simplifying healthcare administration

CAQH®

2013 IN REVIEW

Delivering New Ways to Reduce Administrative Complexity in Healthcare

About CAQH Initiatives

CAQH COMMITTEE ON OPERATING RULES FOR INFORMATION EXCHANGE® (CORE)
Launched in 2005

CAQH CORE is a collaboration of over 140 industry stakeholders—health plans, providers, vendors, the Centers for Medicare and Medicaid Services (CMS) and other government agencies, associations, regional entities, standards development organizations, and other healthcare entities—focused on developing operating rules that streamline administrative data exchanges. Over the last three years, the Department of Health and Human Services (HHS) designated CAQH CORE to author three sets of federally mandated operating rules under the Patient Protection and Affordable Care Act (ACA). In 2013, CAQH CORE conducted extensive research on the third set of operating rules mandated by the ACA and began rule development. CAQH CORE actively supported industry-wide interoperability by educating the industry about operating rules, driving adoption and voluntary certifications.

UNIVERSAL PROVIDER DATASOURCE® (UPD)
Launched in 2002

UPD is the trusted source for collecting, maintaining, and distributing self-reported provider data used in credentialing, claims administration, quality assurance, member services, and more. By streamlining data collection electronically, UPD is reducing duplicative paperwork and millions of dollars in annual administrative costs for more than 1.2 million physicians and other healthcare professionals, as well as over 700 participating health plans, hospitals, and healthcare organizations. Working with a variety of stakeholders, CAQH developed a roadmap in 2013 to grow the scope and utility of UPD and began development of a new UPD platform that will streamline all administrative processes that require provider data.

Collaboration advanced CAQH innovations and accomplishments in 2013. The launch of two new solutions and expansion of the reach and impact of established initiatives accelerated improvements in administrative efficiency for a broader group of stakeholders. CAQH also began an organizational transformation to support its growing portfolio of programs and realigned its internal structure to augment existing competencies.

CAQH EFT AND ERA ENROLLMENT TOOL
Launched in 2013

CAQH has lifted an administrative barrier to the adoption of electronic payments with the launch of a universal electronic funds transfer (EFT) and electronic remittance advice (ERA) enrollment tool. The secure, online solution enables providers to enroll in EFT and ERA with multiple health plans at no cost, eliminating redundant paper forms, saving time, and reducing cost. The tool facilitates use of electronic payments between health plans and providers with a single point of entry for providers to get started with and maintain EFT and ERA information.

COB SMART™
Launched in 2013

CAQH leveraged its proven collaborative approach to launch COB Smart, the newest CAQH solution. This national coordination of benefits (COB) registry enables providers and health plans to identify individuals with multiple forms of coverage before care is delivered. It is designed to be an industry-wide utility that streamlines the claims process by recognizing when a patient is covered by more than one health plan and providing critical insight into which health plan pays first. The solution helps providers and health plans process claims correctly the first time.

U.S. HEALTHCARE EFFICIENCY INDEX™ (INDEX)
Launched in 2008 by Emdeon, CAQH ownership effective in 2011

The CAQH Index tracks and reports progress by the healthcare industry in its ongoing transition from manual to electronic administrative processes. The Index provides an annual benchmark to monitor and measure the adoption, as well as associated cost savings, of electronic administrative transactions. During a transitional year in 2013, the Index made substantial progress on development of its statistical models and conducted a robust analysis of the adoption and savings of six electronic administrative transactions. Its findings were presented as current benchmarks for the industry.

CAQH CORE

Administrative interoperability between providers and health plans is becoming a reality throughout the industry with the CAQH CORE Operating Rules.

Operating under a new governance model in 2013, CAQH CORE has a multi-stakeholder board currently chaired by a provider. The board helped accelerate efforts to educate the industry about operating rules and promoted the CAQH CORE integrated model of rule-writing, certification and testing, and outreach. CAQH CORE continued to serve its role as the designated author of the Patient Protection and Affordable Care Act (ACA)-mandated operating rules.

- A number of free online tools were produced by CAQH CORE to support every stage of operating rules adoption, from planning through certification. In a campaign to promote use of EFT and ERA Operating Rules, CAQH CORE employed web-based marketing tactics to engage healthcare providers and health plan executives, driving more than 23,000 unique visitors to targeted online resources.

