SURVEY REPORT

Patient Payment Check-Up™

2017

Attitudes and behavior among those billing for healthcare and those paying for it

CONDUCTED BY
Himss Analytics
Patient demand is ahead of current health system and practice adoption.

52% of patients prefer electronic billing, but 89% of providers still bill via snail mail. Get more billing insights on page 15.

75% of providers can provide a bill estimate, but currently less than 25% of patients ask for one. Learn how price shopping may change that on page 11.

78% of patients approve of having a credit card on file (CCOF) for small charges, but only 20% of providers currently use CCOF. Learn how providers view CCOF and other payment options on page 22.

* Navicure’s assessment of a national survey of patients and providers conducted by HIMSS Analytics. For more details on survey participants and methodology, see pages 30-32 in the report.
Executive Summary

Today’s healthcare providers face increased pressure not just to improve clinical outcomes for patients, but also to make care more convenient and cost effective. It’s all part of managing the shift from fee-for-service to value-based reimbursement.

Today’s patients are generally paying for more of their healthcare than ever before. High deductible health plans mean that even for the insured, they are still paying out-of-pocket for all but “catastrophic care,” major surgeries and high-cost chronic care. In fact, patient costs increased 256 percent between 2004 and 2014*. As a result, patients are paying more attention to the value and quality of healthcare that they receive.

Additionally, patients have greater access to technology and information related to making good healthcare choices. There is more transparency than ever before to determine what care patients really need and who can provide that care with the best results, and at the greatest value. All of this is driving healthcare consumerism.

Comparing the billers and the billed

With those trends in mind, our 2017 Patient Payments Check-Up™ survey compares differing perceptions in attitude and behavior of providers who bill for healthcare and patients who are taking on more responsibility for a larger portion of their healthcare bill. Conducted by HIMSS Analytics and fielded in January 2017, more than 500 personnel at provider facilities and 1,000 patients were surveyed (see pages 30-32 for more details). The study focused on three key areas: cost estimates, bill payment, and payment preferences.

* Payments for cost sharing increasing rapidly over time, The Henry J. Kaiser Family Foundation, April 12, 2016.
Executive Summary

1. Providing patient cost estimates can boost customer satisfaction as healthcare consumerism continues to mature.
   
   » **Demand for estimates grows.** 75 percent of provider organizations are able to provide a cost estimate upon request, yet less than 25 percent of patients requested one on their last visit. Over half of respondents (56%) say they’ll ask for one in the future.
   
   » **High-degree of accuracy in the estimate isn’t essential.** More than two-thirds of patients would find any estimate or one within 10 percent or more of their actual cost helpful.

2. Offering patients more convenient ways to receive their bills can lead to less bad debt, more revenue, and fewer days in accounts receivable (A/R).
   
   » **Email is acceptable, and even preferred.** Contrary to what some providers think, 79 percent of patients say they are comfortable providing their email for billing and communications purposes.
   
   » **So are electronic bills.** More than half of all patients (52%) surveyed would prefer to be billed electronically vs. on paper, despite almost 90 percent of providers billing via mailed paper statements. That’s a lot of unnecessary expense and wasted trees! For most organizations, moving to electronic billing would save thousands of dollars each year and provide patients more convenience. This often translates to more and faster revenue.

3. When it comes to payment preferences, offering credit card payment options will greatly improve convenience for patients and reduce or potentially eliminate days in A/R for providers.
   
   » **Patients are comfortable with credit card on file (CCOF) for smaller balances.** More than three-quarters (78%) of patients say they would provide their debit or credit card number to be charged one time up to $200 after claim adjudication if asked by their provider.
   
   » **Providers believe CCOF will improve patient collections overall.** 20 percent of providers view CCOF as the best way to reduce cost of collections. (22% prefer online bill pay, another strong digital payment option).
   
