Healthcare Revolution – The Patient is The New Payer

Positioning your revenue cycle for success

Jonathan G. Wiik, MSHA, MBA
Principal, Healthcare Strategy
TransUnion Healthcare
jwiik@transunion.com

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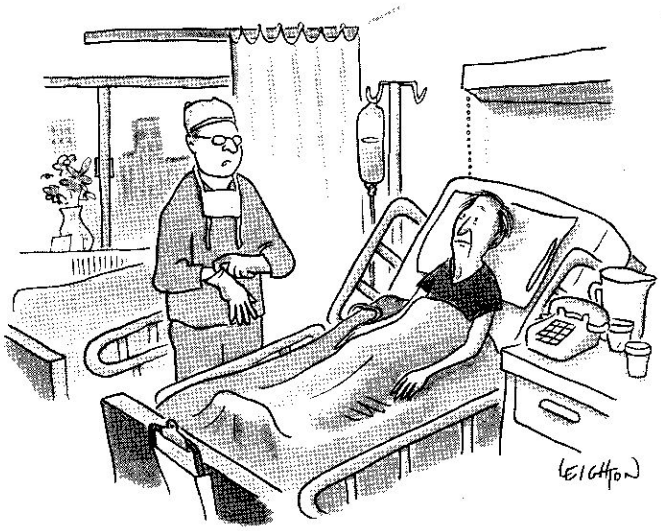
Learning Objectives

- Closely examine the patient as a payer, through their eyes, and identify the challenges we face in transparency, consumerism, and affordability
- Grasp the evolution of the revenue cycle and articulate the barriers and opportunities in meeting the patient as a payer
- Explore what is next for the U.S. healthcare market and discuss some necessary changes in legislation, delivery, and funding in order to meet patients where they are as consumers



"I'll have someone come in and prep you for the bill."

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Revenue leakage market forces

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May the legislative force(s) be with you…
ACA "reconciliation", CMS waivers, block grants, proposed Medicaid cuts, Tax reform, 501r and state transparency laws will all have major implications

Diluting reimbursement: Reimbursement Rates from all payers are continuing to decline putting financial stress on providers. Hospital Bad Debt is projected to exceed $50 Billion by 2025.

Revenue Leakage: Revenue leakage is a pervasive and urgent problem for healthcare providers. Timely filling denials and inefficiencies in the eligibility verification process contribute to lost revenue and cash

Pay me now or pay me later, but please pay:
Revenue leakage cannot occur in a value-based care world. 1% to 5% of all uncompensated care accounts have billable third party coverage unknown to the hospital or its vendors

Data Integrity Issues: Insufficient, inaccurate, disparate and missing data in either the Hospital or Payer databases, prevents optimized collections of earned revenue.

Source: TransUnion, Paul Kaiser, AHA UC Stat sheet, TriZetto - Health Management Technology

Healthcare Revolution: The Patient is the New Payer™

- How we got here
- Where are we now
- What happens next
- The Patient is the New Payer™
- Industry best practices for world class revenue cycle performance

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The Patient is the New Payer℠

How we got here

The Patient is the New Payer SM

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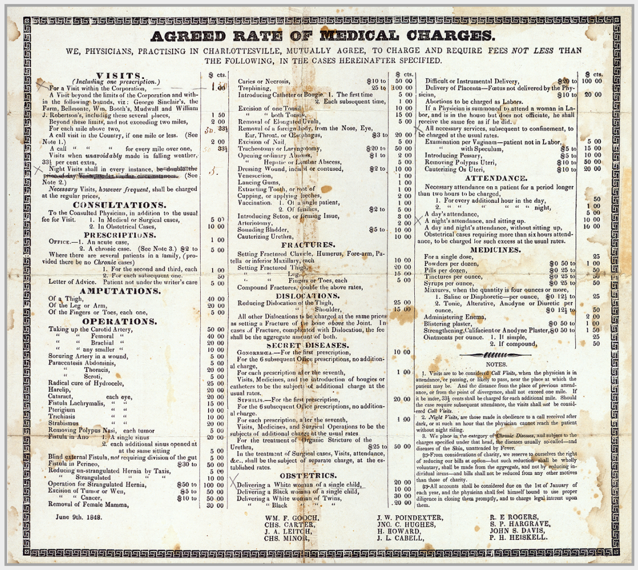
– the first physician fee schedule


AGREED RATE OF MEDICAL CHARGES.

WE, PHYSICIANS, PRACTISING IN CHARLOTTESVILLE, MUTUALLY AGREE, TO CHARGE AND REQUIRE FEES NOT LESS THAN THE FOLLOWING, IN THE CASES HEREINAFTER SPECIFIED.

VISITS.

CONSULTATIONS.

PRESCRIPTIONS.

AMPUTATIONS.

OPERATIONS.

FRACTURES.

DISLOCATIONS.

SECRET DISEASES.

OBSTETRICS.

ATTENDANCE.

MEDICINES.

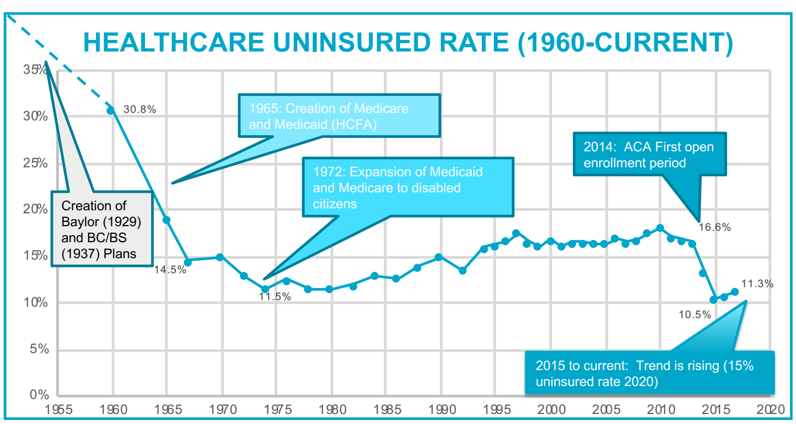
NOTES.

June 9th, 1848.

WM. F. GOOCH, CHS. CARTER, J. A. LEITCH, CHS. MINOR, J. W. POINDEXTER, JNO. C. HUGHES, H. HOWARD, J. L. CABELL, R. F. ROGERS, S. P. HARGRAVE, JOHN S. DAVIS, P. H. HEISKELL.

