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Health Plans Collaborate on Landmark Initiative to Reduce Time, Expense for Physician Office Practice “Paperwork”

Savings are estimated in the hundreds of billions of dollars possible when all of health care moves to automation and standardization;

A watershed development comparable to what ATMs did for banking, the initiative has broad support among Ohio physician organizations

Columbus, Ohio – Health plans and physicians today launched a landmark initiative to make delivering and getting health care easier for patients and their physicians by reducing the time, effort, and expense for the “paperwork” required for each patient office visit. The initiative, which will simplify information flow between health plans and doctors’ offices, and later between health plans and hospitals, is comparable to what ATMs did for banks and consumers.

Beginning in Ohio later this month, America’s Health Insurance Plans (AHIP) and the Blue Cross Blue Shield Association (BCBSA) will sponsor regional and statewide initiatives to assess how best to offer physicians access to multiple insurers through the same channel of information exchange (e.g., a web portal) in a given region of the country for the purpose of conducting key office tasks. Savings are estimated in the hundreds of billions of dollars as the entire health care system achieves efficiencies through similar moves to automation and consistent business practices.

This landmark initiative addresses the need for one-stop service in electronic transactions that physicians have advocated for strongly, and is a requirement to achieve the level of savings that is ultimately possible. It replaces a cumbersome system in which physician office staff spend considerable time at considerable expense accessing multiple channels to get the information needed to complete basic requirements for confirming eligibility, billing, and referrals. The ultimate goal is to develop regional services that span the entire country.

The initiative announced today in Ohio already has strong support from local health plans representing greater than 91% of state residents with private health insurance, and major statewide physician organizations. Participating health plans are ... Physician organizations who are supporting the effort to encourage their members to take part are

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“This landmark initiative in Ohio demonstrates the commitment of health plans to simplify health care and the potential that exists to achieve savings through efficiencies in what we used to call “paperwork,” said AHIP President and CEO Karen Ignagni. “We are committed to addressing the needs of practicing physicians for administrative simplicity, and in that way contributing to improvements in patients’ experience. These are goals that should be hallmarks for a reformed health care system,” Ignagni said.

“This initiative is a great example of collaboration between key stakeholders to help improve the quality and value of our healthcare system,” said Scott P. Serota, president and CEO of the Blue Cross and Blue Shield Association. “Streamlining the administrative process for providers will result in tremendous savings, both in time and resources, and ultimately lead to improved care for consumers,” Serota said.

The Ohio initiative offers opportunities to simplify the work associated with patient visits and achieving savings, including providing physicians with information in “real-time” that:

- Allows office staff to quickly determine key eligibility and benefit information (e.g., co-pays, co-insurance, and deductibles, and differences in coverage for services provided in- versus out-of-network), minimizing the number of staff needed for such purposes;
- Gives physicians access to current and accurate information on the status of claims submitted by physician offices for payment by insurers. This will minimize the need for follow up steps by office staff or submission of duplicate claims that delay rather than expedite payment in most systems;
- Tests real-time referrals and timely pre-authorization of services; and
- Provides for the online submission of a healthcare claims.

“The Ohio State Medical Association (OSMA) is pleased to participate in the launch of the multi-payer portal project in Ohio. This new tool will allow Ohio physician practices to check patient eligibility, benefit coverage, and claim status all from one source,” said Mark Jarvis, Senior Director of Practice Economics at OSMA. “This project will also help practices simplify administrative process and reduce some of the confusion in health care billing. Hopefully, this will give physicians more time to spend caring for patients by reducing administrative paperwork,” Jarvis said.

Availity, LLC is the project vendor. For a demonstration of the portal, go to blank.

Attach background.