CAQH Index

Healthcare Providers: Get Involved as a Data Contributor

The CAQH Index tracks and reports progress by the U.S. healthcare industry to adopt electronic transactions for several routine business interactions between healthcare providers and health insurance plans. The Index also estimates the potential savings this transition could deliver.

Hospitals, health systems, medical groups, and IPAs can advance the effort by contributing data. CAQH, in cooperation with the consulting research firm, NORC at the University of Chicago, is currently seeking healthcare providers willing to support development of the 2015 Index.

Healthcare providers that contribute data may request customized benchmark reports. CAQH offers a detailed analysis of organizational performance alongside national results to each data contributor.

Healthcare provider participation is an essential component of the Index. Healthcare provider data contributions support estimates of providers' per-transaction costs by modality (e.g., electronic vs. manual). Combined with data collected from health plans and other sources, CAQH will aggregate the total volume of transactions across the healthcare system to develop estimates of nationwide costs and potential savings.

Every data contribution enriches the overall quality of the Index dataset. With richer data, CAQH can deliver increasingly useful insights, more precise measures of progress, and more accurate estimates of cost savings.

All qualifying healthcare providers, regardless of adoption status, are encouraged to participate. Any hospital, health system, medical group, or IPA may participate in this unprecedented annual data collection effort.

Transactions Studied

The 2015 CAQH Index is studying the following transactions:

- Claim Submission
- Eligibility and Benefit Verification
- Prior Authorization
- Claim Status Inquiries
- Claim Payment
- Claim Remittance Advice/Receiving and Posting Payments
- Attachments: Claim Related (Claim Submission or Appeal) and Prior Authorization Related

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The 2014 CAQH Index

Health plans representing 112 million enrollees – almost 45 percent of the privately insured U.S. population – submitted data to CAQH for analysis. These submissions accounted for more than 4 billion administrative transactions that took place in 2013.

Findings indicate the industry as a whole could save about $8 billion annually by expanding the use of fully automated electronic transactions for six transactions alone.

For more information, visit the CAQH Index online.

Why Contribute Data?

Help your organization understand:

- How does our progress to adopt electronic transactions compare to other healthcare providers?
- Are we managing the transition to electronic transactions effectively, to maximize cost savings and efficiency gains?
- How should we prioritize adoption of electronic transactions?

Help the industry understand:

- How is industry use of electronic administrative transactions progressing year-over-year?
- Which electronic transactions deliver the most cost savings?
- What are the barriers to adoption, and what are industry leaders doing to transcend these barriers?

How it Works

Healthcare providers will work directly with NORC researchers to contribute only necessary data through a streamlined process. Healthcare providers will receive a data collection tool to facilitate the data submission. The tool includes data fields and suggested methods for calculating per-transaction costs by transaction type for both electronic and manual transactions. The activities required of each data contributor vary according to the accessibility of requested data, but generally require a time commitment ranging from 8 to 36 hours:

- Designate a point of contact. We recommend that data contributors choose someone to coordinate the data collection. NORC will send the data collection tool to this individual and communicate with this person to connect with others in the organization as needed. Depending on the structure of the organization and its IT systems, multiple points of contact in specific departments may be needed, such as in such as the billing department or the prior authorization units.

- Conduct internal data collection. Few providers collect data on the time and resources spent on administrative transactions. As part of the data collection tool, NORC will provide suggested methods for collecting and calculating the per-transaction costs by transaction type for both electronic and manual transactions.

- Submit data to NORC. Once data is submitted, NORC will review it for completeness and consistency with data reported by other contributors. NORC researchers are available to address questions about how to collect the requested data, and measure and calculate costs per transaction.

- Participate in a brief interview. Following review of the completed data collection tool, a NORC researcher will schedule a teleconference with the organization's designated point(s) of contact to review the data submitted and any important underlying assumptions or limitations.

- Receive customized benchmarking information. When the data collection process is complete, participating healthcare providers may request a customized benchmark report illustrating how the organization's results compare with the national average and ranges of response.

Confidentiality

No data from individual health plans or healthcare providers will be disclosed – only aggregated, de-identified data are published in the Index report. Individual company data will be kept confidential, according to the Reporting Standards and Data Submission Guide.

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