



## **Industry Perspectives:**

**A Conversation with  
Revenue Cycle Expert and  
CAQH CORE Board  
Member Margaret Schuler,  
MBA**

# Agenda

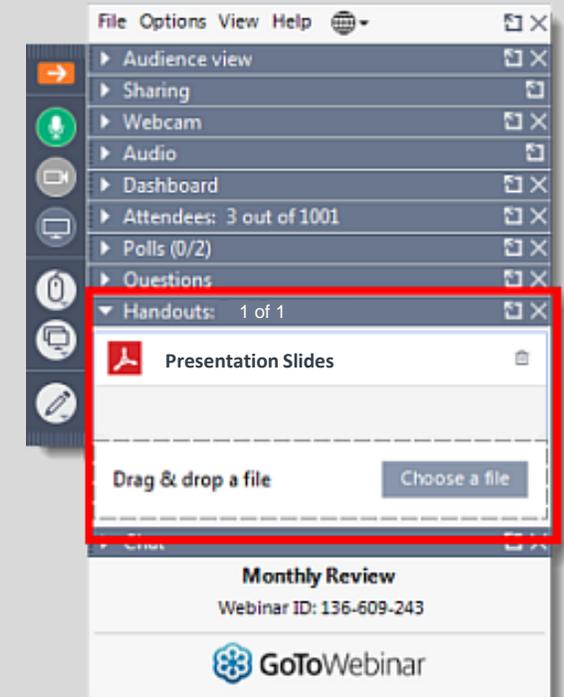
- **CAQH CORE Overview**
- **Electronic Adoption in Healthcare Background**
- **Discussion with Margaret Schuler, MBA**
- **Audience Q&A**

# Logistics

## Presentation Slides and How to Participate in Today's Session

- Accessing webinar materials:
  - You can download the presentation slides now from the “Handouts” section of the GoToWebinar menu.
  - You can download the presentation slides and recording at [www.caqh.org/core/events](http://www.caqh.org/core/events) after the webinar.
  - A copy of the slides and the webinar recording will also be emailed to all attendees and registrants in the next 1-2 business days.
- Questions can be submitted **at any time** using the **Questions panel on the GoToWebinar dashboard**.

### Download the Slides Now



CAQH  
CORE

# CAQH CORE Overview and Vision

**Erin Weber**  
Vice President, CAQH CORE

# CAQH CORE Operating Rules Streamline the Business of Healthcare

Industry-led, CAQH CORE Participants include healthcare providers, health plans, vendors, government entities, associations and standard-setting organizations. Health plans participating in CAQH CORE represent **75 percent of the insured US population**.

## MISSION

Drive the creation and adoption of healthcare operating rules that **support standards, accelerate interoperability and align administrative and clinical activities** among providers, payers and consumers.

## VISION

An **industry-wide facilitator** of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.

## DESIGNATION

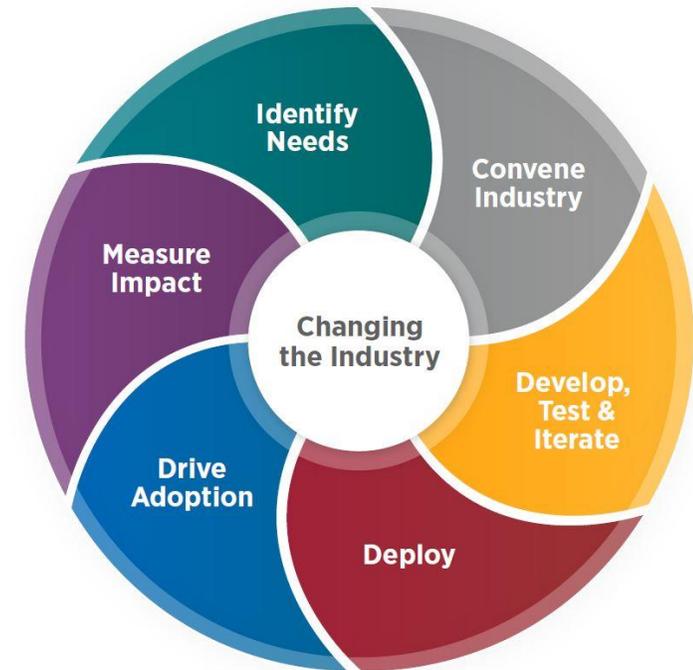
CAQH CORE is the **national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions**. The Department of Health and Human Services (HHS) designated CAQH CORE as the author of national operating rules for the HIPAA-covered administrative transactions.

