Medication List | Scripts | Pending Rx | Reports | Mail | Admin | Patient Search | Insurance Coverage

Patient: **PALTROW, MARY** Gender: Female DOB: 6/18/1951 Age: 59 Address: One Anywhere Street Providence RI 04360 Phone: 301-208-8000

Problem List

Active Problem List		Manage Problems	View Inactive
Code	Description	Deactivate Problem(s)	
493.02 02/18/2011 K.Seshadri	Extrinsic Asthma with Acute Exacerbation	<input type="checkbox"/>	
272.0 02/18/2011 K.Seshadri	Pure Hypercholesterolemia	<input type="checkbox"/>	

Add Problem

Manage Medications

Active Medications	Drug Name
↓	<a href="#">ADVAIR HFA 230-21 M</a> Inhale two puffs by inhaler
↓	<a href="#">LIPITOR 20 MG TABLET</a> Take one tablet by mouth

Inactive Medications	Drug Name
↑	<a href="#">ACTOS 30 MG TABLET</a> Take one tablet by mouth
↑	<a href="#">ALPHA-D-GALACTOSID</a> Take one tablet by mouth per meal or may crumble onto food
↑	<a href="#">METHADONE HCL 10 MG TABLET</a> Take one tablet by mouth every three hours
↑	<a href="#">ZITHROMAX 250 MG TABLET</a> Take two tablets by mouth every day
↑	<a href="#">LIFESCAN UNISTIK 2</a>
↑	<a href="#">Bupropion HCl 75 mg Oral</a>
↑	<a href="#">Actos 15 mg Oral</a> Take one tablet daily - by mouth
↑	<a href="#">Amaryl 1 mg Oral</a>
↑	<a href="#">Depakote ER 500 mg Oral</a>
↑	<a href="#">Humalog Mix 75-25 75-25 unit/mL Subcutaneous</a>
↑	<a href="#">Accu-Chek Comfort Curve Test In</a>
↑	<a href="#">Mirtazapine 15 mg Oral</a>

Allergies

Date	Written By	Allergy	Manage Allergies
02/18/2011	K. Seshadri	Penicillins - Hives	

Notes

Notes	Add Notes
Note due for annual lipid test.	Delete
Note not refilled Lipitor in 60 days.	Delete

**Save** ✕

#	Entered	ICD9	Description	Severity	Chronic	Sureness	Active	Delete
1	02/18/2011 K. Seshadri	272.0	Pure Hypercholesterolemia	Minor	Yes	Verified Correct	Yes	✕
2	02/18/2011 K. Seshadri	493.02	Extrinsic Asthma with Acute Exacerbation	Major	Yes	Verified Correct	Yes	✕

**Notes** **Add Notes**

Entered	Note
No Notes for this patient	

# of Scripts	Source
1	Krishnan Seshadri
1	Krishnan Seshadri

Update Drug History | Add Checked

# of Scripts	Source
1	Krishnan Seshadri
1	Krishnan Seshadri
1	Krishnan Seshadri
1	Krishnan Seshadri
7	(RXHUB)
1	(RXHUB)
6	(RXHUB)
6	(RXHUB)
3	(RXHUB)
8	(RXHUB)
5	(RXHUB)