- More than 14,000 healthcare stakeholders, including over 3,000 providers, participated in CAQH CORE educational webinars in 2013. Many sessions were presented jointly with standards development organizations (SDOs) and featured case studies presented by representatives of HIPAA-covered entities about the return on investment of operating rules implementations.

- In June, CAQH CORE launched its voluntary CORE Certification process for the CAQH CORE EFT and ERA Operating Rules, with Edifecs providing certification testing using the CAQH CORE-approved test suite. CAQH CORE awarded five voluntary CORE Certifications for EFT and ERA Operating Rules and 25 voluntary CORE Certifications for Eligibility and Claim Status Operating Rules in 2013.

- A more agile process to maintain existing operating rules was initiated in 2013, supporting the Federal mandate to ensure operating rules maintenance continues to reflect multi-stakeholder decision-making.

- Engagement continued with a targeted group of policy-making and regulatory bodies, including the Centers for Medicare & Medicaid Services Office of E-Health Standards and Services (CMS OESS) and the National Committee on Vital and Health Statistics (NCVHS).

- Development of the third set of ACA-mandated draft CAQH CORE Operating Rules moved forward. After conducting extensive industry-wide research, assessing the overall industry state of adoption of the first and second sets of mandated operating rules, and flagging the prevailing need for related mandated standards, CAQH CORE began infrastructure rule-writing. The timeline for a full draft set of rules was adjusted to align with lessons learned and federal mandates.

- In a Notice of Proposed Rule Making (NPRM) published December 31, 2013, the Department of Health and Human Services (HHS) proposed leveraging the experience of CAQH CORE in establishing a program to certify health plan compliance with ACA-mandated operating rules. The HHS proposal would give health plans two options to certify compliance, both of which draw on CAQH CORE to play a significant role in mandatory certification.

FACILITATING INTEROPERABILITY: Nearly a decade ago, CAQH identified and acted on the need for voluntary operating rules in healthcare by establishing CAQH CORE. Today, the federal operating rules mandate is accelerating the momentum of CAQH CORE and helping to prioritize streamlined administrative exchanges throughout the healthcare system. Continued rule development will improve reliability and uniformity of additional transactions. Steady CAQH CORE outreach and education for all stakeholders is building awareness of the advantages of operating rules and encouraging end-to-end implementation, which is necessary to achieve interoperability. Voluntary CORE Certifications continue, and the year-end certification mandate proposal by HHS could potentially propel CAQH CORE into an expanded role.

UPD

Healthcare organizations can soon rely upon UPD to streamline all administrative processes that require provider data.

In preparation for a planned upgrade to UPD, CAQH sought input from a range of stakeholders in 2013 to assess the growing demands for provider data. These insights guided development of a roadmap for enhancing UPD by prioritizing a set of new features that meet near- and long-term industry needs. CAQH is working with all stakeholder types to position the system as a comprehensive source of provider data that streamlines processes for claims administration, quality assurance, member services, and more.

- In recognition of UPD, CAQH was named a 2013 Laureate in the IDG Computerworld Honors Program. The award recognizes visionary applications of information technology promoting positive social, economic, and educational change. UPD was honored for its work to facilitate an industry-wide collaboration that applies technology to eliminate redundant administrative paperwork, saving providers an estimated 4.9 million hours and more than $147 million annually.

- CAQH contracted with a new technology partner, Accenture, to execute on the UPD roadmap and development was launched. The first task, to refresh the UPD technology platform, is a necessary step to support the vision for UPD as an enterprise solution serving many needs for provider data.

- A simpler process for provider data integration and synchronization with participating organizations was delivered through an upgraded Provider Directory Maintenance Report. The report enables participating organizations to streamline provider directory maintenance, claims administration, quality assurance, and other processes.

- UPD continues to earn the support of providers. More than 1.2 million were using UPD at the close of 2013, an increase of more than 110,000 from the prior year.

- Over 60 additional participating organizations started using UPD in 2013. At the end of 2013, approximately 750 participating organizations relied upon UPD to collect provider data.