## INDUSTRY ROLE

**Develop business rules to help industry** effectively and efficiently use electronic standards while remaining technology- and standard-agnostic.

## CAQH CORE BOARD

**Multi-stakeholder.** Members include health plans, providers (some of which are appointed by associations such as the AHA, AMA, MGMA), vendors, and government entities. Advisors to the Board include SDOs (X12, HL7, NACHA, NCPDP) and WEDI.



# More than 100 CAQH CORE Participating Organizations

## Health Plans

- Aetna
- Ameritas Life Insurance Corp.
- AultCare
- Blue Cross and Blue Shield Association (BCBSA)
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of North Carolina
- Blue Cross Blue Shield of Tennessee
- CareFirst BlueCross BlueShield
- Centene Corporation
- CIGNA
- Coventry Health Care
- Elevance Health
- Government Employees Health Association, Inc. (GEHA)
- Health Care Service Corp
- Highmark, Inc (Highmark Health)
- Health Net Inc. (Centene Corporation)
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Point32Health
- Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)
- UnitedHealthGroup
- UnitedHealthcare

## Government

- Arizona Health Care Cost Containment System
- California Department of Health Care Services
- Centers for Medicare and Medicaid Services (CMS)
- Federal Reserve Bank of Atlanta
- Florida Agency for Health Care Administration
- Health Plan of San Joaquin
- Michigan Department of Community Health
- Minnesota Department of Health
- Minnesota Department of Human Services
- Missouri HealthNet Division
- North Dakota Medicaid
- Oregon Department of Human Services
- Oregon Health Authority
- Pennsylvania Department of Public Welfare
- TRICARE
- United States Department of Treasury Financial Management
- United States Department of Veterans Affairs

## Integrated Plan/Provider

- Highmark Health
- Kaiser Permanente
- Marshfield Clinic

## Providers

- American College of Physicians
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Children's Healthcare of Atlanta Inc
- Cleveland Clinic
- Greater New York Hospital Association (GNYHA)
- Healthcare Financial Management Association
- Laboratory Corporation of America
- Mayo Clinic
- Medical Group Management Association (MGMA)
- Montefiore Medical Center
- New Mexico Cancer Center
- OhioHealth
- Ortho NorthEast (ONE)
- St. Joseph's Health
- Virginia Mason Medical Center

## Vendors & Clearinghouses

- AIM Specialty Health
- athenahealth
- Availity, LLC
- Aver
- Cedar Inc
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cognizant
- Conduent
- CSRA
- DXC Technology
- Edifecs
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- InstaMed
- NantHealth
- NextGen Healthcare Information Systems, Inc.
- Olive AI
- OptumInsight
- PaySpan
- PNC Bank
- PriorAuthNow
- SS&C Health
- The SSI Group, Inc.
- TIBCO Software, Inc.
- TriZetto Corporation, A Cognizant Company
- Utah Health Information Network (UHIN)
- Virence Health (athenahealth)
- Wells Fargo

## Other

- Accenture
- ASC X12
- Cognosante
- Healthcare Business Management Association
- HL7
- Mettle Solutions
- NACHA The Electronic Payments Association
- NASW Risk Retention Group, Inc.
- National Association of Health Data Organizations (NAHDO)
- National Committee for Quality Assurance (NCQA)
- National Council for Prescription Drug Programs (NCPDP)
- New England HealthCare Exchange Network (NEHEN)
- Ohio Hospital Association
- Private Sector Technology Group
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission
- WEDI

Commercial, Governmental, and Integrated Health Plans account for 75% of total American covered lives