# Payers and HIEs

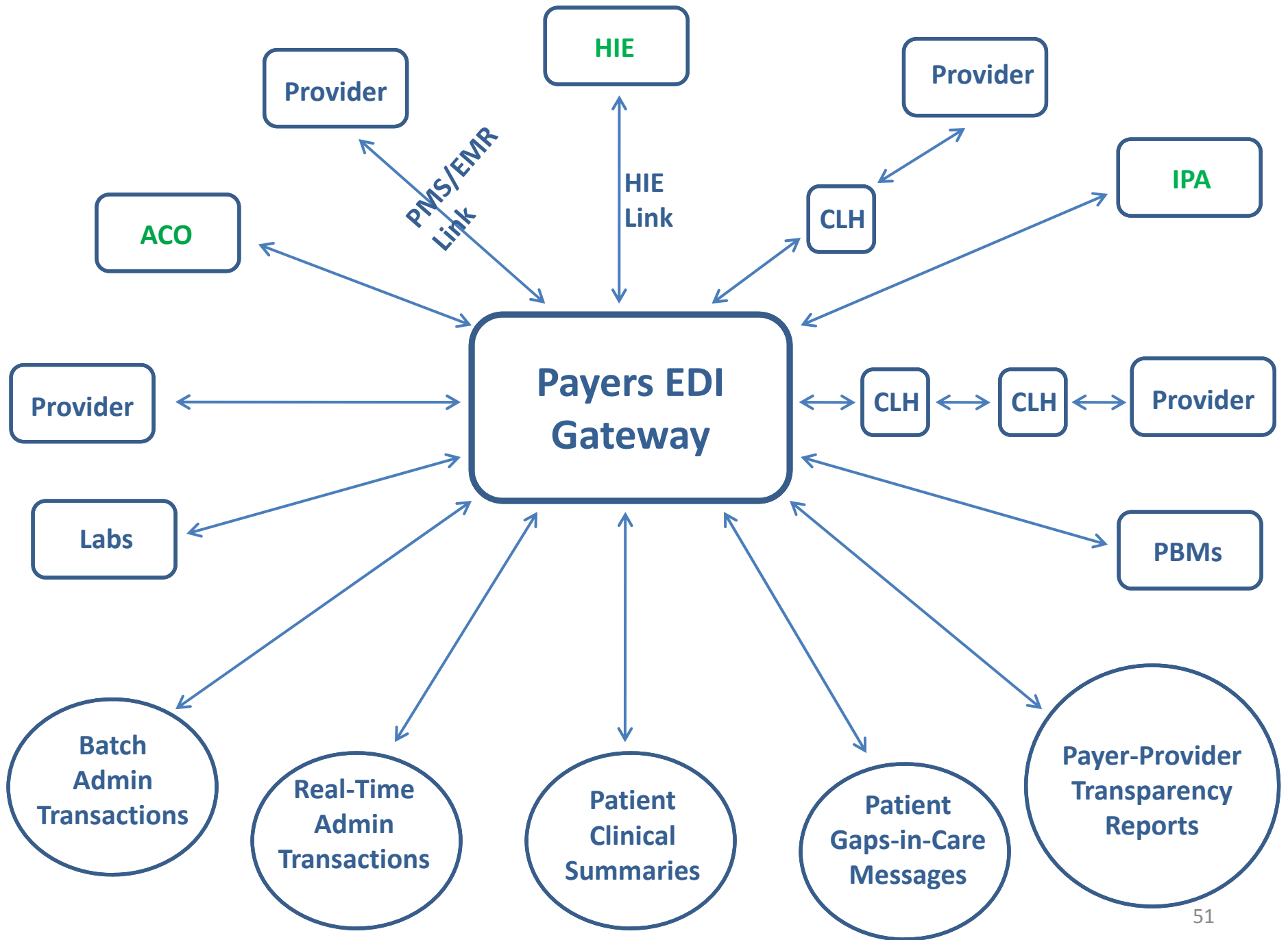
- Consolidated view of patient clinical history
  - Real-time eligibility check & medication history retrieval
  - Medication reconciliation
  - Patient problem list
  - Allergies & clinical notes
  - Gaps-in-care messages
- Payers want to contribute clinical data to the HIEs and **have access to clinical data from the HIEs**

# Payers and ACOs

- ACO – Accountable Care Organization:
  - A network of doctors and hospitals that shares responsibility for providing care to patients
  - For Medicare, a minimum of 5,000 beneficiaries
  - Commercial payers creating or partnering
    - Aetna, Carilion Clinic building ACO in VA
    - Norton Healthcare and Humana to form an ACO
    - Emblem Health to support Montefiore’s ACO
  - Active participation with ACOs
    - Electronic information exchange
    - Payer/Provider Transparency Reporting

# Payers and EMRs

- With EMRs:
  - Providers will participate in real-time claim submission; will fit new work flow
  - Work with vendors to support bi-directional clinical information exchange
  - With clinical information exchange and gaps-in-care messaging,
    - Quality of care will be improved
    - Cost of care will decrease
    - Foundation for Patient Compliance/Adherence programs



# Provider Connectivity

- Competitors' Strategy
  - New contracts with providers
    - Administrative and clinical information exchange
  - Direct connections with providers, PMS/EMR vendors, and vendors that have contracts with providers
    - Minimize administrative costs for providers
    - Minimize write-offs
    - Speed up cash flow
  - Quality, real-time services for all transactions (some will support fast-batch for claims)

# Provider Connectivity

- Competitors' Strategy (con't)
  - 'Free' portal for providers and their vendors
  - Active participation in, and support of, HIEs and ACOs
  - Bi-directional clinical information exchange
  - Add lab results to patient clinical summaries
  - Payer/Provider Transparency Reports
  - 'Improve the experience' for their providers
  - Member Communication Programs
  - Create the foundation for Patient Compliance and Patient Adherence Programs

# Provider Connectivity

- Competitors' Strategy (con't)
  - Most will stop paying for non-claim transactions
    - Will go to a bundled claim fee
  - The larger the payer, the more they will stop paying transaction fees for administrative transactions
  - Most will pay for clinical information exchange; spending more than they spend on administrative EDI
  - Provider Connectivity is key to improving the quality of care and reducing the cost of care

# Questions?

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