Source: University of Virginia Health Systems, Claude Moore Health Sciences Library Blogs, "Physician Price Fixing in 19th Century Virginia," http://blog.hsl.virginia.edu/feebill/

The U.S. Has The Lowest Uninsured Rate in History…



Sources: Source Book of Health Insurance Data, 1976–1977, from https://eh.net/encyclopedia/health-insurance-in-the-united-states ; Social Security Administration Archive (https://www.ssa.gov/policy/docs/ssb/v29n11/v29n11p3.pdf), Centers for Disease Control (https://www.cdc.gov/nchs/data/nhsr/nhsr017.pdf); US Census Bureau www.census.gov ; Commonwealth Fund Mar 2018

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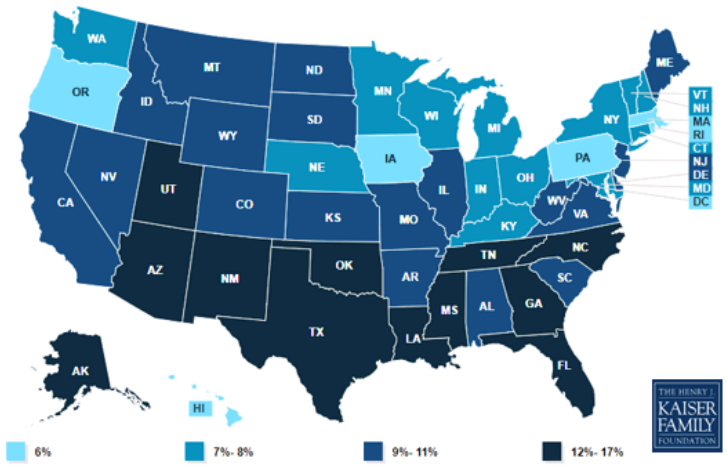
Uninsured rates by State 2016



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Chronic disease represents 90% of healthcare costs

From Chapter 2: Unhealthy Nation

> **Commit these numbers to memory: half of American adults have one chronic disease, and one in four have two or more conditions, representing almost 90% of all U.S. healthcare costs (ninety percent, people!)**

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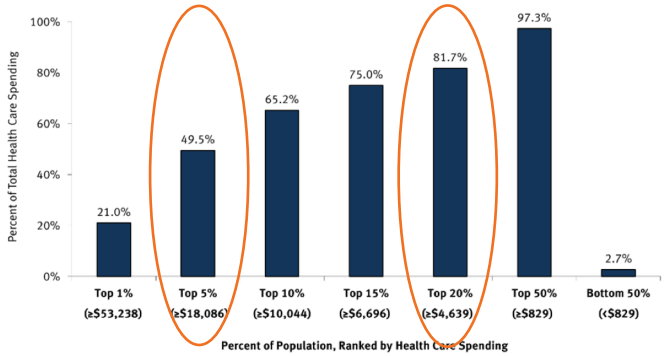
5% of U.S. population represents 50% of cost; 20% represents 80% of cost

Concentration of Health Care Spending in the U.S. Population, 2010



NOTE: Dollar amounts in parentheses are the annual expenses per person in each percentile. Population is the civilian noninstitutionalized population, including those without any health care spending. Health care spending is total payments from all sources (including direct payments from individuals and families, private insurance, Medicare, Medicaid, and miscellaneous other sources) to hospitals, physicians, other providers (including dental care), and pharmacies; health insurance premiums are not included.

SOURCE: Kaiser Family Foundation calculations using data from U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS), Household Component, 2010.

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The Patient is the New Payer™

Where we are now

If food costs increased at the same rate as healthcare costs…

Source: NHE; Source: Adapted from IOM Report, "Best care at Lower Cost" https://www.nap.edu/catalog/13444/best-care-at-lower-cost-the-path-to-continuously-learning

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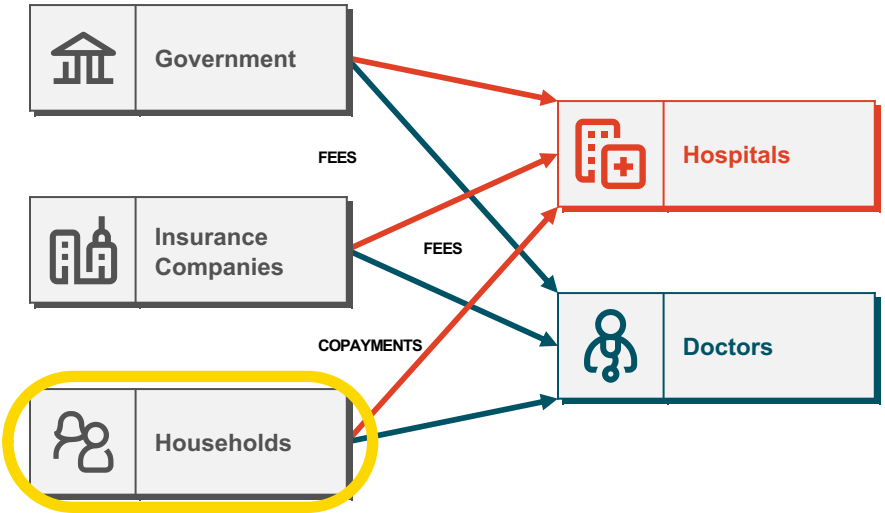
Consumers are not engaged in the costs of healthcare



Source: Cooper, R. & John, A. (2011). Microeconomics: Theory Through Applications. The Saylor Foundation. [Ch. 15.1 Supply and Demand in Health-Care Markets] https://open.umn.edu/opentextbooks/BookDetail.aspx?bookId=28 see also Jonathan's original url: https://saylordotorg.github.io/text_microeconomics-theory-through-applications/s19-01-supply-and-demand-in-health-ca.html

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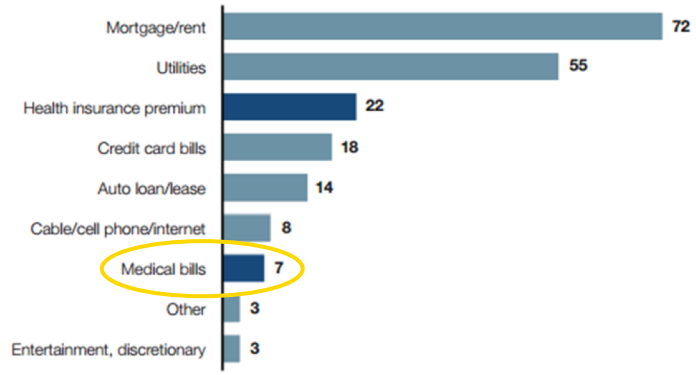
Healthcare bills rank lower than other bills

Consumers prioritize paying their health insurance premiums, but not their medical bills

Percent of customers ranking the following expenses in their top two choices



Source: McKinsey Retail Healthcare Consumer Survey, 2009

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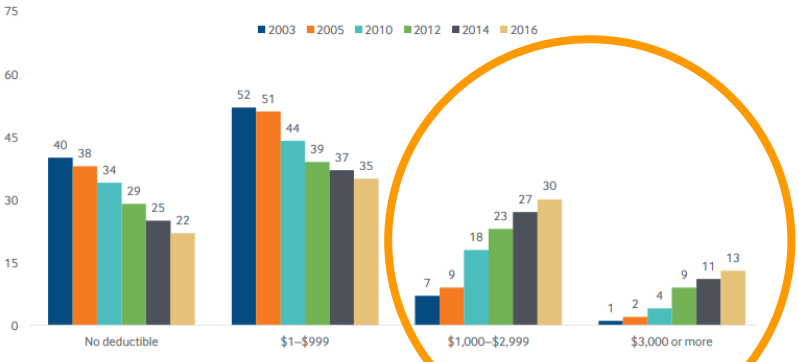
A migration to high deductible health plans is growing considerably

*Percent adults ages 19–64 with private coverage**



* Base is those who specified deductible.
Data: The Commonwealth Fund Biennial Health Insurance Surveys (2003, 2005, 2010, 2012, 2014, and 2016).

