



# Payspan

## Engaging Patients Clinically and Financially



Ben Lazar

**P**roviders and health plans seeking to engage patients face two primary challenges—how to motivate and guide patients to take the right actions to improve their health and how to support patients to assume greater financial responsibility for their growing portion of the healthcare costs.

If providers and health plans want to improve health outcomes and reduce costs, they must find solutions that address these challenges:

- Nearly half of patients are not

receiving nationally recommended guidelines of care, which is driving unnecessary utilization, avoidable healthcare costs and poor health outcomes. Part of the problem is that health plans' quality contracts are too complex for providers to understand what quality measures they need to apply per patients.



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- At the same time, as more of the financial burden shifts to consumers via high-deductible health plans, patients are struggling to clearly understand and keep up with their portion of the costs, leading to longer collection times for providers, increased costs for health plans and reduced revenue for both providers and health plans.

Payspan, a leading provider of automated payment and reimbursement solutions for the healthcare industry, offers patient engagement solutions for both providers and health plans in a multi-dimensional approach that facilitates clinical engagement from the health plan side and financial engagement from the provider side.

### Enabling Health Plans to Apply Quality Measures

Nearly 80 percent of providers and healthcare executives who responded to a 2016 survey said they believe that most physicians

really don't know the quality measures for each patient, but 74 percent said that receiving clear guidance from health plans would help them implement value-based care.

Payspan came up with the idea to leverage its secure healthcare network that already connects 750 health plans with 1.3 million provider payees to facilitate the exchange of quality communications between health plans and their providers.

Payspan's Quality Incentive Communications System (QICS) transforms raw data from health plans into simplified care gap alerts, guidance about quality measures and incentives reports that are easy for providers to understand and apply. As a result, providers can engage patients to take steps to close care gaps and improve their self-care, resulting in better health outcomes and reduced costs.

"Realizing that our health plan clients were already communicating with providers about claims and reimbursements via our network, a natural extension of value is to leverage our network as a medical records exchange to reduce paper and accelerate the adoption of value-based care among physicians," says Payspan's Chief Product Officer Ben Lazar, who led the team that developed the solution.

### Enabling Providers to Increase Payment Collections

Today, patient payments are about a third of provider revenue. As a result, more patients are struggling to understand what they owe and to make payment efficiently. A 2016 study found that 74 percent of patients satisfied with the provider's billing process paid their medical bills in full compared to 33 percent of their lesser satisfied counterparts.

Knowing that consumers have come to expect and want digital payment options, Payspan developed PCI-compliant electronic payment solutions that enable patients to either pay online or choose from multiple payment options at the point of sale. Payspan's solutions are designed to make it easier for patients to pay, which increases payment collections and reduces the time it takes to collect payments.

Payspan has found an innovative way to leverage e-payments to advance patient engagement, improve health outcomes, reduce avoidable healthcare costs and boost revenue for providers and health plans. **HT**