   » **Interestingly, despite broad patient acceptance of CCOF (78%), only 20 percent of providers currently utilize CCOF today.**

86% of patients feel the same responsibility to pay healthcare expenses as other professional services, such as legal or accountant fees.
Key Findings and Analysis

Graph / Statistic 3

according to 2017 survey
Key Findings and Analysis

Providing patient cost estimates can boost customer satisfaction.

With patient responsibility for healthcare costs increasing at record rates, patients are much more likely to scrutinize their bills and comparison shop for care services. By proactively offering estimates, providers have an opportunity to improve patient satisfaction—and this keeps patients coming back.

Demand for estimates is small but growing.

75 percent of provider organizations claim to be able to provide a cost estimate upon request, yet less than 25 percent of patients requested one on their last visit.

Is your organization able to provide patients a cost estimate upon request?

- **YES, BEFORE TIME OF SERVICE**: 55.3%
- **YES, AFTER TIME OF SERVICE BUT WHILE THE PATIENT IS STILL IN THE OFFICE**: 13.6%
- **YES, AFTER THE PATIENT HAS LEFT THE OFFICE BUT BEFORE BILL IS SENT**: 5.8%
- **NO, WE ARE NOT ABLE TO PROVIDE COST ESTIMATES**: 25.3%

Even if you didn’t compare prices between providers prior to your last visit or procedure, did you request from your provider’s office a cost estimate for your last visit or procedure, and if so, when?

- **I NEVER ASKED FOR A COST ESTIMATE**: 76.2%
- **I ASKED FOR AN ESTIMATE PRIOR TO SCHEDULING MY APPOINTMENT**: 9.8%
- **I ASKED FOR AN ESTIMATE AFTER SCHEDULING MY APPOINTMENT AND BEFORE SEEING MY PROVIDER**: 5.3%
- **I ASKED FOR AN ESTIMATE WHEN I CHECKED IN FOR MY OFFICE VISIT OR PROCEDURE BEFORE SEEING MY PROVIDER**: 3.8%
- **I ASKED FOR AN ESTIMATE AFTER SEEING THE PROVIDER, BUT IN THE OFFICE BEFORE I LEFT**: 3.7%
- **I ASKED FOR AN ESTIMATE AFTER I LEFT MY PROVIDER’S OFFICE BUT BEFORE I WAS BILLED**: 1.2%
Key Findings and Analysis

Providing patient cost estimates can boost customer satisfaction.

But that doesn’t mean patients are disinterested in estimates. Based on our survey questions, more than half of patient respondents said they’d ask for an estimate in the future, and 44 percent plan to do so before their next visit to a healthcare organization.

Would you plan to request a cost estimate from your healthcare providers in the future, and if so, when would you find it most useful?

- **YES, BEFORE SCHEDULING MY APPOINTMENT**: 30.2%
- **YES, BETWEEN SCHEDULING MY APPOINTMENT AND SEEING MY PROVIDER**: 13.3%
- **YES, WHEN I CHECK IN BEFORE SEEING MY PROVIDER**: 5.1%
- **YES, AFTER SEEING THE PROVIDER, BUT IN THE OFFICE BEFORE I LEFT**: 4.6%
- **YES, AFTER I LEAVE THE OFFICE BUT BEFORE I RECEIVE MY BILL**: 2.8%
- **SOMETIMES BUT NOT ALWAYS, DEPENDING ON THE PURPOSE OF SEEING MY PROVIDER**: 16.1%
- **NO, AN EXPLANATION OF COSTS WITH MY BILLS IS FINE**: 27.9%

56% would request an estimate in the future.
Key Findings and Analysis

Providing patient cost estimates can boost customer satisfaction.

Interestingly, of the 25 percent of providers currently unable to provide cost estimates, many have no plans to do so (44%), representing a significant missed opportunity in light of growing demand.

You said that your organization is not able to provide cost estimates. Do you currently have plans to offer cost estimates to improve your organization's patient experience?

