



# Targeting U.S. Healthcare Revenue Cycle Management

Report Abstract  
Market Analysis

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by Charles Juniper  
Healthcare Research Analyst  
NelsonHall

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## Who Is This Report For?

“Targeting U.S. Healthcare Revenue Cycle Management” is a comprehensive market analysis report designed for:

- Sourcing managers investigating sourcing developments within the U.S. healthcare provider and revenue cycle management market
- Vendor marketing, sales and business managers developing strategies to target service opportunities within the U.S. healthcare provider and revenue cycle management market
- Financial analysts and investors specializing in the U.S. healthcare provider services sector

## Scope of the Report

The report analyzes the U.S. market for outsourced healthcare revenue cycle management services including pre-intervention, post-intervention, and medical coding and addresses the following questions:

- What are the key factors driving reform of the U.S. healthcare sector?
- What are the key client segments and how are their requirements evolving and shaping outsourced service needs? Client segments analyzed include “financially distressed”, “reform driven” “core business focus”, and “new business model” driven requirements
- What services are currently outsourced and how will this evolve and change to 2015?
- What are the current service vendor categories and how are they able to respond to changing client segment requirements?
- What are the key challenges and critical success factors relating to provision of revenue cycle management services?
- What will be the market size and growth to 2015 in terms of client segments, service category and vendor groups?



## Key Findings & Highlights

Major macro-level issues impacting U.S. healthcare are driving a fundamental restructuring of the sector driven by unprecedented levels of reform. The transformation of U.S. healthcare will drive widespread adoption of outsourced services for the rest of the decade. Key findings of the report are:

- The healthcare buyer outsourced service market is less mature than that in healthcare payer but will grow to nearly \$9 billion by 2015, expanding beyond post-intervention service to encompass a more end-to-end focus including a greater emphasis on pre-intervention services
- Reform is currently driving significant emphasis on increased efficiency with a need to optimize revenue cycle management across increasingly complex and distributed ACOs encompassing physician practices, ambulatory clinics and hospitals
- Patient eligibility and risk assessments are emerging as critical elements in revenue cycle management as are analytics services in support of patient segmentation analyses and “meaningful use” audits
- Offshore Service Vendors will see the highest growth rates of all the provider groups. Specialist medical billing companies will remain the largest group
- “Reform driven” healthcare providers will be the fastest growing segment of the revenue cycle management market
- Offshore providers will see significant growth in medical coding BPO among hospitals and health systems driven by implementation of ICD-10 & shortage of coders.

## Contents

1. Changing Shape of U.S. Healthcare Revenue Cycle Management BPO
2. Market Factors Affecting the U.S. Healthcare Provider Market
3. Buy-Side Requirements & Market Segmentation
4. Market Size & Growth
5. Vendor Offerings & Capabilities
6. Challenges & Success Factors
7. Appendix

## Vendors Researched

Accenture, ACS a Xerox Company, ActiveHealth Management, Apollo Health Street, athenahealth, Cognizant, Dell Services, Dynamic Healthcare Systems, Eldorado, Emdeon, eMids, Firstsource, Genpact, Greenway Medical, HP Enterprise Services, IBM Global Services, Infosys, Intelimedix, LiveIt Investments, Med3000, SCIOinspire, SourceHOV, TC<sup>3</sup>, TCS, Tela Sourcing, W<sup>2</sup>Squared, Welsh Carson Anderson & Stowe, Wipro, WNS Global Services, ZeOmega

## Report Length

37 pages, consisting of 6 chapters

## Report Author

Charles Juniper - [charles.juniper@nelson-hall.com](mailto:charles.juniper@nelson-hall.com)