# CAQH CORE Board Members

## VOTING MEMBERS

Individual	Organization
<b>Marilyn J. Heine</b> , MD, FACEP, FACP, FCPP; Clinical Assistant Professor of Medicine	Drexel University College of Medicine (Proposed by AMA)
<b>Kevin Mulcahy</b> , FACMPE, Senior Director, Provider and Payer Service	Massachusetts General Physician Organization (Proposed by MGMA)
<b>Linda Reed</b> , RN, MBA, CHCIO, FCHIME; Senior Vice President and Chief Information Officer (Chair)	St. Joseph's Health (Proposed by AHA)
<b>Stephen Rosenthal</b> , MBA, Senior Vice President, Population Health Management and President of CMO, Montefiore Care Management	Montefiore Medical Center
<b>Margaret Schuler</b> , MBA, Senior Vice President, Practice Support Operations and Revenue Cycle Management	Aspen Dental Management, Inc.
<b>Emily Brannen</b> , Vice President, Digital and Service Strategy	BCBSNC
<b>Anika Gardenhire</b> , RN, Chief Digital Officer (Vice Chair)	Centene
<b>Tim Kaja</b> , MBA, Senior Vice President, Optum Care	UnitedHealthcare
<b>Michael S. Sherman</b> , MD, MBA, MS; Chief Medical Officer	Point32Health (Proposed by AHIP)
<b>Scott Waller</b> , Vice President, Aetna IT Application Delivery Division	Aetna
<b>Paul Brient</b> , MBA, Senior Vice President and Chief Product Officer	athenahealth
<b>Chris Seib</b> , Chief Technology Officer and Co-Founder	InstaMed
<b>Achudhan Sivakumar</b> , Software Development Product Lead - Referrals & Authorizations	Epic

## NON-VOTING MEMBERS

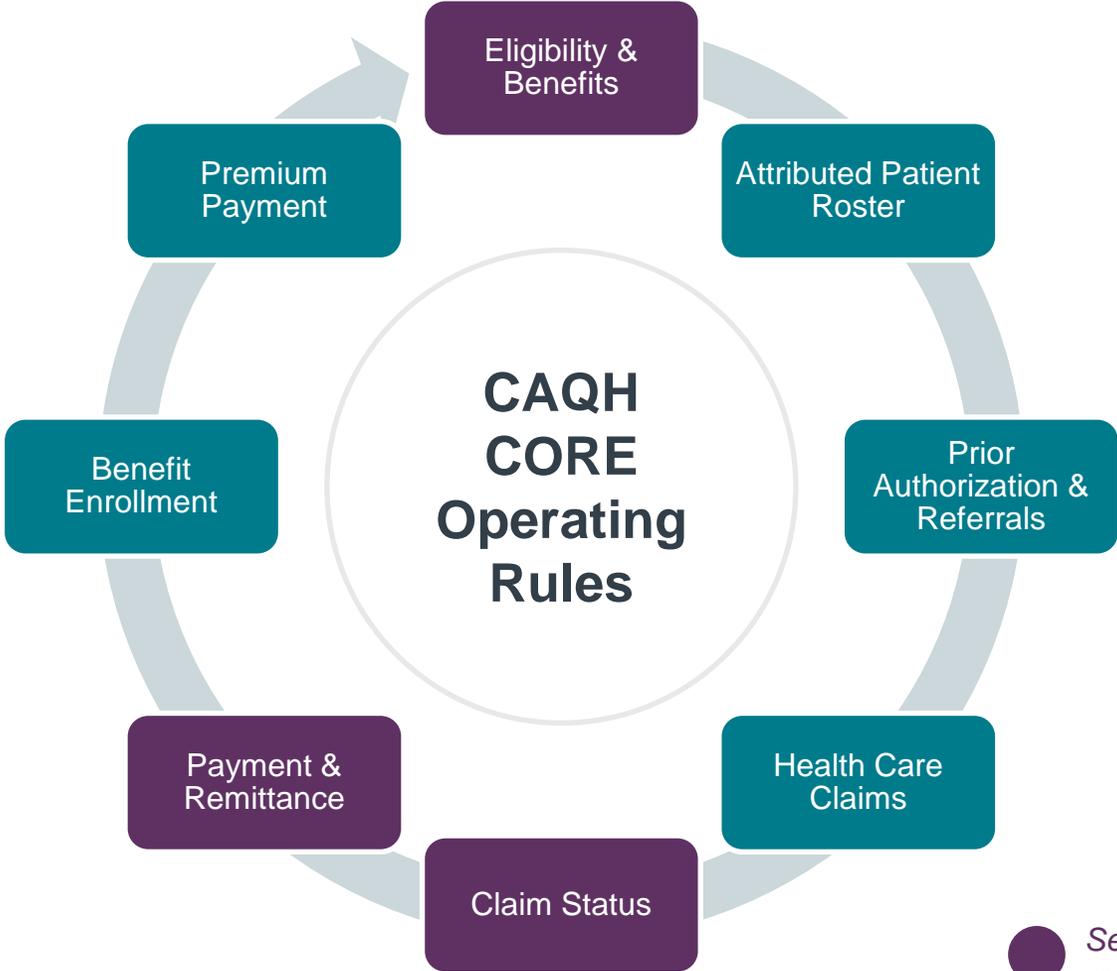
- Federal Government - **Daniel Kalwa**, Deputy Director, National Standards Group, CMS
- State Government - **Caprice Knapp**, Medicaid Director, State of North Dakota

