

US Healthcare Efficiency Index – Healthcare Providers

The U.S. Healthcare Efficiency Index[®] (Index), tracks and reports progress by the healthcare industry in its ongoing transition from manual to electronic administrative transactions. The Index also estimates the potential savings this transition could accrue to the U.S. healthcare system.

CAQH, in cooperation with the consulting firm Milliman, is currently seeking healthcare provider organizations willing to support development of the 2014 Index. Your organization is eligible to participate as a data contributor if you are hospital, health system, medical group, or IPA and are interested in understanding how transitioning to electronic administrative transactions can improve efficiencies and reduce administrative costs.

Getting involved in the 2014 Index

By participating as a data contributor, you may request customized individual reports offering a benchmark analysis of your organizational performance alongside national results. Healthcare providers at every stage of adoption can help improve the overall quality of the underlying data that supports the Index, enabling deeper insight into the penetration of electronic transactions, and advancing the ability of the Index to demonstrate industry progress and quantify the significant cost savings and efficiency gains achieved and yet to be achieved. Your data will be used to estimate costs per transaction for various transaction modalities (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.

Transaction types

As a data contributor, you will receive a data collection tool to submit cost per transaction data on the following key transactions:

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

The [2013 U.S. Healthcare Efficiency Index Report on Electronic Administrative Transaction Adoption and Savings](#) estimates the proportion of six common administrative transactions conducted electronically in 2012 across the healthcare industry. The Index collected and analyzed more than 3 billion transactions from participating organizations. Findings show that the healthcare industry could save billions of dollars each year by continuing the shift from manual to electronic administrative transactions.

For more information, see the [CAQH Index](#).

Data collection process

Milliman consultants will work with you to collect only necessary data using a streamlined process. You will be provided a spreadsheet data collection tool containing data fields and suggested methods for calculating the per transaction costs by transaction type for both electronic and manual transactions. The activities required of each data contributor will depend on the accessibility of the data requested, but generally we expect the following activities, totaling about 8-36 hours of time:

- **Designating a point of contact.** A point of contact at the provider organization is needed to coordinate the data collection. Milliman will send the data collection tool to this individual and communicate with this person to connect with others in the organization. It is also possible that points of contact for specific departments, such as the billing department or the prior authorization units, may be needed, depending on the organizational structure of the facility or group.
- **Conduct internal data collection.** Many providers do not collect data on the time and resources they spend on administrative transactions. Therefore, as part of the data collection tool, Milliman will provide suggested methods for collecting and calculating the per transaction costs by transaction type for both electronic and manual transactions.
- **Submit data to Milliman.** Once data is submitted, Milliman will review it for completeness and consistency with data reported by other contributors. Milliman consultants are available to address questions you may have about how best to collect the requested data and how to measure and calculate costs per transaction.
- **Participate in a brief interview.** Following review of the completed data collection tool, a Milliman consultant will schedule a brief teleconference with the organization's designated point(s) of contact to review the data submitted with you and ensure we understand any important underlying assumptions or limitations.
- **Request customized benchmarking information.** When the data collection process is complete, participating healthcare providers may request a customized benchmark report illustrating how your company's results compared with the national average and ranges of response.

Cost Analysis in the 2014 Index

As mentioned, your data will be used to estimate costs per transaction at a provider level. Simultaneously, CAQH is collecting data directly from health plans regarding payers' per transaction costs and the volume of transactions by type. 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.

CAQH will gratefully acknowledge all the participating providers in the 2014 Index, which will be produced in late 2014, if your company wishes. However, no data from individual health plans or 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 Index data submission guidelines and agreements.

To learn more about contributing data from your organization to the Index, contact [Jeff Lemieux](mailto:Jeff.Lemieux@caqh.org) at 202 517 0428 or JALemieux@caqh.org.