- NO CURRENT PLAN: 43.6%
- UNSURE: 34.3%
- YES, WITHIN THE NEXT YEAR: 7.9%
- YES, WITHIN THE NEXT TWO YEARS: 7.1%
- YES, WITHIN THE NEXT 6 MONTHS: 7.1%

Providers able to implement estimation solutions stand to gain competitive footing in their regions.
A high degree of accuracy in the estimate isn’t essential. Our survey findings indicate that patients would be comfortable with a ballpark of the cost, not an exact figure. In fact, more than two-thirds of patients say any estimate or one within 10 percent or more of their actual cost is adequate, while less than one third of respondents (32%) say it should be within 5 percent.

If you were to receive a patient cost estimate for a procedure or office visit, how close to your actual cost would the estimate need to be considered a good estimate?

- Any Estimate is helpful: 18.9%
- Within 5%: 31.7%
- Within 10%: 32.3%
- Within 20%: 11.5%
- Within 30%: 4.1%
- Other: 1.7%

Inability to provide a high degree of reliable estimates shouldn’t be a barrier for providers.
Key Findings and Analysis

Providing patient cost estimates can boost customer satisfaction.

Price comparisons are not yet routine.

Despite widespread acknowledgement that healthcare consumerism is a trend to watch, patients today don’t compare prices between providers. In fact, a mere 14 percent of respondents price-shopped for their most recent healthcare visit.

Prior to scheduling an appointment or going to see your provider for your last visit, did you compare healthcare prices between potential providers?

- **YES**
  - I compared prices between providers
  - 13.8%

- **NO**
  - I did not compare prices between providers
  - 86.2%

75% of patients comparing prices are between 18-34 years old.
Key Findings and Analysis

Providing patient cost estimates can boost customer satisfaction.

Those who do comparison-shop for their healthcare services turn most frequently to websites, calling the providers, and/or getting pricing details directly from their insurance company. It’s important to note that when patients do compare prices, the results they find make a substantial impact on the provider they choose.

How much influence did your price comparison have in choosing your provider on a scale of 1-10

1 being “not at all”, 10 being “a significant influence”

![Bar chart showing influence of price comparison on provider choice]

How did you compare prices between providers? Check all that apply.

- Website that showed what procedures cost for each provider considered: 49.3%
- Providers’ websites: 47.1%
- Called each provider: 38.4%
- My insurance company provided me the information: 23.2%
- Asked others (e.g. friend) who had the same procedure at the providers considered: 15.2%

When it comes to providing estimates, ambulatory care facilities are better equipped today (79%) than acute care organizations (68%), reflecting the shift in services to an office environment.
KEY INSIGHT ABOUT ESTIMATES:

Healthcare consumerism is still evolving.

Most patients don’t know they can get an estimate before or at the time of service, nor do they price-shop for their healthcare. But that’s poised to change soon. In fact, several states have enacted or proposed legislation to address the practice of surprise billing*. Organizations that properly prepare in advance will position themselves with the knowledge and insight to respond competitively, and bolster patient satisfaction and loyalty.

* 7 states addressing surprise medical billing so far in 2017, Becker’s Hospital Review, March 13, 2017.
Key Findings and Analysis

Patients want electronic billing options.

Offering electronic billing options that are similar to those that patients receive from their other service providers (e.g., cell phone company, credit card vendor) is crucial to improving patient satisfaction. Doing so can help close key perception gaps between providers and patients around bill payment. It can also impact the revenue cycle process overall.

**Email is acceptable, and even preferred.**

Providers believe patients are less comfortable providing email addresses than patients report to be. While only 57 percent of providers believe their patients are comfortable providing their email address, 79 percent of patients indicate they are very comfortable sharing it. Providing their cell phone number is also considered acceptable.

This finding is significant as it represents opportunity to save the industry millions of dollars in cost, environmental waste, and days in accounts receivable (A/R) by offering patients electronic statements instead of paper statements.
Key Findings and Analysis

Patients want electronic billing options.