## NON-VOTING ADVISORS

- X12: **Cathy Sheppard**, Executive Director
- HL7: **Viet Nguyen**, MD, Chief Standards Implementation Officer
- NACHA: **Jane Larimer**, President and CEO
- NCPDP: **Lee Ann Stember**, President
- WEDI: **Charles Stellar**, President and CEO
- Emeritus: **Joel Perlman**, Former EVP, CFO, Montefiore Medical Center

# CAQH CORE Operating Rules Support Key Revenue Cycle Functions

*Three Rule Sets Adopted Under HIPAA*



# Electronic Adoption in Healthcare Background

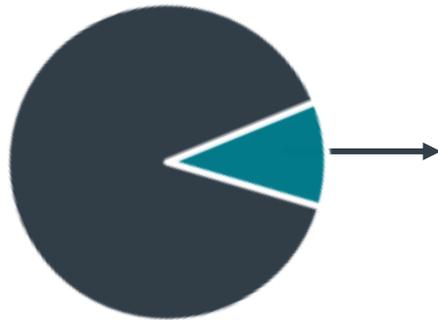
**Erin Weber**  
Vice President, CAQH CORE

# The Cost of Administrative Transactions

## 2021 CAQH Index Finds Electronic Adoption Could Save Billions

### Annual Spend on administrative complexity in the United States healthcare system<sup>1</sup>:

**\$391 billion** total spend in 2020



**\$42 billion** is spent conducting administrative transactions tracked by the CAQH Index.

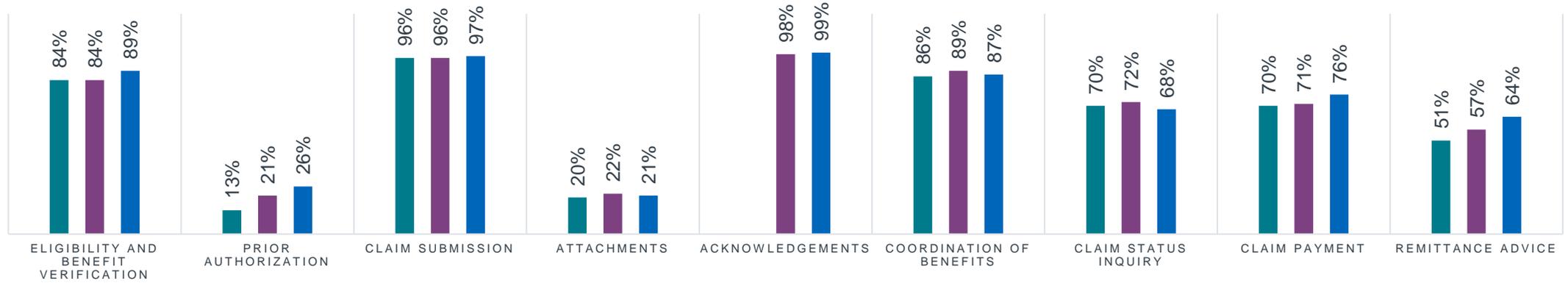
Of the **\$42 billion** tracked by the CAQH Index, **\$20 billion** can be saved by transitioning to fully electronic transactions.

