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Most Active/Top Insurance Companies in the United States Of America



Overview

You as a provider probably already know that health insurance companies make up a massive segment of the U.S. economy, however, it can be hard to realize simply how big a segment is.

The health and medical insurance industry in the United States is a \$1.1 trillion enterprise at present and one that has potentially grown 2.9 percent each year on average between 2015 and 2020.

And if you were in a situation, you could probably name a half dozen or so health insurance companies. But there are likely far more health insurance companies than most of us could ever realize.

The whitepaper highlights the significance of the top insurance companies in the United States and how providers can credential with these insurance companies to come in-network, treat more and more in-network patients, and increase their practice's overall revenue.



Most active insurance providers in the US



United Healthcare

UnitedHealthcare, a health benefits platform, provides a very broad range of health benefit products and services for both consumers and benefit sponsors. They serve more than 26 million Americans in employer-sponsored health plans, those enrolled in Medicare and Medicaid, as well as those who purchase their health plans.

UnitedHealthcare is investing in solutions that focus on helping solve some of the recent time's issues.

- 27.5 million Americans are uninsured.
- 50% of health care costs are often generated by the most vulnerable populations (or 5% of the population).
- 33% of people who don't have insurance use the ER as their usual place of care.

Aetna

Aetna is one of the country's leading diversified healthcare benefits companies. Their healthcare coverage products include medical, pharmacy, dental, behavioral health, group life, and disability plans. They additionally offer services for healthcare management, workers' compensation administration, and health information technology.

The company network includes 22.1 million medical members, 12.7 million dentists, 13.1 million pharmacist members, 1.2 million pharmacists, more than 690,000 doctors, and specialists, and more than 5,700 hospitals.



Humana

Humana is one of the biggest health insurance companies based in the United States and is headquartered in Louisville, Kentucky. The company was founded in 1961 and currently operates in retail, group and specialty areas, healthcare services, and individual commercial units. Their income has been growing year on year for the past ten years.

Medical membership is a new emerging form of traditional health insurance, which provides members access to unlimited medical visits and discounts and laboratory tests as a monthly minimum refund. Moreover, it is considered more effective than health insurance, because it covers basic health needs and does not require patients to apply for insurance.

The number of Humana medical members in the United States has fluctuated significantly between 2008 and 2020. The total number of medical membership numbers has increased from about 11.6 million in 2008 to about 16.8 million by 2020.



Grow your revenue exponentially by getting credentialed

Being credentialed with significant insurance companies that have a huge patient database helps providers to grow their revenue exponentially.

Wrapping Up

Medical credentialing is extremely important for providers because they get privileges to accept patients from insurance companies. Furthermore, credentialing helps them in expanding their patients who have access to them.

We at Capline Healthcare Management, offer medical credentialing services to support providers based in the United States. Capline experts help in growing providers' revenue exponentially by credentialing with more and more significant insurance companies.

We are proud to be able to provide credentialing services to over 2K+ providers in 2021 (Quarter 1: 229, Quarter 2: 730, Quarter 3: 627, Quarter 4: 602) and the number keeps growing.

Further, we as a service partner help providers with the optimization of the fees reimbursed by the insurance companies to maximize the revenue.

To make the long story short, our experts contact the insurance companies to check providers' current contractual status with the insurance companies, analyze the current fee offered by them and then create a strategy that helps increase the revenue through fee negotiation or contracting through leasing or umbrella contracts.

Most of the office managers do not have the time and the expertise required to get this done, however, Capline experts got you covered.



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