Source: Commonwealth Fund
https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_issue_brief_2017_oct_collins_underinsured_biennial_ib.pdf

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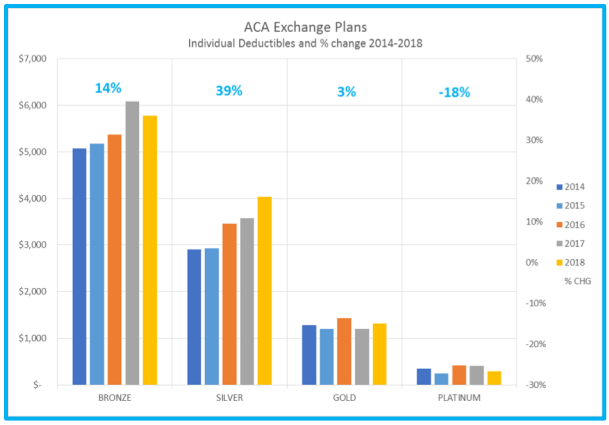
ACA exchange plan deductibles are resulting in more funding gaps for patients in 2018

PLAN	DEDUCTIBLE
Bronze	$5,800
Silver	$4,000
Gold	$1,300
Platinum	$300



Source: Healthpocket

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But… do patients typically look for costs in advance of care?

JAMA :

- Compared behavior of consumers in high-deductible plans to traditional plans. The researchers found only **one percentage** point difference in either group to chose on price
- "High-deductible health plan enrollment is associated with lower health care spending"
- **However…these savings are primarily owing to decreased use of care and not because HDHP enrollees are switching to lower-cost provider**

Source: JAMA - http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2482348 ; California health care Foundation: http://www.chcf.org/articles/2016/03/why-dont-patient-price-shop

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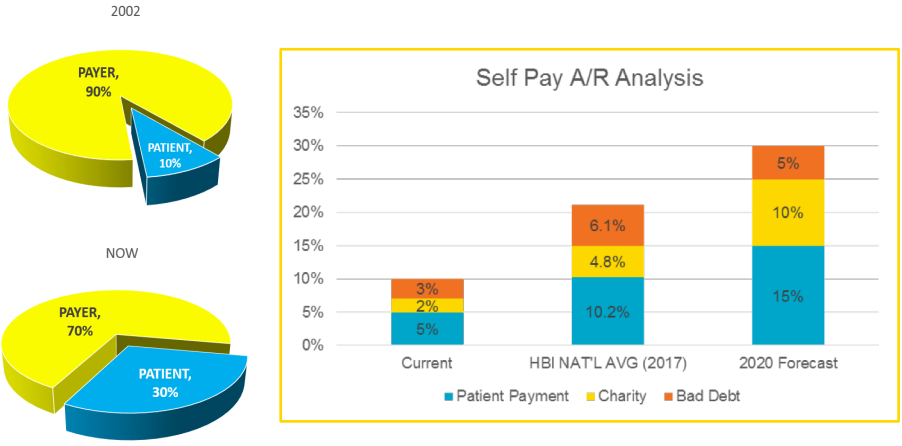
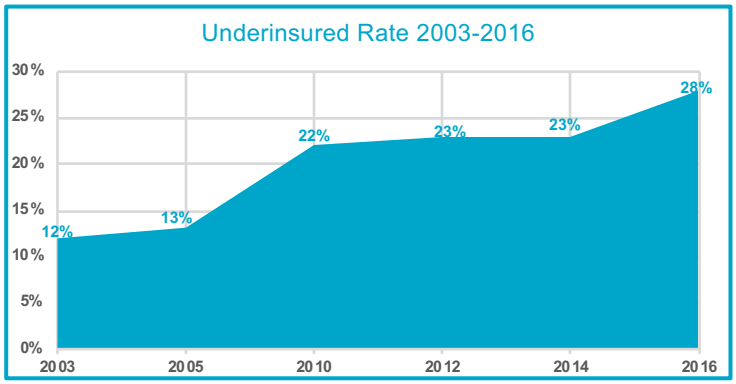
Patients are The New Payer™, and the yield of patient revenue is at significant risk…



Sources: HFMA: https://www.hfma.org/Content.aspx?id=45784 ; Advisory Board: https://www.hfma.org/Content.aspx?id=45784; DarkDaily:https://www.darkdaily.com/because-of-expanded-numbers-of-patients-with-high-deductible-health-plans-patients-are-now-responsible-for-30-of-hospital-revenues-920/ ; VisitPay: http://www.visitpay.com/wp-content/uploads/2017/11/visitpay-patient_pay_crisis_whitepaper.pdf

More than **one in four** of adults who were insured all year were underinsured* in 2016

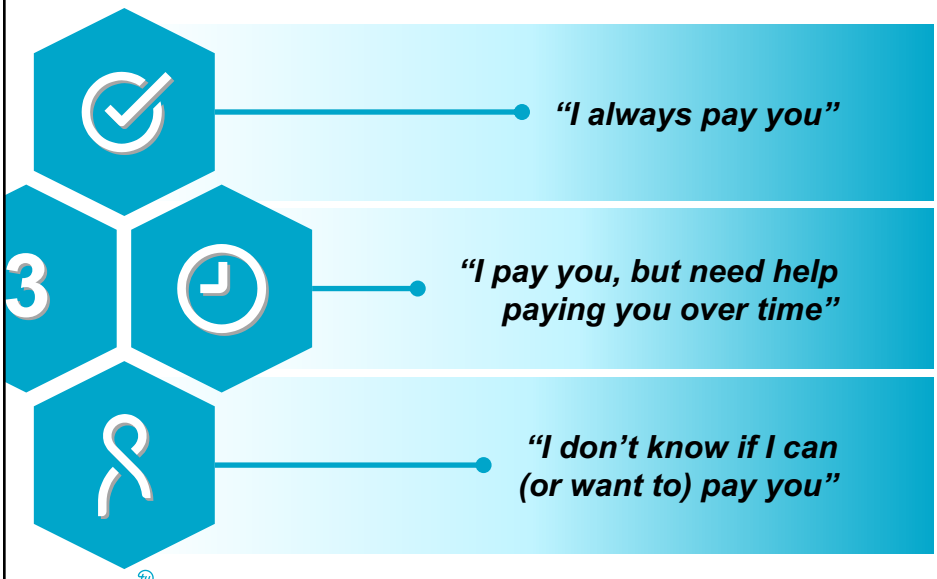


Percent adults ages 19-64 insured all year who were underinsured

**Underinsured defined as insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equated 10% or more of income; 5% or more if income if low income (<200% of poverty); or deductibles equated to 5% or more of income.*

Source: Commonwealth Fund https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_issue_brief_2017_oct_collins_underinsured_biennial_ib.pdf

Three types of patients…



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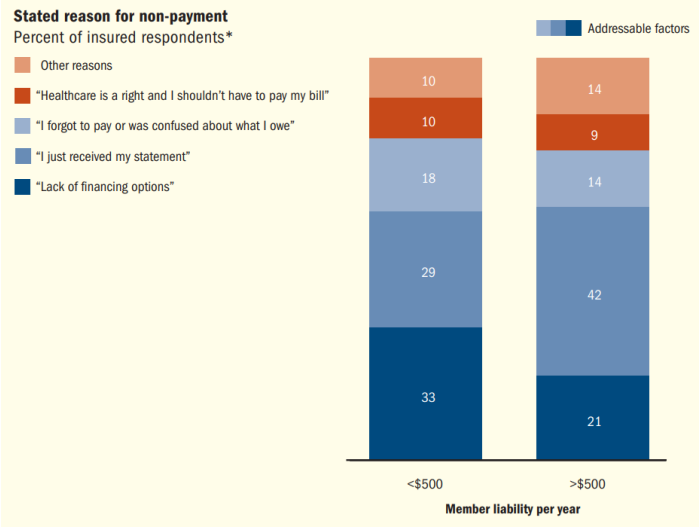
Patients have LOTS of reasons to not pay a bill later…



Source: McKinsey: https://healthcare.mckinsey.com/sites/default/files/762679_US_healthcare_payments_Remedies_for_an_ailing_system.pdf

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A $500 unexpected medical bill is too much to pay for many people.