<sup>1</sup>“Projected,” Health Expenditure Data, Centers for Medicare & Medicaid Services Website, last modified December 1, 2021, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected>. Healthcare administrative complexities include all national health expenditures (NHE), less investment (research, structures and equipment) and public health outlays by federal and state governments.

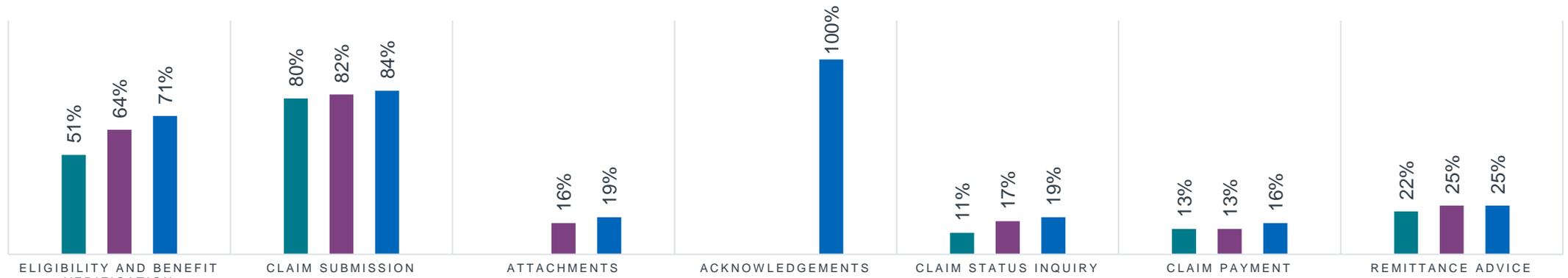
# Electronic Adoption in Healthcare

## Medical and Dental Plan Fully Electronic Transaction Adoption

### MEDICAL



### DENTAL



2021 CAQH Index

# Medical and Dental Cost Savings Opportunities

## *Switching to Fully Electronic Transactions Provides Substantial Savings*

**Medical and Dental Industry Estimated National Cost Savings Opportunity 2013-2021 CAQH Index (in billions)**

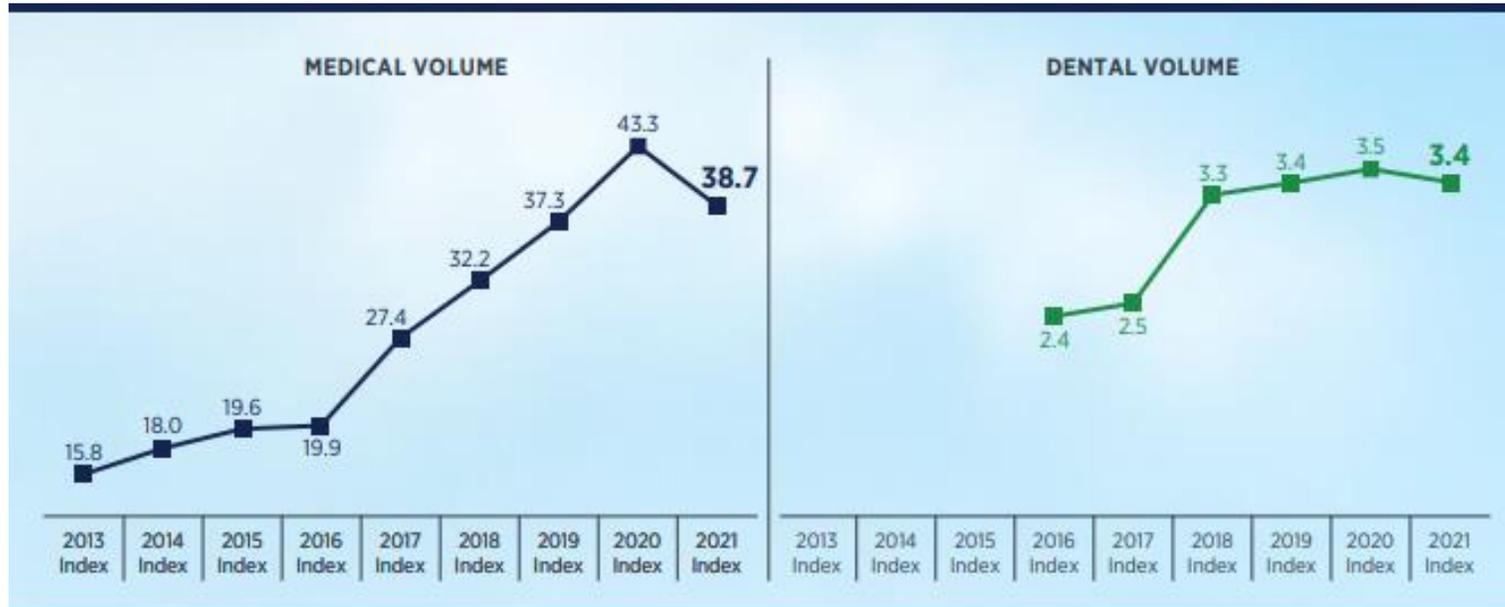


- Cost savings opportunity for the medical industry increased due to **higher costs for manual transactions and lower costs for electronic transactions**.
- Cost savings opportunity declined for the dental industry as **adoption increased**.

