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Pacific Northwest payer helps speed up provider payments

BY PATTY ENRADO, Contributing Editor

EUGENE, OR – Since July, physicians in the PacificSource Health Plans network have been submitting their claims in real time – which results in faster payment – and letting patients know their financial responsibility at the point of service.

So far, the feedback has been “very good,” according to Erick Doolan, CIO for the Pacific Northwest health plan. “It’s been well received by our providers, and we’re excited about growing this capability and expanding the penetration,” he said.

PacificSource, an independent, not-for-profit company, implemented The TriZetto Group’s Provider POS Direct application. In addition to real-time claims adjudication, the tool calculates how much a patient owes so providers can collect or make arrangements for collection before the patient leaves.

Statistics reveal that in-house debt collection efforts are 70 percent effective with 90-day invoices but drop to 50 percent when the debt is six months old, according to debt collection agencies.

With high-deductible plans and out-of-pocket costs for patients growing, providers need to efficiently manage collections and claim submissions to ensure full payment in a timely manner.

Payers need to support the consumer-directed health plan products they put into the marketplace, said Dave Pinkert, senior vice president of product management for Constituent Web Solutions for The TriZetto Group, based in Newport Beach, CA.

One of the big issues for real-time adjudication of claims is having a back-end system that can support these transactions, said Janice Young, program director for Payer IT Strategies

for Health Industry Insights. This requires integration with a lot of other applications and processes, she said.

TriZetto has a substantial footprint in the marketplace with its claims platform, Facets, and can overcome this technological barrier, Young pointed out.

The other difficulty is the reluctance by payers to share contractual information until they see the claims, she said. Until all payers are playing and providing comparable information across the board – creating critical mass – Young isn’t sure the industry is ready to accurately share the data.

“We’re a community health plan,” PacificSource’s Doolan stressed. “Our strategy is to have an innovative relationship with our providers by giving them tools that simplify and improve their financial operations, and simplify our communications with them.”



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