On a scale of 1 to 7, with 1 being not comfortable providing and 7 being very comfortable providing, how comfortable are you with submitting each of the following to your providers when requested?

- **Email**
- **Cell Phone**

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<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>3.6%</td>
<td>4.9%</td>
<td>1.3%</td>
<td>2.1%</td>
<td>1.6%</td>
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<tr>
<td>5.4%</td>
<td>7.2%</td>
<td>9.5%</td>
<td>11.0%</td>
<td></td>
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</table>

**Email**

Providers believe patients are less comfortable submitting their email address than patients report to be.

### Email Address

On a scale of 1 to 7, with 1 being not comfortable providing and 7 being very comfortable providing, how comfortable are you with submitting each of the following to your providers when requested?

- **Patients**
- **Providers**

<table>
<thead>
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<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>3.6%</td>
<td>3.8%</td>
<td>1.3%</td>
<td>2.9%</td>
<td>1.6%</td>
</tr>
<tr>
<td>5.4%</td>
<td>12.7%</td>
<td>9.5%</td>
<td>19.9%</td>
<td>19.2%</td>
</tr>
</tbody>
</table>

**Providers**

**Email**

**5.42 PROVIDER AVERAGE**

**6.10 PATIENT AVERAGE**

**58.7%**

**32.2%**

**5.86 CELL PHONE AVERAGE**

**6.10 EMAIL AVERAGE**
Patients want electronic billing options.

Patients favor electronic billing.
More than half of all patients (52%) surveyed prefer to be billed electronically versus receiving paper statements, despite almost 90 percent of providers still billing patients via traditional mail.

| How do you (would you) prefer to receive bills from your providers? | PAPER BILLS VIA THE MAIL | 48.4% |
| How does your organization send bills to patients? (Select all that apply) | ELECTRONICALLY VIA E-MAIL WITH ATTACHMENT TO VIEW BILL | 17.5% |
| | ELECTRONICALLY VIA E-MAIL LINKED TO PATIENT | 17.2% |
| | ELECTRONICALLY VIA E-MAIL AND TEXT TO VIEW BILL | 12.7% |
| | ELECTRONICALLY VIA TEXT WITH LINK TO VIEW BILL ON A MOBILE DEVICE | 4.2% |

52% of patients prefer electronic billing.
Patients and providers disagree on how long it takes patients to pay.

Today, there’s a fundamental gap in how much time patients believe it takes them to pay their bill versus how long providers view the process. Over half of providers (51%) say it takes their average patient more than three months to pay their full balance, while only 18 percent of patients claim it took them longer than three months to pay their last balance.

This is likely due to patient confusion from receiving multiple paper statements, and could be easily resolved with electronic bills and online payment options.

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Patient Percentage</th>
<th>Provider Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one month</td>
<td>22.9%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Between 1-2 months</td>
<td>18.8%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Between 2-3 months</td>
<td>20.8%</td>
<td>22.8%</td>
</tr>
<tr>
<td>More than 3 months</td>
<td>17.7%</td>
<td>51.4%</td>
</tr>
<tr>
<td>I have not been billed yet</td>
<td>14.6%</td>
<td></td>
</tr>
<tr>
<td>Never paid some of what is owed</td>
<td>4.2%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Never paid any of what is owed</td>
<td>1.0%</td>
<td></td>
</tr>
</tbody>
</table>
KEY INSIGHT ABOUT BILLING:

Offering electronic billing solutions is great for patients and providers alike and can help reduce disagreements related to billing. To eliminate confusion, providers can go digital—virtually eliminating paper statements and improving patient A/R in the process.
Key Findings and Analysis

When it comes to patient payments, convenience is key.

While plenty of patients struggle with the ability to pay their healthcare bills, it’s also true that plenty of bad debt can be attributed to the disconnects in the billing process and confusion over what patients owe. Bottom line: patients want convenience, they’re comfortable paying by credit or debit card, and they’re open to methods that can be used to collect payment faster.