# Medical and Dental Transaction Volume

## Administrative Transaction Volume Decrease due to COVID-19

Medical and Dental Industry Estimated National Volume  
2013-2021 CAQH Index (in billions)



Note: from year to year, reported transactions may change due to low volume collected.

- Policies, regulations, resources, and social behaviors all played a role in drops in utilization. Despite the drop in transaction volume, the proportion of **electronic volume continues to increase** for both the medical and dental industries.

# Conversation with Today's Speaker: Margaret Schuler, MBA



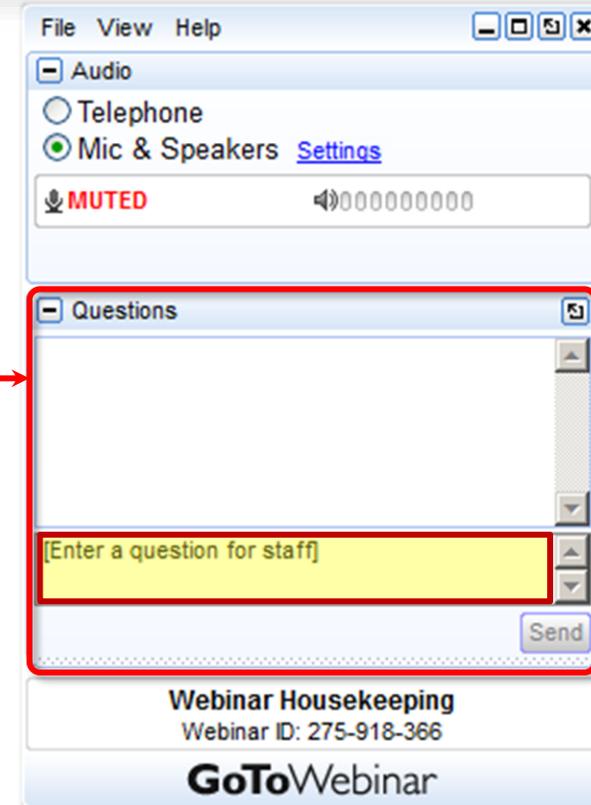
Margaret Schuler, MBA, serves as the Senior Vice President of Practice Support Operations and Revenue Cycle Management at Aspen Dental Management, Inc and additionally is a Board Member of HFMA. She oversees revenue cycle operations across 1000 locations in the United States. Previously, she served as the System Vice President of Revenue Cycle for OhioHealth, where she was responsible for the leadership and strategic direction of the revenue cycle operation across the delivery system.