According to a Kaiser Health Tracking Poll in 2017, **45%** of Americans said they'd have a difficult time paying an **unexpected $500 medical bill**. About **19%** wouldn't be able to pay it at all, while **20%** would put it on a credit card and pay it over time. Others said they'd need to borrow money from a friend, a family member, a bank, or a payday lender. This is reinforced by a federal reserve study that found that only **48%** of Americans would be able to completely cover a hypothetical emergency expense costing $400 without selling something or borrowing money."

http://www.natlbankruptcy.com/us-medical-debt-statistics/#3_A_500_unexpected_medical_bill_is_too_much_to_pay_for_many_people

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Is healthcare affordable?

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HOW FAR DOES $400 TAKE A PATIENT?

Scenario	Average Cost	Relevant Coverage	Patient Responsibility	Amount Underwater: Patient Responsibility minus $400
Physician Office Visit	$402	$25 copay	$25 copay	$0 underwater
CT Scan	$828	$1,500 deductible	$828 out of pocket	**$428 underwater**
ER Visit	$2,483	$250 copay + 20% coinsurance	$697 out of pocket	**$297 underwater**
Birth (Vaginal Delivery)	$9,625	$1,500 deductible + 20% coinsurance	$3,125 out of pocket	**$2,725 underwater**
Appendectomy (General Surgery, outpatient)	$13,589	$1,500 deductible + 20% coinsurance	$3,918 out of pocket	**$3,518 underwater**
Hip Replacement inpatient stay	$32,994	$1,500 deductible + 20% coinsurance	$7,799 out of pocket	**$7,399 underwater**

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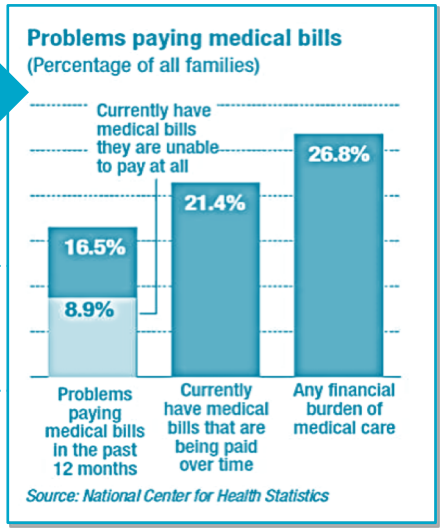
Medical bills are a scary problem for families

"I can't afford this and why is no one helping me?!"…

25%	1 in 4 have an unpaid health care bill
20%	1 in 5 are paying a medical bill over time
10%	Almost 1 in 10 have a bill that they cannot pay at all



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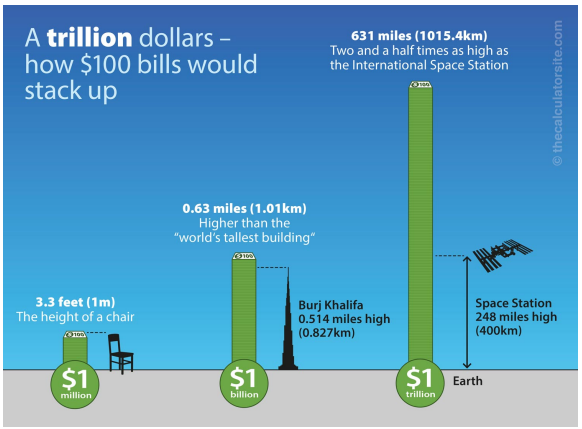
1 in 4 have an unpaid medical bill, let's do the math…

- ¼ of US population = 250M * 25% = 62.5M
- Average OOP cost (conservative) = $50 *62.5M = $3.1B dollars
- This is a LOT of money WAITING to be paid by the patient consumer!
- A billion….
  - ➔ In 50 years, could spend $540 thousand dollars every day of your life and still have a few thousand bucks in bank



https://datacenter.kidscount.org/data/tables/99-total-population-by-child-and-adult#detailed/1/any/false/870,573,869,36,868,867,133,38,35,18/39,40,41/416,417, https://www.debt.org/medical/doctor-visit-costs/ , https://www.foxbusiness.com/features/how-much-is-a-trillion-dollars-what-a-trillion-can-buy

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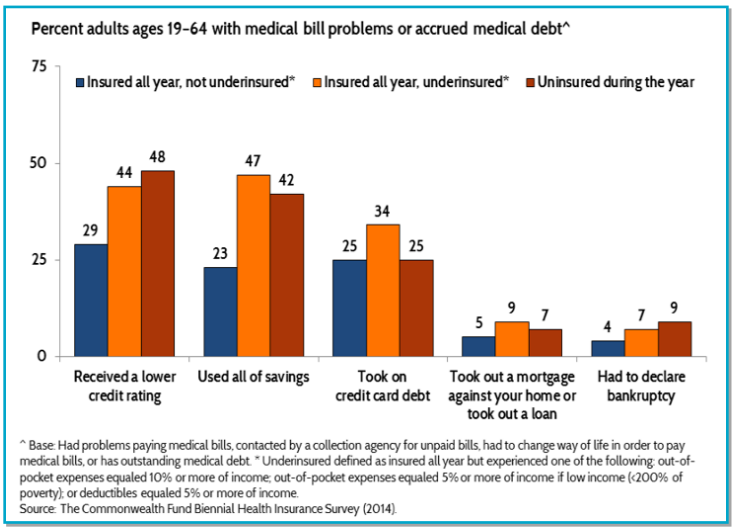
Adults with medical bills had lingering financial problems



^ Base: Had problems paying medical bills, contacted by a collection agency for unpaid bills, had to change way of life in order to pay medical bills, or has outstanding medical debt. * Underinsured defined as insured all year but experienced one of the following: out-of-pocket expenses equaled 10% or more of income; out-of-pocket expenses equaled 5% or more of income if low income (<200% of poverty); or deductibles equaled 5% or more of income.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2014).