Patients prefer credit card-on-file (CCOF) for smaller balances.

Among payment methods that an organization can offer, 20 percent of patients view CCOF as their preferred method for charges of $200 or less. Additional patient preferences—all digital—include patient portal (18%), provider website (16%), and automated payment plans (9%).
When it comes to patient payments, convenience is key.

Assuming you owe a charge of $200 or less after insurance company pays what it owes, how would you prefer to PAY what you owe for your next appointment/procedure?

- **WRITE AND MAIL CHECKS, OR USE MY BANK’S ELECTRONIC BILL PAYMENT TOOL**
  - Patients: 27.4%
  - Providers: 29.3%

- **AUTHORIZE OFFICE TO CHARGE DEBIT/CREDIT CARD ONE TIME TO A MAXIMUM OF $200. BILL OR ARRANGE PAYMENT PLAN FOR BALANCE**
  - Patients: 20.3%
  - Providers: 23.9%

- **PAY VIA DEBIT/CREDIT CARD VIA ELECTRONIC PATIENT PORTAL**
  - Patients: 17.9%
  - Providers: 10.5%

- **PAY VIA DEBIT/CREDIT CARD ON PROVIDERS’ WEBSITE**
  - Patients: 16.2%
  - Providers: 14.3%

- **AUTOMATED PAYMENT PLAN THAT PROVIDER SETS UP TO CHARGE CREDIT CARD OR CHECKING ACCOUNT MONTHLY**
  - Patients: 9.3%
  - Providers: 5.1%

- **PROVIDE A DEBIT/CREDIT CARD NUMBER OVER THE PHONE**
  - Patients: 8.9%
  - Providers: 15.0%
When it comes to patient payments, convenience is key.

Assuming you owe a charge of $200 or less after insurance company pays what it owes, how would you prefer to PAY what you owe for your next appointment/procedure?

- **Write and mail checks, or use my bank’s electronic bill payment tool**
  - 18-34: 16.2%
  - 35-54: 35.3%
  - 55-74: 50.0%
  - 75 or older: 29.8%

- **Authorize office to charge debit/credit card one time up to a maximum of $200, bill or arrange payment plan for balance.**
  - 18-34: 23.5%
  - 35-54: 19.0%
  - 55-74: 18.3%
  - 75 or older: 16.7%

- **Pay via debit/credit card via electronic patient portal**
  - 18-34: 21.8%
  - 35-54: 17.8%
  - 55-74: 15.2%
  - 75 or older: 12.8%

- **Pay via debit/credit card on provider’s website**
  - 18-34: 16.5%
  - 35-54: 16.5%
  - 55-74: 15.4%
  - 75 or older: 16.5%

- **Automated payment plan that provider sets up to charge credit card or checking account monthly**
  - 18-34: 12.8%
  - 35-54: 7.9%
  - 55-74: 7.1%
  - 75 or older: 5.6%

Younger patients show a stronger preference toward automated electronic payment options.
Key Findings and Analysis

When it comes to patient payments, convenience is key.

More than three-quarters (78%) of patients say they would provide their debit or credit card number to be charged one time up to $200 after claim adjudication if asked by their provider.

The percentage of patients who say they would be comfortable with this method of bill payment is almost double what providers think their patients would feel. This presents a significant opportunity to reduce both the cost of billing patients and days in patient A/R.

As might be expected, younger patients choose credit and debit cards as their preferred payment method, while older patients still favor writing a check or using their bank’s electronic payment tool.
When it comes to patient payments, convenience is key.

In order to see the provider, if the office required you to securely store your debit/credit card in its system and charged your card for actual charges up to $200 one time only after insurance pays its responsibility, how comfortable would you feel?

