

Digital Credentials in Healthcare

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Who are we, what are we trying to do

#### **Identity**

How do we think about identity today; how does it work in the healthcare space

#### **Digital Credentials in Healthcare**

A new look at the registration experience

#### What's Next

Where we can go with these technologies



### Context

Who we are and what we're trying to accomplish



**Statistical overview** 





829 CLINICS





16 SUPPORTIVE HOUSING FACILITIES









2.1m
COVERED
LIVES







1 HEALTH PLAN



\$1.6b COMMUNITY BENEFIT



## **Identity**

Who manages my digital identity today?



Social Profile Interactions Photos/Videos Posts



Birth Certificate
Tax Filings
Marital/Family Status
Home Address



Emails
Data Storage
Browser/Search



Home Address Demographic Information Driving Record



Professional History Network Posts



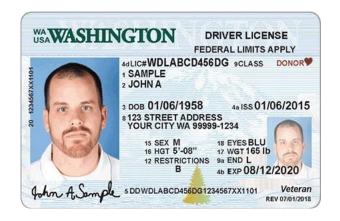


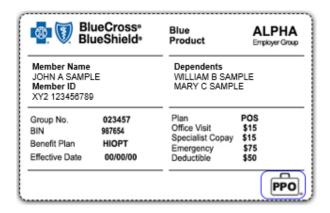


# Digital Credentials in Healthcare



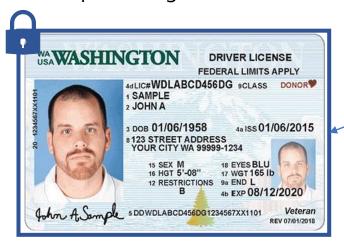
John Sample arrives at Cherry Hill Medical Center on Jan 10, 2020 for an MRI ordered by his orthopedic surgeon.







John Sample arrives at Cherry Hill Medical Center on Jan 10, 2020 for an MRI ordered by his orthopedic surgeon.





#### Why do we trust this?

- Very hard to counterfeit
- Sophisticated ways to verify its authenticity
- High risk to counterfeiter
- Standardized
- Biometric information

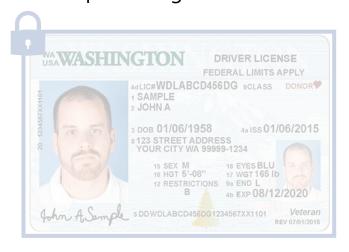
Where does trust live: In the credential itself

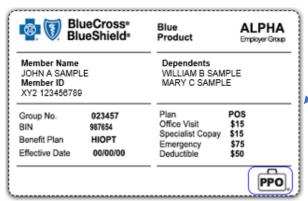
With this piece of plastic alone I can:

- Gain access to secure areas
- Make financial commitments and get credit
- Secure housing
- Operate motor vehicles
- Buy weapons



John Sample arrives at Cherry Hill Medical Center on Jan 10, 2020 for an MRI ordered by his orthopedic surgeon.





#### Why do we trust this?

- Very easy to counterfeit!
- Low risk if counterfeit or incorrect

This document provides us a lookup key to use when searching the payer's database

Where does trust live: <u>In the provider's existing</u> relationship with the payer

With this piece of plastic alone I can:

Insinuate that I have health coverage



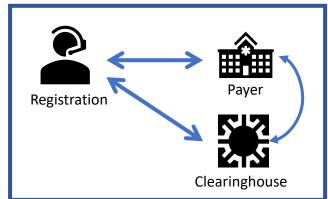
John Sample arrives at Cherry Hill Medical Center on Jan 10, 2020 for an MRI ordered by his orthopedic surgeon.

- Size / Scale
  - Thousands of people, manual processes
- A Cry for Help

Registrars: Insurance validation single biggest problem / use of time

Costs Span Multiple Teams

Operational costs in addition to denials and controllable writeoffs



Where does trust live: <u>In the provider's existing</u> relationship with the payer

Complicated, expensive, slow-to-adapt, errors and incompatibility, manual process.

