CAQH initiatives achieved two remarkable milestones in 2007. The Universal Credentialing Datasource (UCD) service topped 550,000 providers and 350 participating organizations, confirming its acceptance as the industry standard for provider data collection. More than 65 million Americans (one-third of all commercially insured lives) were covered by Committee on Operating Rules for Information Exchange (CORE)-certified health plans by year end. Both accomplishments demonstrate that CAQH and its members are creating national solutions with lasting impact. They also clearly indicate that our collaborative approach remains a model for success.

I am pleased to highlight a number of additional accomplishments from the past year and our goals for 2008.

Participation Growth: UCD averaged more than 10,000 new providers per month. Vision, behavioral health and other specialty plans, as well as hospitals—for the first time—contributed to the growth in the number and breadth of participating organizations.

State Adoption: By the end of the year, Kansas, Maryland and Vermont had joined Indiana, Kentucky, Louisiana, New Jersey, Rhode Island, Tennessee, and the District of Columbia in adopting the CAQH Standard Provider Credentialing Application as their mandated or designated provider credentialing form. Several additional states, as well as state Medicaid agencies, began considering a similar tactic.

Best Practices: The 2007 Universal Credentialing Best Practices Conference focused on automating UCD data flow to other essential business processes and drew more than 100 participants. Our biggest conference to date also featured insightful perspectives from accreditation bodies and provider groups.

Research Findings: The Lewin Group study results confirmed that UCD data can be valuable to health plans in applications well beyond credentialing. CAQH will work to unlock the full value of the data by promoting its broader use in quality assurance and member services, such as provider directories, in 2008.

New Business Partner: After completing a thorough RFP process, CAQH selected Affiliated Computer Services, Inc. (ACS) to manage the ongoing administration, operation and expansion of the UCD service. ACS was selected for its outstanding record of proven performance in the healthcare arena.

Phase I Certification: More than 25 organizations, including Aetna, AultCare, Blue Cross and Blue Shield of North Carolina and Tennessee, Health Net and WellPoint, achieved CORE Phase I certification during 2007.

National IT Recognition: The CORE Phase I Data Content Rule was included in the first set of the Health Information Technology Standards Panel’s (HITSP) interoperability standards.
Participation Growth: New participants included ClaimRemedi, Enclarity, GE Healthcare, Harvard Pilgrim Health Care, Healthcare Association of New York State, HealthCare Partners Medical Group, IBM, InstaMed, Minnesota Department of Human Services, New York-Presbyterian Hospital, North Shore-Long Island Jewish Health System, RealMed Corporation, Recondo Technology, and the US Department of Veterans Affairs. More than 100 healthcare stakeholders, representing over 130 million insured lives, were participating in developing the CORE Phase II business rules by the end of the year.

Survey Results: Findings from two CAQH studies, funded by the California HealthCare Foundation, respectively showed that automating insurance eligibility and benefits verification can significantly reduce administrative costs; and that the lack of patient identifier information is a key reason why automated verification processes fail. CORE is incorporating the study findings into Phase II rules development.

State Impact: CORE's all-payer approach has attracted the attention of several states, including Colorado, Ohio, and Texas. Each is considering how best to include the CORE Phase I rules as a component of their strategies for improving electronic data exchange.

In addition to strong growth, our efforts in 2007 set the groundwork for further industry impact this year and into the future. Looking ahead, CAQH will:

- Continue to build healthcare organization and provider participation in UCD throughout 2008, with a goal of reaching 650,000 providers by the end of the year.
- Develop systematic processes for determining and validating the integrity, timeliness and accuracy of self-reported provider data submitted through the UCD service.
- Complete the transition of the UCD service to ACS and launch a more robust, re-branded version of UCD in 2008.
- Launch a program that enables UCD providers to opt-in to services that can further simplify practice administration.
- Introduce the second set of CORE rules, which will include additional rules for patient identifiers, patient accumulators, claims status and connectivity. Phase II also will require reporting of patient financial responsibility for an increased number of service codes.
- Initiate the CORE Phase III rules development process to further streamline administrative data exchange and improve health plan-provider interoperability.
- Host the first CAQH Administrative Simplification Conference in late September as a forum for UCD and CORE participants to share experiences and discuss strategies for further reducing administrative burden.

Your commitment and contributions to administrative simplification through CAQH are making a difference. With the continued support of your organization, in 2008 we will help move the industry even closer to a healthcare system in which administrative processes are efficient, predictable, and easily understood by patients, caregivers and providers.

Robin J. Thomashauer
Executive Director