# Audience Q&A

**Please submit your questions**

Enter your question into the “Questions” pane in the lower right hand corner of your screen.

**You can also submit questions at any time to [CORE@caqh.org](mailto:CORE@caqh.org)**



**Download a copy of today’s presentation slides at [caqh.org/core/events](https://caqh.org/core/events)**

- Navigate to the Resources section for today’s event to find a PDF version of today’s presentation slides.
- The slides and webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

# CAQH CORE Rule Development Process

## The Path to Federal Mandate



1

**CAQH CORE Writes Letter to NCVHS\***

CAQH CORE writes a letter to the HHS\*\* Federal Advisory Committee (NCVHS) explaining the industry need for the operating rules along with the CORE Board approved rules. The 5/23/22 letter from the CORE Board to NCVHS can be found [here](#).

2

**NCVHS Collects Industry Feedback**

The NCVHS Standards Subcommittee hearing is scheduled for: **January 18-19, 2023.**

3

**NCVHS Makes Recommendation to HHS**

NCVHS sends a letter to the HHS Secretary regarding industry feedback given at the hearing, including a recommendation regarding whether the **operating rules should be mandated.**

4

**Expedited HHS Interim Final Rule Making**

If a mandate is the approach, **HHS issues Interim Final Rule (IFR)** to the industry with a 60-day open comment period. With no major objections, **HHS adopts the final rule and mandates the operating rules.**\*\*\* Once HHS mandates an operating rule, industry is given 25 months to implement and adopt new rules.

Notes: \*National Committee on Vital and Health Statistics (NCVHS) | \*\* Department of Health and Human Services (HHS) | \*\*\*HHS has the authority to judge whether comments are substantial and whether changes should be made to the final rule.

# CAQH CORE Recommendations to NCVHS for Federal Mandate

## *Proposed Rule Set*

### **Proposed Rules**

#### **Updates to Federally Mandated CAQH CORE Operating Rules:**

- CAQH CORE Infrastructure Rules for Eligibility, Claim Status, and Electronic Remittance Advice
- CAQH CORE Connectivity Rule vC4.0.0
- CAQH CORE Eligibility and Benefits Operating Rules

#### **New CAQH CORE Attachments Operating Rules:**

- CAQH CORE Healthcare Claims Attachments Data Content and Infrastructure Rules
- CAQH CORE Prior Authorization Attachments Data Content and Infrastructure Rules

# Call to Action

*Become Involved in Streamlining Healthcare Administration*

## Engage with NCVHS:



Follow CAQH CORE's proposed rule set's path to federal mandate and engage with NCVHS by [providing industry feedback](#).

## Become a CAQH CORE Participant:



Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability.

## Become CORE Certified:



Demonstrate conformance and commitment to streamlining administrative data exchange.

## Participate in Ongoing Pilot/ROI Assessments:



Work with CAQH CORE to measure the impact of current and potential future operating rules and corresponding standards on organizations' efficiency metrics.

[E-mail CORE@CAQH.org](mailto:CORE@CAQH.org)

# Upcoming CAQH CORE Education Sessions and Events



## CAQH CORE Participant Forum

November 16, 2022 | 2:00-3:00 pm ET

## CAQH CORE and X12 Webinar Series

December 1, 2022 | 3:30-4:30 pm ET

## CAQH CORE Industry Webinar: NCVHS Rule Set Overview

December 8, 2022 | 2:00-3:00 pm ET

# Thank you for joining us!



Website: [www.CAQH.org/CORE](http://www.CAQH.org/CORE)

Email: [CORE@CAQH.org](mailto:CORE@CAQH.org)

## **The CAQH CORE Mission**

Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability and align administrative and clinical activities among providers, payers and consumers.