- I WOULD FEEL COMFORTABLE SUBMITTING MY DEBIT OR CREDIT CARD TO BE CHARGED ONE TIME FOR WHAT I OWE, UP TO $200, AFTER MY INSURANCE COMPANY PAYS ITS PORTION. THE REST WOULD BE BILLED OR PAID VIA AUTOMATED PAYMENT PLAN.
  - Patients: 46.0%
  - Providers: 26.2%

- I WOULD PROVIDE MY CARD TO BE CHARGED ONE TIME FOR WHAT I OWE UP TO $200 IF REQUIRED TO SEE MY PROVIDER; HOWEVER, I WOULD NOT FEEL COMFORTABLE DOING IT.
  - Patients: 31.7%
  - Providers: 30.7%

- I WOULD REFUSE TO PROVIDE MY HEALTHCARE PROVIDER WITH MY DEBIT OR CREDIT CARD TO BE CHARGED ONE TIME FOR WHAT I OWE, UP TO $200, EVEN IF IT MEANT THAT I COULD NOT SEE MY PROVIDER.
  - Patients: 22.3%
  - Providers: 30.7%

A range of convenient payment options—from CCOF, to electronic bill pay, to automated payment plans—can best meet the varying needs of your patient base.
Key Findings and Analysis

When it comes to patient payments, convenience is key.

Providers believe online bill pay and CCOF will improve patient collections overall.

In fact, 22 percent consider online bill pay as the best method to reduce the cost of collections, and 20 percent view CCOF as the best way.

What payment option do you think would be the most likely to create reductions in cost of collections?

<table>
<thead>
<tr>
<th>Payment Option</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Automated Payment Plans</td>
<td>12.2%</td>
</tr>
<tr>
<td>Consumer Credit Line, e.g., CareCredit</td>
<td>10.2%</td>
</tr>
<tr>
<td>Electronic Statements</td>
<td>14.6%</td>
</tr>
<tr>
<td>Online Bill Pay</td>
<td>22.0%</td>
</tr>
<tr>
<td>Secure Credit Card on file, charging one time up to $200 once patient responsibility is known</td>
<td>20.2%</td>
</tr>
<tr>
<td>Other</td>
<td>1.8%</td>
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</table>
Key Findings and Analysis

When it comes to patient payments, convenience is key.

Similarly, 20 percent of provider respondents view CCOF as the best way to reduce patient days in A/R, and 29 percent view CCOF as the best way to reduce bad debt and write-offs.

What payment option do you think would be the most likely to create reductions in days in patient accounts receivables (A/R)?

- **Automated Payment Plans**: 18.0%
- **Consumer Credit Lines, e.g., CareCredit**: 10.6%
- **Electronic Statements**: 12.4%
- **Online Bill Pay**: 18.4%
- **Secure Credit Card on File, Charging One Time Up to $200 Once Patient Responsibility is Known**: 19.9%
- **Other**: 2.7%

What payment option do you think would be the most likely to create reductions in patient bad debt/write offs?

- **Automated Payment Plans**: 20.0%
- **Consumer Credit Lines, e.g., CareCredit**: 17.7%
- **Electronic Statements**: 6.6%
- **Online Bill Pay**: 6.4%
- **Secure Credit Card on File, Charging One Time Up to $200 Once Patient Responsibility is Known**: 29.1%
- **Other**: 3.3%
When it comes to patient payments, convenience is key.

Despite broad patient acceptance of CCOF (78%), only 20% of providers currently utilize CCOF today, representing another missed opportunity to impact the bottom line.
KEY INSIGHT ABOUT PAYMENT PREFERENCES:

Offering credit card payment options will greatly improve convenience for patients and drastically reduce patient days in A/R.
Summary
Summary

1,000 healthcare patients and over 500 healthcare providers participated in the study, designed to better comprehend and recognize patient understanding of their healthcare bills and expenses as well as provider payment methods.

The study revealed different patient and provider attitudes about three key areas: patient estimates, bill payment, and payment preferences. Healthcare organizations have an opportunity to improve patient satisfaction and patient payments processes, thus improving their bottom line, in each of these areas:

Providing cost estimates
Although most patients are not currently asking for estimates, the research points to this changing in the future, particularly with Millennials. Organizations that proactively provide costs estimates, even if they aren’t exact, keep patients informed and involved in their care, thus increasing patient satisfaction and engagement.