Source: Commonwealth Fund – The problem of underinsurance and how rising deductibles make it worse

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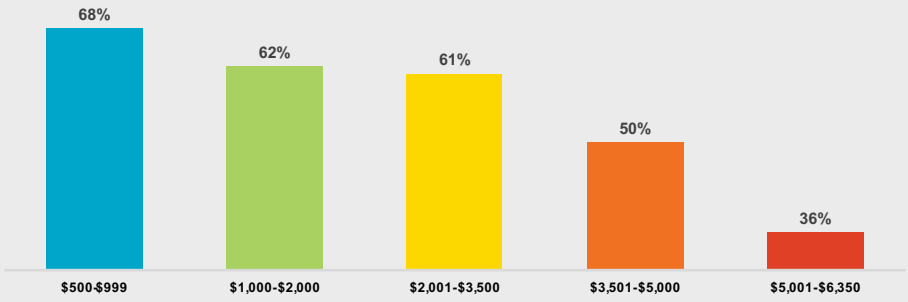
Only 68% of patients pay bills fully, and just over 1 in 3 pay if the bill is over $5000…



"As patient payments increase a percentage of net patient revenue, the ability to optimize patient collections and drive payments earlier in the process, will take on even greater importance."

Source: JP Morgan Chase Bank: Patient Payment Optimization. March 2016

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And collecting patient payments adds cost to the providers

3X

"Moreover, costs are likely to be significantly higher when collecting from individual patients on a per-transaction basis than when collecting from payers (as much as three times higher)."

2X

"On average, healthcare consumers pay more than twice as slowly as commercial payers."

Source: McKinsey - Hospital revenue cycle operations: Opportunities created by the ACA. May 2013. http://healthcare.mckinsey.com/sites/default/files/793544_Hospital_Revenue_Cycle_Operations.pdf

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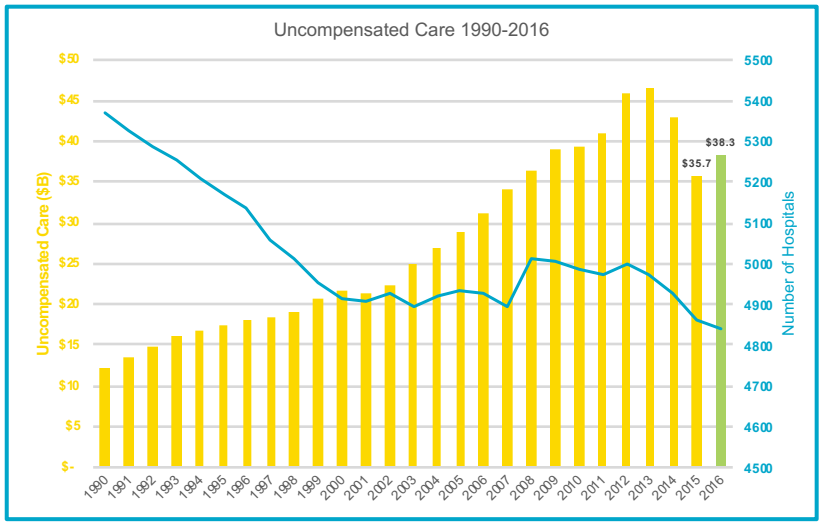
For the first time since 2013, uncompensated care increased by $2.6B in 2016



Source: AHA Dec 2017 Uncompensated Care Report

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The Patient is the New Payer™

Positioning your revenue cycle for success

Getting the patients engaged…

63% of healthcare providers are having trouble providing sufficient price transparency for patients facing a growing financial responsibility

Three steps:

1. Assess **eligibility** to determine coverage and benefits
2. Educate the patient to the financial policy, payment options and financial assistance programs
3. Offer cost estimates and push for full price transparency - increasing price transparency can improve patient satisfaction and help patients with bill pay.

*"By ensuring patients fully **understand their financial responsibility**, they can better equip them to make decisions about care access. Ultimately, this may help more patients get access to care that they can afford…*

Healthcare organizations need to invest more time with patients in the front office, estimating their cost of care and payment options in order to reduce questions and delays in collecting post service"

Source: Porter research, Waystar. https://patientengagementhit.com/news/providers-struggle-with-patient-price-transparency-responsibility

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Stratifying patient risk and payments

Rapidly determine

Identity Verification

- Prevent fraud
- Verify identity and protect PHI
- Validate address and demographic information

Insurance Discovery / Presumptive Charity

- Establish Coverage
- Balance their bad debt portfolio
- Re-classify accounts as charity

Propensity to Pay

- Prioritize high balance accounts
- Increase POS collections and cash flow
- Help patients truly in need and collect from those who can pay

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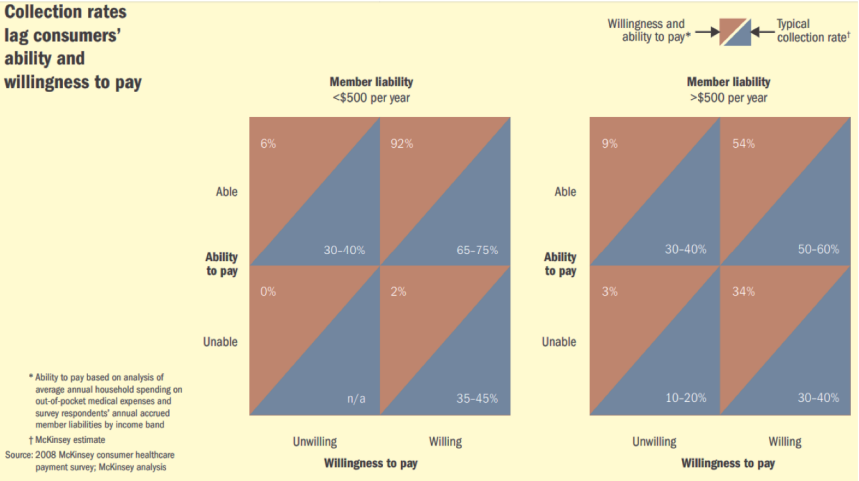
Differentiating between WILLINESS AND ABILITY…



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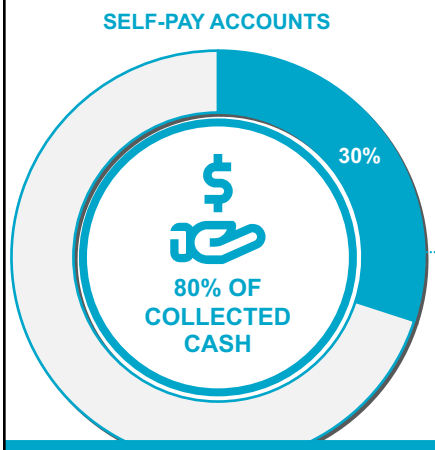
The Bottom Line



1-5% of self-pay accounts*
written off to bad debt have billable insurance coverage unknown to the hospital or its vendors

30% of self-pay accounts
will generate over 80% of cash collected*

Critical to rapidly identify the accounts that will pay — from both the patient *and* the payer

