

## ***A Multi-Payer Web Portal for Providers of Health Care in Ohio***

America's Health Insurance Plans (AHIP) and the Blue Cross Blue Shield Association (BCBSA) have brought their member plans together in an effort that is designed to address the needs of Ohio physicians and patients to make health care office visit procedures simpler. Streamlining and fully automating key office tasks can improve health plan relationships with physicians, help physicians improve customer service for their patients, and reduce personnel and billing costs for medical practices. Already, steps have been taken toward these goals, individually by some health plans, collaboratively by health plans in certain geographic regions, and collectively by the community of health plans.

These initiatives are part of a long-term effort that is often referred to as "administrative simplification"; the overall objective is reducing the time, effort, and expense required for what we previously called "paperwork." Many observers believe significant savings can be achieved if the entire health care system achieves the efficiencies that can be brought about through moving to automation and standardization. This is a watershed development that will allow our industry to begin to take full advantage of the promise of electronic communication in a way that matters to physicians, hospitals, and patients every day -- similar to what ATMs did for the banking industry.

### **The Collaboration**

Today physicians typically care for patients covered by a sizeable number of insurers in a geographic area. It is burdensome for physicians to interact individually with each insurer; there is wide variation in the processes used to carry out common office tasks, and in the way insurers and physician exchange the information needed to run medical practices on a day-to-day basis. For each insurer, interactions may involve one or more of the following approaches: physician purchased software, insurer-unique websites, and/or phone calls to insurer call centers.

While many insurers offer certain administrative capabilities online, physicians and their office practices have a compelling need to take full advantage of the many benefits that updated technology can offer, and physician have strongly advocated for:

- One-stop service in electronic transactions; and
- Consistent business processes.

Beginning in Ohio in early November 2009, health insurers will launch a multi-payer web portal to assess how best to offer physicians access to multiple insurers through the same channel of information exchange (e.g., a web portal) for the purpose of conducting key office tasks. Insurers in the state will coordinate to take the same approach, and as a group will collaborate with physicians and physician organizations. Concurrently, a second pilot will take place in New Jersey.

A primary goal of the state-based program, (which will make use of an existing vendor service) is to test mechanisms for physicians to reach insurers online simply and quickly. The approach that is being tested will be refined using feedback from participating physicians and insurers; leading to the availability of a single approach by physicians and insurers in the area. What is learned through the initial effort will be applied to those that follow.

There are many opportunities for simplifying office work and achieving savings on administrative costs associated with patient visits, 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 amount of staff time 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 claim.

The effort will be conducted on a statewide basis because this allows for the participation of physicians and perhaps government programs in given geographic areas and overlapping service areas for multiple insurers. Insurers are partnering with local physician organizations throughout the year-long programs to ensure the progress can be monitored and specific issues can be addressed directly.