

# **U.S. Business Process As A Service In Healthcare Payers Market Size, Share & Trends Analysis Report By Solution Coverage, By Buyer Type, By Value Chain Processes, By Buyer Size, And Segment Forecasts, 2022 - 2030**

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## **Abstracts**

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### **U.S. Business Process As A Service In Healthcare Payers Market Growth & Trends**

The U.S. business process as a service in healthcare payers market size is expected to reach USD 9.6 billion by 2030, according to a new report by Grand View Research, Inc. The market is expected to expand at a CAGR of 6.0% from 2022 to 2030. As a result of the fact that BPaaS engagements contributed significantly to healthcare payer business process outsourcing revenue and that this percentage is likely to rise as the industry for payer BPaaS expands due to the move toward value-based care, which has been hastened by COVID-19.

Furthermore, the adoption of BPaaS in the U.S. payviders industry is growing quickly. Although payviders have been around for a while, the Affordable Care Act made them more common and significant, which makes them well-suited to take advantage of the BPaaS opportunity.

In addition, many have not attained considerable scale in terms of members registered, except the majority of large payviders. For instance, according to The Robert Wood Johnson Foundation (RWJF) as of September 2016, just 4 of the 42 Provider Sponsored Health Plans (PSHPs) established since 2010 had between 50,000 and 100,000 covered subscribers, with the remaining 36 having fewer than 50,000. These

obstacles could well be solved since BPaaS solutions scale more quickly for the provider and are easier to install without a long lag time.

Additionally, industry-specific regulatory compliances specify a range of compliance requirements for various industrial verticals. The Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH), and the Payment Card Industry Data Security Standard (PCI DSS) are a few legislations that have impacted the industry. In many instances, the market now supports compliance management as an administrative activity rather than a regulatory one. A BPaaS provider could implement BPaaS solutions that can bridge compliance gaps between verticals and adapt to changes in the existing regulations, leading to the industry's growth with the rise in adoption throughout the forecast period—as all compliance adherence difficulties can be managed with their assistance.

#### U.S. Business Process As A Service In Healthcare Payers Market Report Highlights

The healthcare industry has advanced significantly over the last few years. The rise of digital health, the shift to value-based care, and rising consumerism have all altered how payers operate. The traditional BPS outsourcing model is quickly giving way to a platform-led BPaaS model, which has brought about advantages like access to better technology and human capital, the promise of digital transformation at a lower cost, and a lower cost of ownership. As a result, payers' sourcing considerations have also evolved. As a consequence, throughout the forecast period, BPaaS usage is anticipated to increase moderately at a CAGR of 6.0%

Small and medium-sized payers, make up more than 70% of all payers in 2021 and have shown a stronger preference for the BPaaS model. In terms of plan types, medicare advantage and managed Medicaid have emerged as viable business cases, with MA accounting for a significant share percentage of about 29% in 2021

From a process perspective, administrative processes like claims management have seen the most BPaaS adoption, accounting for over 30% of the revenue share in 2021. Payers are, however, progressively becoming aware of BPaaS's potential in processes like care management, population health management, and member engagement as well as in reducing medical expenses

Key players also contribute to the market's expansion through strategic

partnerships, mergers, and acquisitions, as well as the introduction of new offerings. For instance, Cognizant announced in 2017 that it had acquired TMG Health, a key national provider of BPaaS to the Medicare Part D, Managed Medicaid, and MA markets in the U.S., which supported 32 health plans offered with more than 4.4 million members across all 50 states. Through the purchase of TMG Health, Cognizant solidifies its position as the leading service provider for management health programs run by the U.S. government

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