*Transunion Proprietary Data

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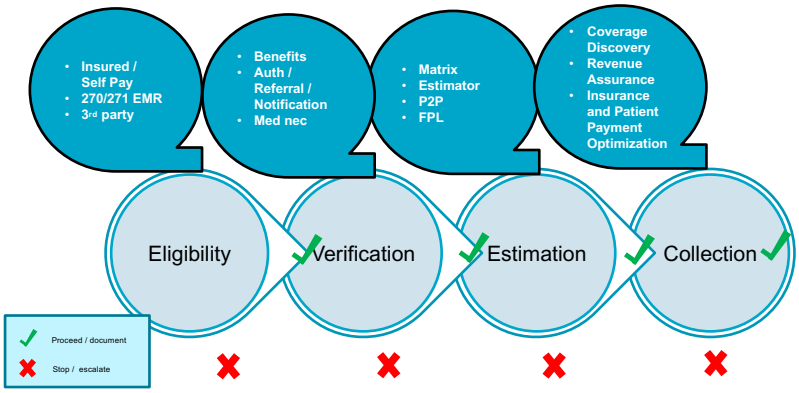
Checklists and gates



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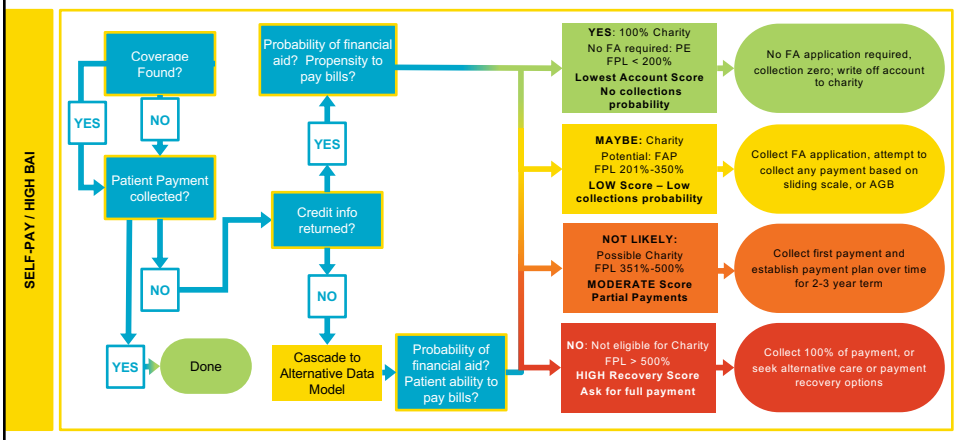
Example Workflow – Self-Pay / High BAI After Discharge



*Example provided for illustrative purposes and organizations should follow their unique Financial Assistance Policy(s)

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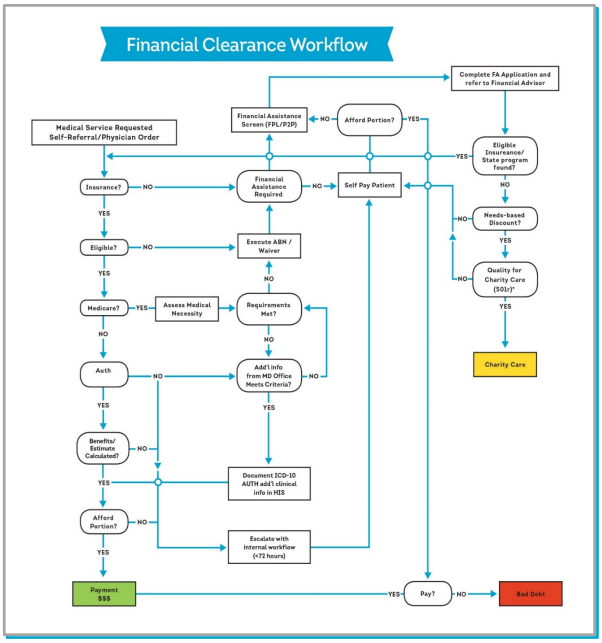
Financial Clearance Workflow



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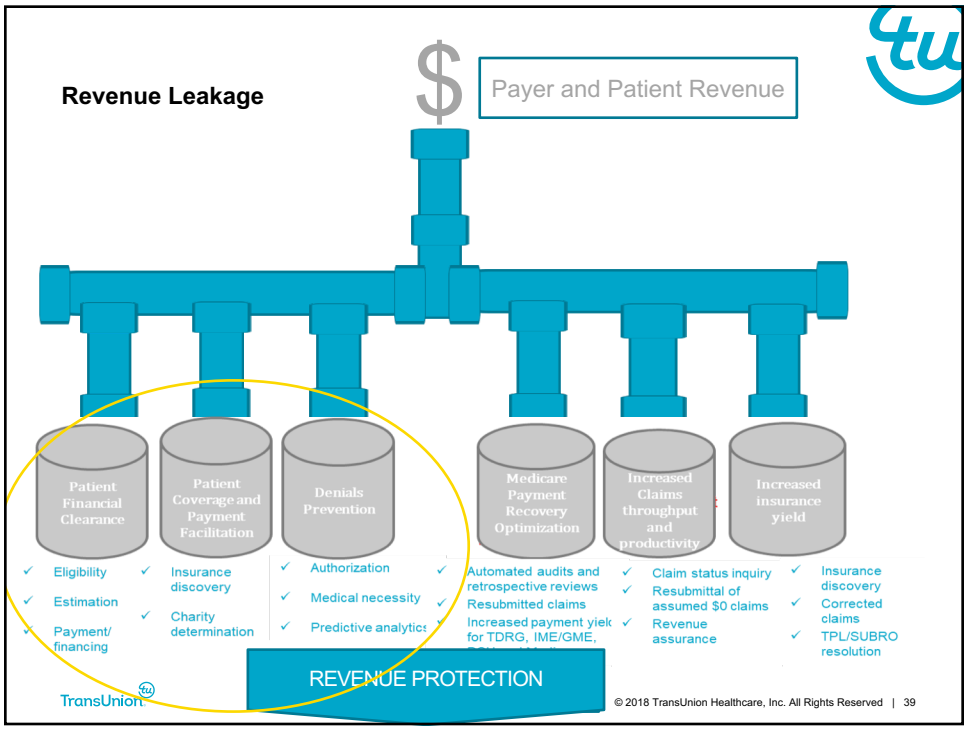
Revenue Leakage
$
Payer and Patient Revenue
Patient Financial Clearance
Patient Coverage and Payment Facilitation
Denials Prevention
Medicare Payment Recovery Optimization
Increased Claims throughput and productivity
Increased insurance yield
Eligibility
Estimation
Payment/ financing
Insurance discovery
Charity determination
Authorization
Medical necessity
Predictive analytics
Automated audits and retrospective reviews
Resubmitted claims
Increased payment yield for TDRG, IME/GME,
Claim status inquiry
Resubmittal of assumed $0 claims
Revenue assurance
Insurance discovery
Corrected claims
TPL/SUBRO resolution
REVENUE PROTECTION
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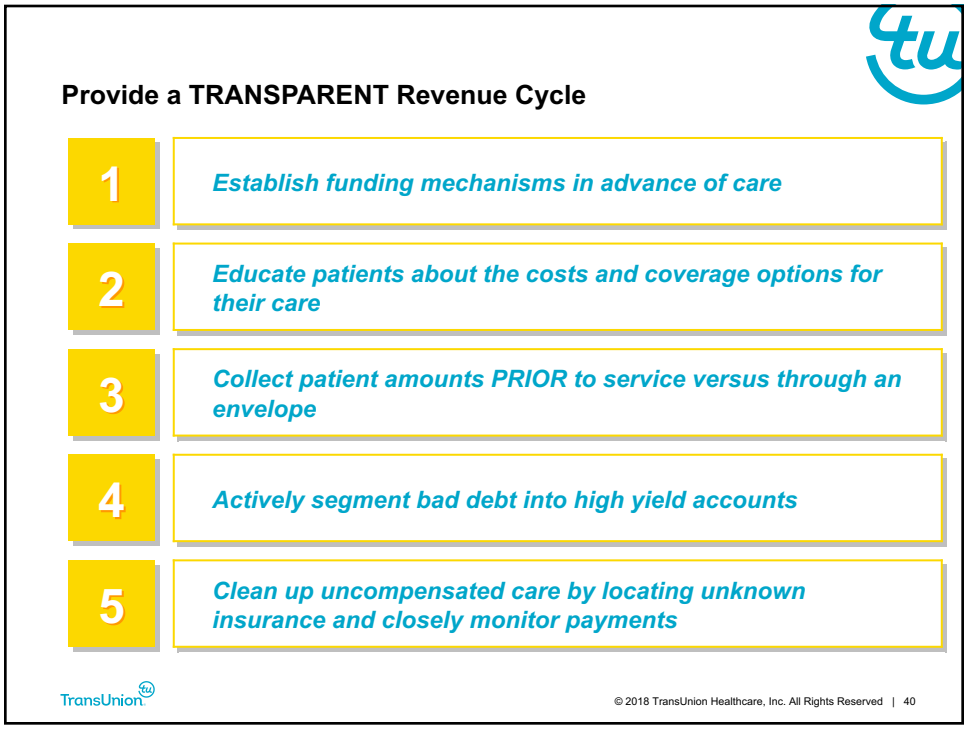
Provide a TRANSPARENT Revenue Cycle
1
Establish funding mechanisms in advance of care
2
Educate patients about the costs and coverage options for their care
3
Collect patient amounts PRIOR to service versus through an envelope
4
Actively segment bad debt into high yield accounts
5
Clean up uncompensated care by locating unknown insurance and closely monitor payments
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Revenue cycle transformation in a consumer's market