EASING PROCESSES REQUIRING PROVIDER DATA: The industry need for complete, accurate, and timely provider data has burgeoned in recent years, due in part to healthcare reform and the introduction of health insurance exchanges and accountable care organizations. Moreover, a reliable source for administrative provider data is needed to support meaningful use and sharing of clinical information among providers. With 1.2 million providers already using UPD, the enhancements and new features defining the next versions of UPD can change the way health plans, hospitals, provider groups, and other stewards of provider data are doing business today. Access to a single trusted source for all administrative provider data needs will simplify claims administration, provider directory maintenance, quality assurance, and more, while simultaneously eliminating significant administrative waste.

CAQH EFT and ERA Enrollment Tool

Getting started with electronic payments is easier than ever for providers.

CAQH now offers a solution that eliminates the need for providers to separately enroll in electronic funds transfer (EFT) and electronic remittance advice (ERA) with multiple health plans. This one-to-many model builds on the expertise and success of UPD and helps to support timely payments from health plans to providers. Launched in early 2013, the CAQH EFT and ERA enrollment tool conforms to the CAQH CORE Operating Rules and can serve as one option to help health plans meet federally mandated EFT and ERA enrollment requirements.

◆ Initially launched to simplify EFT enrollment processes, CAQH responded to industry requests and expanded the tool at the end of 2013 to enable health plans to offer ERA enrollment to providers who used the tool to enroll in EFT.

◆ By the end of 2013, over 17,000 providers were using the tool. Provider adoption continues to grow.

◆ Health plans working with more than one million providers were participating at launch. By the end of 2013, six health plans were participating, and a number of additional organizations had committed to participate.

◆ CAQH actively promoted the EFT and ERA enrollment tool in 2013 and continues to focus sales and marketing efforts on expanding and accelerating outreach to both providers and participating organizations.

STREAMLINING CLAIMS PAYMENTS: The adoption of electronic payments is lagging compared to the adoption of other routine electronic administrative transactions. EFT supports timely payments and enables the use of ERA, saving both health plans and providers time and effort. By offering both EFT and ERA enrollment capabilities, the CAQH tool centralizes the process for providers to begin getting paid electronically. Increased adoption of the tool by participating organizations is expected to spark additional participation by providers and vice versa, which could have a significant impact on the overall use of electronic payments.

COB Smart™

Knowing the coordination of benefits (COB) details for a patient before care is delivered improves claims processes for both providers and health plans.

CAQH, in collaboration with its member health plans, designed and launched an industry-wide solution in 2013 to streamline COB processes for the benefit of the entire healthcare system. As a not-for-profit organization that is trusted by many industry stakeholders for its success in reducing administrative waste, CAQH is uniquely positioned to offer COB Smart.

◆ CAQH developed COB Smart to help address inefficient COB processes that are costing the healthcare system over $800 million annually.

◆ COB Smart launched with participation by twelve health plans within 14 months of the CAQH Board decision to pursue the initiative.

◆ At the end of 2013, COB Smart was available in three states, representing over 10 million individuals in those markets. The solution is being rolled out on a regional basis and is on track to complete its nationwide rollout in 2014.

REDUCING CLAIMS REWORK: Once COB Smart completes its roll out across the U.S. in mid-2014, the solution will be identifying commercial COB instances nationwide. The impact of the solution will be amplified as additional health plans participate by contributing data to COB Smart. While provider adoption may be slower, COB Smart is designed to easily integrate with hospital and provider office systems, and can be accessed by clearinghouses processing claims on behalf of providers. In time, providers will know COB details before a patient arrives to the office. COB Smart will demonstrably streamline administrative processes for every stakeholder touching COB claims.

Index

Health plans and providers have access to new benchmarks measuring healthcare industry progress in the adoption of six common electronic administrative transactions.

During a transitional year in 2013, CAQH worked with the Index Advisory Council to develop new statistical models and methodologies to track the transition from paper to electronic-based administrative processes.

- Data submissions from seven health plans, which applied revised models and methodologies, provided a basis for the 2013 Index analysis. Participant interviews, as well as a comparison assessment of data contributed by a leading vendor, provided qualitative and quantitative validation of the data.

- A consulting firm, Milliman, was engaged to complete a health plan and provider cost report, which led the Index to conclude that the healthcare industry could save more than $8 billion each year by transitioning to electronic processes for the six administrative transactions measured.

