

Doctors to Test Portal for Insurance Information

BY MARY ELLEN SCHNEIDER

In November, physicians in Ohio and New Jersey will begin to test a single, online portal through which they can access health insurance eligibility and benefits information for most of their privately insured patients.

Physicians and their staffs in those states will have access to data on copayments, deductibles, in-network and out-of-network coverage, and the status of claims from multiple plans in one place. They will also be able to submit referrals, pre-authorization requests, and claims under a test project spearheaded nationally by America's Health Insurance Plans and the Blue Cross and Blue Shield Association.

Ultimately, the initiative will be rolled out across the country, AHIP President and CEO Karen Ignagni said during a

press conference. "It's a step that will ultimately transform our system to one that takes advantage of technology, to the benefit of clinicians and their patients," she said.

The changes are significant, Ms. Ignagni said, and are akin to what the banks did when they first allowed consumers to withdraw money from any ATM around the world.

The initiative is expected to decrease

hassles for physicians and significantly reduce costs for both physicians and health plans. Ms. Ignagni estimated that the entire health system could see savings of hundreds of billions of dollars once these administrative simplification tools are available around the country, based on estimates of savings from automating administrative tasks and implementing consistent business practices.

The insurers' announcement comes as

Congress debates comprehensive health reform, including tighter regulation of the insurance industry. Ms. Ignagni said AHIP has been exploring projects to simplify insurance administration over the last year and has kept the Obama administration and congressional leaders apprised of their progress. Some simplifications are already part of health reform proposals circulating in Congress, she said.

"Most policy makers understand that

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*NPRS = Numeric Pain Rating Scale.

†Zipsor (25 mg) was evaluated in multicenter, randomized, double-blind, placebo-controlled, parallel group studies. The baseline pain intensity ranged from 4-10 on the NPRS in both groups.

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health reform that doesn't address the cost of care will fail," she said, adding that projects like the ones in Ohio and New Jersey have "great potential to slow the growth in the cost of care and contribute to savings needed nationally for reform."

Although this type of Web-based tool has been possible for years, the standards for sharing information across multiple health plans were only recently completed, Ms. Ignagni said. With the standards in place, the state-level pilot projects will focus on making sure the Web portal is user friendly for physicians and

learning which functions are most helpful. The project will begin with physi-



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MS. IGNAGNI

cians and will be extended to hospitals later, according to AHIP.

The initiative was praised by physician organizations that are working on the project in Ohio, where eight health plans representing 91% of privately insured residents will participate in the Web portal. Mark Jarvis, senior director of practice economics at the Ohio State Medical Association, said the ability to access insurance information through one online source will make administrative tasks easier, faster, and more accurate.

This type of tool is critical, he said, because it allows the physician's staff to let patients know up front what their coverage is and how much they will end up

paying. "If you can have that conversation before the encounter, the transaction works much better and [is] less confusing than if you're trying to chase it after."

Mr. Jarvis estimated that the average physician spends 3-4 hours a week on administrative dealings with insurance companies, while his or her staff spends another 58 hours on insurance-related administration in a given week. Creating a one-stop shop for insurance information is a great "first step" to try to reduce the administrative burden on physician practices, he said. ■

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