"Traditional"

- Healthcare service "shoplifting"
- Statements on a 90-120 day cycle
- Downstream billing / Bad debt risk
- Slowed payment by snail mail
- Inquiry Payments (how much can you afford)?

"Innovative"

- Patient financial clearance
- Employer plan education
- Pre-service estimates
- Propensity to pay leveraging Credit and alternative data models
- Pre-established payment plans / Interest-free loans
- POS collections
- Consolidated bills
- Guarantor balance/portfolio
- Retail/ transparency/ consumerism
- Mobile payments
- Bad debt segmentation/ automation

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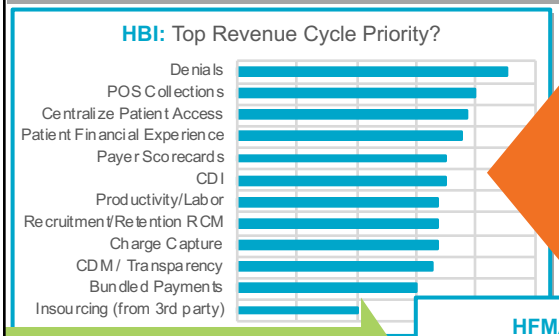
The Patient is the New Payer™

What happens next

RCM INITIATIVES FOR 2020



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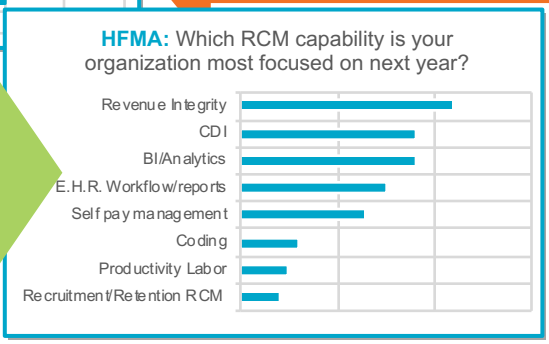
OF THESE AREAS ARE ON BOTH LISTS



79%

OF THESE AREAS INVOLVE (OR ARE ENABLED BY) TECHNOLOGY

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Sources: HBI, HFMA

Where is the Industry Going?

Patient Access and Acceleration of Patient Pay[1]
Transparency and personalized engagement plans will drive the patient to be more likely to pay, and they will have a better experience with higher levels of satisfaction and loyalty to the provider.

Mobile and Voice[2]
The fastest growing technology will enable patients to check wait times, pay bills, book appointments and arrangement for transport. Think for patients: "*Alexa…I hurt my arm*," or for staff; "*Hey Siri … what are the unpaid claims for today*?"

Banking Hits the Healthcare Beachfront[3]
Banking capabilities will help hospitals and providers automate tasks for patient financing, denial management workflows, paper and electronic receivables, primarily claim payments from insurers, and identifying root causes and accelerating revenue recoupment.

Healthcare catches up to technology[1]
AI, RPA, MLE will afford automation and streamlined workflows to repetitive tasks of payment review, invoicing, payment, billing, and collections. A new competency around intelligently extracting data, analyzing that data with context, and delivering actionable intelligence into the workflows to the providers' staff will become norm. Analysts will replace billers and hospitals and payers may finally be on level ground.

SOURCES: 1) HFMA https://www.triple-tree.com/strategic-insights/2018/june/hfma-highlighting-rcms-next-round-of-innovation/ ; 2) https://www.mdconnectinc.com/medical-marketing-insights/voice-search-improve-healthcare-patients-providers 3) HFN https://www.healthcarefinancenews.com/news/us-bank-optum360-partner-solution-streamline-boost-revenue-cycle-management

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Examples of Health System M&A Activity

Catholic Health Initiatives + Dignity Health

BAYLOR Health Care System + SCOTT&WHITE Healthcare

Advocate Health Care (Tomorrow starts today.) + Aurora Health Care

The University of Kansas Health System Ardent Health Services acquired St. Francis Health from SCL Health

HCA + Mission Health

Northwell Health + North Shore LIJ

TRANSFORMING HEALTH TOGETHER — BaylorScott&White Health + Memorial Hermann

MEDICA + Mayo Clinic

Providence St. Joseph Health + Ascension

Southwestern Health Resources — Texas Health Resources + UTSouthwestern Medical Center

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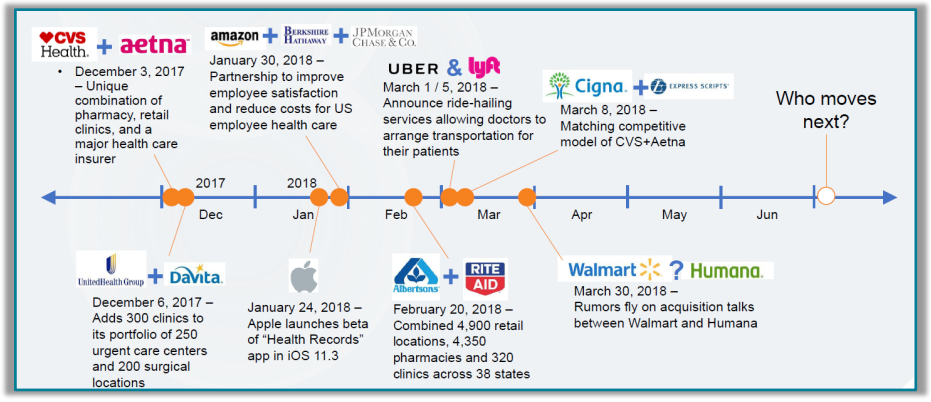
Non-Traditional Mergers &Acquisitions are Disrupting the Hospital Market