Billing and Insurance Related Admin Costs are estimated ~ \$250B - \$500B Annually



#### Could we have "portable" insurance cards?

1. Information would need to move to credential itself

2. Trust would need to move to the credential itself

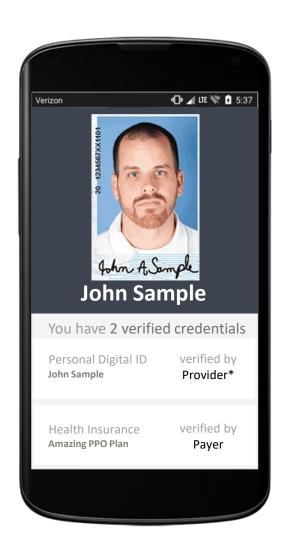


			In-network (tier I and II)	Out-of-network (tier III)
	Health Reimbursement (HRA) Medical Plan	Annual deductible	\$1,150 per person \$2,300 max per family	\$2,300 per person \$4,600 max per fami
etwork	Providence Health Plan	Annual out-of-pocket maximum (with deductible)	\$3,300 per person \$6,600 max per family	\$6,600 per person \$13,200 max per family
nnual out-of-pocket	Combined with medical out-of-pocket n	Preventive care PCP visits	100% 100% after \$20 copay	50% after deductible 50% after deductible
eventive drugs	100% \$10 generic copay	(non-preventive)  Specialist visits (non-preventive)	Tier I: 90% after deductible Tier II: 80% after deductible	50% after deductible
algreens retail narmacies 0-day supply)	After deductible: 80% formulary brand 60% non-formulary brand Your max cost is \$150 per prescription	Lab and X-ray	Tier I: 90% after deductible Tier II: 80% after deductible	50% after deductible
ther in-network retail 0-day supply)	\$10 generic copay After deductible: 70% formulary brand 50% non-formulary brand Your max cost is \$150 per prescription	Spinal manipulation and acupuncture	80% after deductible 12-visit limit per calendar year, all therapies combined	
		Outpatient behavioral health care providers	100%	50% after deductible
		Outpatient hospital/surgery facility fees (except hospice, rehab)	Tier I: 90% after deductible Tier II: 75% after deductible	50% after deductible for contracted tier II providers
ail order 0-day supply)	3 times retail copay	Inpatient hospital facility fees, including behavioral health	Tier I: 90% after deductible Tier II: 75% after deductible	50% after deductible
		Hospital physician fees	Tier I: 90% after deductible Tier II: 80% after deductible	50% after deductible
ecialty medications	80% after deductible Your max cost is \$150 per prescription	Emergency room	100% after \$250 copay	
		(copay waived if admitted)	100% after \$250 copay	
		Urgent care	Tier I: 90% after deductible Tier II: 80% after deductible	50% after deductible

BlueCross <sup>®</sup> BlueShield <sup>®</sup>	Blue Product	ALPHA Employer Group
Member Name JOHN A SAMPLE Member ID XY2 123456789	Dependents WILLIAM B SAM MARY C SAMPI	
Group No. 023457 BIN 987654 Benefit Plan HIOPT Effective Date 00/00/00	Plan Office Visit Specialist Copay Emergency Deductible	POS \$15 \$15 \$75 \$50

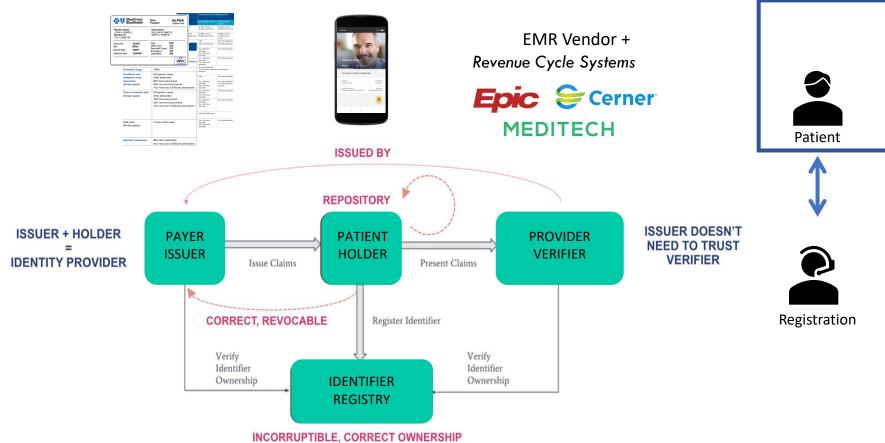
**LUMEDIC** 

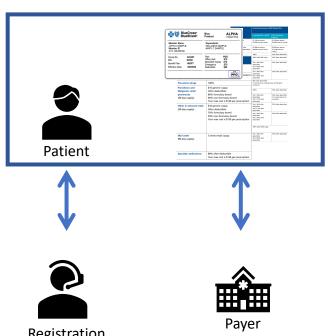
Company Confidential





A new look at the registration experience







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