



# Targeting U.S. Healthcare Payer BPO

Market Analysis  
Report Abstract

March 2013

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68 pages

March 2013  
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## Who Is This Report For?

“Targeting U.S. Healthcare Payer BPO” is a comprehensive market analysis report designed for:

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

## Key Issues & Highlights

The market for outsourced healthcare payer services is changing, driven by a number of trends. These include:

- The concern with rising healthcare costs and the desire to reduce administration costs in the delivery of claims and member services
- The mandate for payers to comply with the new Medical Loss Ratio (MLR) limiting the percentage of insurance premiums that can be spent on administration
- The Affordable Care Act (ACA) driving an expected increase in the number of members enrolled in Medicaid and Medicare
- The need to incorporate health insurance exchanges into the health insurance selection and enrollment process
- The emergence of new payment models beyond fee-for-service, such as outcome-based reimbursements, for which payers will need infrastructure to handle
- The growth in demand for claims analytics and predictive modeling of member population segments.

This report will investigate the impact of these trends on the U.S. healthcare payer services market to identify both the precise change in customer requirement and the change in vendor offerings and delivery capabilities that are being put in place to respond to these requirements.



## Scope of the Report

The report analyzes the U.S. market for outsourced healthcare payer services and addresses the following questions:

- What is the current and future market for outsourced healthcare payer services, including both commercial payers and public sector payers?
- What is the size and growth of the U.S. outsourced healthcare payer services market?
- Within outsourced healthcare payer services, which service segments are emerging strongly?
- What are the market segments for outsourced healthcare payer services and their characteristics? What are the drivers, benefits, and inhibitors for each segment? What are vendor capabilities by segment?
- What are vendor challenges and critical success factors by market segment?
- How are vendor offerings and delivery capabilities changing to meet emerging market needs?
- How are vendors positioned within each outsourced healthcare payer services market segment?

## Contents

1. Changing Shape of the U.S. Healthcare Payer BPO Market
2. Customer Requirements
3. Market Size and Growth
4. Vendor Market Shares
5. Vendor Offerings and Capabilities
6. Vendor Delivery
7. Critical Success Factors
8. Appendix – Vendors Researched

## Vendors Researched

The major healthcare payer BPO services vendors interviewed for this research are: Accenture; athenahealth; BancTec; CSC Health Services; Dell Services; Genpact; Hinduja Global Solutions; HP Enterprise Services; IBM Global Services; iGate; Infosys; Med3000; NTT DATA; SCIOinspire; SourceHOV; TCS; Wipro; WNS Global Services; and Xerox Services.

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