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Voice…

Patient: *"What medical bills do I have to pay ?"*

SMARTSPEAKER: *"You have three bills from County Health totaling $345.34. Would you like to pay them?"*

Patient: *"Yes. Pay them all using my primary account."*

Biller: *"What claims are not paid for Medicare?"*

SMARTSPEAKER: *"You 14 unpaid Medicare bills that are over 45 days from discharge. Would you like to put them in an email?"*

Biller: *"Yes. Please put them in an email for me and call the provider rep."*

Patient: *"I have a fever"*

SMARTSPEAKER: *"What temperature and how long have you had it?"*

Patient: *"9 days, 103 degrees"*

SMARTSPEAKER: *"I contacted your primary care doctor and they will contact you. If you do not hear from them today there is an urgent care 5.3 miles from here that is in network for your plan and has a $20 copay. Would you like me to schedule a ride for you?"*

Patient : *"Yes, thank you."*

Banking hits the healthcare beachfront

Banks are partnering hospitals to deliver customized payment solutions that will help providers to:

- Enhance cash flow through faster payment receipt
- Increase efficiencies by linking remittance data to each payment

Payments processing services will be customized or integrated into EMRs. For example:

- Mobile payment solutions (wallets)
- Healthcare bills electronically routed to online banking profiles and bill-pay portals Commercial B2B payment systems formerly used in online travel (e.g., Orbitz, Trivago, Hotwire) will be formatted as a way for health plans to pay providers
- Promotion of customizable patient payment plans
- Billing and collection of the patient portion by the payer
- Others?

Source: HiMSS https://www.himss.org/news/healthcare-banking-reform-driven-healthcare-world

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Why is it so hard for a consumer to pay for healthcare?





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HiMSS Patient Financial Experience of the Future

	PRIMARY CARE PHYSICIAN	URGENT CARE	EMERGENCY DEPARTMENT
$	$ $25.00	$$ $150.00	$$$ $564.23
	5.1 mi	2.8 mi	11.3mi
	2 day	No Wait	1 hour

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Robotic Process Automation applications to revenue cycle

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Claims / Denials Management
Robotic programming can be prepared in accordance with COB/ Eligibility rules to replicate the human resolution process

Financial Clearance
Robots can be positioned to verify / flag the necessary financial clearance-related tasks for a patient and then access a variety of websites or applications to complete them

Credit Balances
Credit balance reversal through automated transaction posting can eliminate thousands of transactions over time, helping to reduce costs and reallocate staff to higher value activities

Accounts Payable
RPA affords automation and streamlined workflows by managing the receipt, accrual and payment according to contract terms

Source: HFMA https://www.hfma.org/Content.aspx?id=55353

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BI Maturity Curve

	STAGE 1 DATA ANALYSIS What happened yesterday?	STAGE 2 INVESTIGATIVE ANALYTICS Why did it happen yesterday?	STAGE 3 BUSINESS INTELLIGENCE What is happening now?	STAGE 4 PREDICTIVE ANALYTICS What will happen tomorrow?	STAGE 5 PRESCRIPTIVE ANALYTICS How do we influence tomorrow?	STAGE 6 CONTINUOUS LEARNING ACTION Action-step optimization
PATIENT ACCESS	I can see that yesterday's First Pass Denial Rate was 30% of claims.	I can see that the majority of denials are related to authorization & eligibility issues.	Today we have X% of pre-authorizations obtained prior to service.	Because we are currently running a low percentage of pre-authorizations prior to service, we can expect X% higher rates of first pass denials related to authorizations in the next 90 days.	I get work queues of accounts that have been identified as high opportunity & are missing pre-auth so that they can be addressed before services are performed.	Patient Access staff gets visibility into the downstream impact of low authorization percentages along with daily reporting of Patient Access KPIs to help mitigate this issue in the long run.
REVENUE INTEGRITY	I can see that the prior period's discharges had an Actual LOS to Expected LOS ratio of 1.1.	I can see that 15% of discharges associated with 3 DRG codes are being delayed primarily due to patient status & DME waitlist issues.	Expected LOS projections for currently in-house patients with those same diagnosis codes match the projections for those that had a 15% discharge rate from the prior period.	Projections show that we will continue to run at a ratio of 1.1 or higher for the current & future periods.	Automated forensics produces worklists of accounts to investigate where there has been a recent change in the typical mix of procedure codes associated with these DRGs. – I get reports & alerts on DME usage, status & wait-times.	Clinical staff provided with daily visibility into downstream impact of clinical procedure changes. – System recommends an audit of the DME inventory & recommends reviewing /revising the expected LOS for these DRGs.
PFS/BUSINESS OFFICE	A/R turnover rate is declining.	I can see that my collector team's daily average for number of closed accounts has fallen by 6%.	# of Touches Per Account Until Conclusion is higher than the rolling 90-day average. – % of Touches Within Follow up Guidelines is greater than the 90-day average.	A\R Days projected to increase by 2-3 days within 45 days. – Cost to Collect projected to increase 4% by end of current month	Automated forensic analysis looks for statistically meaningful commonalities on accounts with higher than average number of touches (DRG, Assignee, CARC/RARC. Etc.), findings reported to stakeholders with recommended actions.	Collections staff is provided visibility into key performance metrics & alerted to declining performance trends. – System provides organizational transparency (how much is coming vs how much is going out) so that every department can see if they are ahead or falling behind.

Source: HFMA Central PA: Visiquate – Waller and Briner

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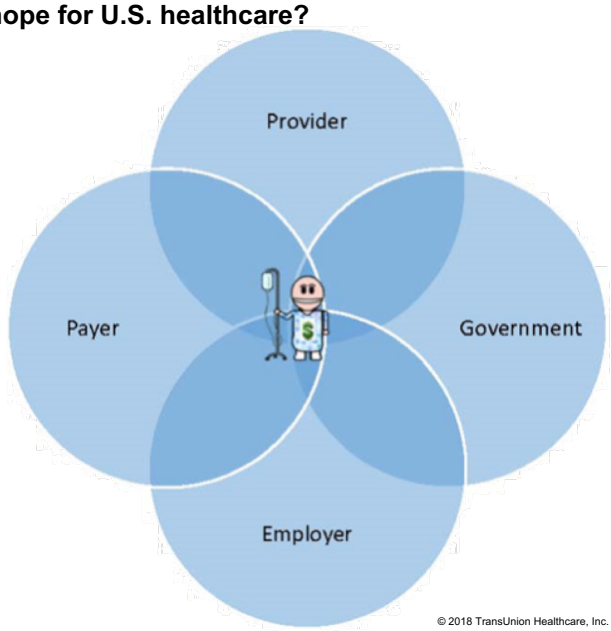
Is there hope for U.S. healthcare?



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QUESTIONS?

THANK YOU!

Jonathan G. Wiik, MSHA, MBA
Principal, Healthcare Strategy
TransUnion Healthcare
jwiik@transunion.com