Adopting digital patient payment capabilities
While the healthcare industry’s patient billing and payments have traditionally lagged behind other industries due to perceived barriers to digital patient payment preferences, the research indicates otherwise. Healthcare organizations have an opportunity to decrease the cost of patient collections, decrease bad debt and reduce patient A/R by adopting patient payment solutions such as CCOF, online bill pay, electronic statements and automated payment plans.

Improving patient financial conversations
With providers and patients disagreeing on how long it takes patients to pay, organizations can improve this disconnect, and the speed of getting paid, by providing clear, digital and timely communication with patients regarding what they owe and why, plus offering convenient payment options such as CCOF.

This study indicates strong patient interest in more convenient ways to understand and pay their bills. Ironically, patient demand is ahead of current health system and practice adoption. Organizations should leverage a new generation of tools to improve patient satisfaction and allow healthcare organizations to collect more, faster, and at less cost.
Navicure Can Help Close Gaps in Patient Billing

The influence of healthcare consumerism should by no means be underestimated. Today patient demand is ahead of current health system and practice adoption.

The good news? There’s enormous opportunity for providers to deliver new transformative and convenient billing options that shed inconsistencies between how providers think patients want to be billed and how patients actually want to be billed.

Navicure can help you address these challenges.

Navicure® is a provider of cloud-based claims management and patient payment solutions that enable healthcare organizations of all sizes to increase revenue, accelerate cash flow, and reduce the cost and effort of managing claims, patient billing and payments, and healthcare data analytics. Serving more than 100,000 providers nationwide, Navicure’s complete healthcare revenue cycle management platform, Navicure® Total RCM Platform™, integrates payer medical claims processing and patient billing with an advanced healthcare business intelligence dashboard utilizing real-time data to continually optimize operational workflow and financial results.

Navicure’s unique 3-Ring® service supports every client with trained, experienced analysts who guarantee that every call will be answered within three rings.

Navicure is the exclusive claims clearinghouse and patient payments solution of the MGMA Executive Partner network. The company received the 2017 Best in KLAS® ranking for the claims and clearinghouse (over 20 physician) segment. Navicure was also the top-ranked end-to-end revenue cycle leader in three categories as part of the 2016 Black Book™ RCM Survey.

Learn more about Navicure® Total RCM Platform™. Call 1-877-NAVICURE or visit www.navicure.com.
Methodology

Conducted by HIMSS Analytics and fielded in January 2017, the company surveyed 553 personnel at provider facilities and 1,000 patients in a blinded web-based voice-of-customer quantitative study.

Deployed as a combination of two quantitative surveys, research assessed both patients and providers.
Methodology

Patients:
All patient survey participants receive care from a healthcare provider at least once per year. Respondents represented a broad range of education levels, employment statuses, annual household incomes, locales and ages. Notably, 45 percent of patient respondents have an annual household income of less than $61,000, 62 percent are 35 to 74 years old and 36 percent are Millennials.

1,000 respondents who visited a physician office in the past 12 months & received care from a healthcare provider >1 time a year

50% college educated
55% female
45% annual household income <$61k
62% 35-74 year old
87% suburban or urban locale
77% Insured by commercial insurance
Methodology

Providers:
A large percentage of provider survey respondents are physicians or other healthcare providers (75%), practice administrators (12%) and c-suite executives (8%). Participants are employed by varying organization types and specialties: 45 percent work in an acute inpatient hospital or healthcare network and 55 percent work in an ambulatory organization.

553 respondents are directly involved with payer billing and patient billing/payments or understand technology and process around payer and patient billing.

54.8% ambulatory

45.2% hospital or healthcare network

60% 10 or more years responsibility for/influence on RCM operations/results

82% suburban or urban locale

75% physician or provider