Insurers Test Single Administrative Portal

Pilot projects offer physicians in Ohio and New Jersey access to Web-based tool.

BY MARY ELEN 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 automating administrative tasks and implementing consistent business processes.

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, such as:

“Congress considers health care reform, I think all of us believe that it’s critical that we bend the cost curve,” Ms. Ignagni said. “Most policymakers understand that health reform that doesn’t address the cost of care will fail.”

She added 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 physicians and will be extended to hospitals later, according to AHIP.

The initiative was praised by physician organizations working on the project in Ohio, where eight health plans representing 91% of privately insured residents will participate.

Doubts on Effectiveness Research

Although comparative effectiveness research may give doctors and patients better information about what treatments work best, it’s not clear that it will result in better health care, according to the Rand Corporation. Its study concluded that new incentives will be needed to change the behavior of patients and providers. However, federal law prohibits using the results of federally funded comparative effectiveness research to guide payment policies. So it will be hard to develop incentives for driving down health spending, the study said.

In the near term, any reduction in spending created from such research would be offset by the costs associated with generating, coordinating, and disseminating the findings. “While increasing research aimed at determining the most effective treatments for a wide array of diseases should have benefits, there is not enough evidence at this point to predict exactly what the result might be for the cost of the nation’s health care system,” Elizabeth McGlynn of Rand said in a statement.

Medical Home Reduced ED Use

A pilot patient-centered medical home program at Seattle’s Group Health Cooperative resulted in significantly fewer emergency department visits and hospitalizations among medical home patients when compared with results from two clinics serving as a control group, according to a report. In addition, medical home patients reported higher satisfaction in most areas, and providers and staff members working within the medical home model reported much less professional burnout. Medical home patients also generated fewer emergency department visits, but at 12 months there were no significant differences in overall costs when compared to the control group. In addition, overall care of medical home patients improved slightly more than care in the control group when composite quality measures were compared. The study was published in the American Journal of Managed Care.

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