- Preliminary Index findings and the objectives of this measurement effort were presented at a number of industry events in 2013, including the eHealth Initiative National Forum on Data and Analytics in Healthcare, the WEDI Fall Conference, and a Cooperative Exchange meeting.

ENABLING CONSISTENT MEASURES OF PROGRESS: Regular benchmarks, which will be released by the Index on an annual basis going forward, offer providers and health plans an opportunity to assess how they compare with the rest of the industry in the adoption of electronic administrative processes. The ability to consistently measure progress and identify gaps is helping stakeholders recognize areas that contribute to administrative burden. The Index serves as a neutral and reliable resource for reporting potential cost savings and understanding progress in the shift from manual to electronic processes, which advances efforts to eliminate wasteful administrative spending permanently.

Future

A growing portfolio of CAQH solutions and initiatives continues to bring new opportunities to ease industry pain points and improve administrative efficiency—and to do so for a broader set of stakeholders.

- ◆ CAQH will continue to strengthen and grow organizational capabilities in 2014 to align with its expanded focus.

  - An ongoing strategic planning process, supported by industry leadership, will enable CAQH to anticipate and address changing industry needs.

  - To support effective solutions and initiative offerings, CAQH will introduce a refreshed brand, reorganize product delivery into CAQH Solutions, and explore development of a single technology infrastructure that supports all CAQH programs.

  - CAQH will relocate in 2014 to accommodate its rapid growth.

- ◆ CAQH CORE will prepare to serve the role proposed by HHS to certify health plan compliance with ACA-mandated operating rules by automating HHS-proposed certification steps. Achieving interoperability and delivering consistent and accurate administrative information will be dependent on adoption of streamlined processes from end-to-end. While maintaining mandated operating rules that have already been implemented, CAQH CORE will continue to drive adoption through education and outreach efforts, finalize the proposed third set of draft ACA-mandated CAQH CORE Operating Rules, and promote industry alignment with the adoption cycle of operating rules and their related standards.

- ◆ UPD will be upgraded, enabling the system to serve a wider range of needs for provider data throughout the industry. The design phase of UPD is well underway; the remainder of the year will focus on the build, testing, data migration, and transition to the next version of UPD. Access to complete, accurate, and timely provider data will help accomplish many of the objectives set forth by the Health Information Technology for Economic and Clinical Health Act (the HITECH Act) and health reform.

- ◆ Although EFT and ERA streamlines processing and helps ensure timely payments for healthcare services, approximately 40 percent of claim payments are still being completed manually. CAQH will increase provider and health plan adoption of electronic payments by promoting its benefits and the advantages of using the CAQH EFT and ERA enrollment tool.

- A nationwide rollout of COB Smart will be completed in 2014. CAQH will drive broader participation in the COB Smart registry to extend the advantages of this solution to additional health plans, clearinghouses, and providers. With industry-wide participation, COB Smart will substantially reduce administrative inefficiencies associated with current COB processes across the entire healthcare system.

- CAQH will increase the types of transactions examined, as well as the number and types of participants included in the Index, which will be used to develop the 2014 Index report and update benchmarks. Access to a neutral and reliable baseline will help healthcare stakeholders quantify actual cost savings, identify gaps, and develop evidence-based strategies to achieve administrative efficiencies.

New opportunities to advance administrative simplification are an enduring focus for CAQH as it continues to identify, create, and manage initiatives that take unnecessary costs out of the healthcare system. Eliminating administrative waste simplifies day-to-day business processes, improves health plan and provider interactions, and supports objectives for improved quality.

By actively seeking input from a range of stakeholder perspectives, including members, providers, and others, CAQH will identify other opportunities to streamline administrative processes that will return value across the healthcare system. Building on its firm foundation, CAQH will help support the industry transition through reform and extend the impact of its programs to accelerate administrative simplification.

1199 SEIU National Benefit Fund

A

ABILITY
Absolute Total Care
Accenture
Adena Health System
Advantica Eyecare
Adventist HealthCare, Inc. (Maryland)
Adventist Health Network
Adventist Health System
Aetna, Inc.
Affiliated Chiropractic Network
Affiliated Healthcare, Inc.
Affinity Health Plan
Agewell New York, LLC / Parker Jewish Institute
AGMCA (Akron General PHO)
Alegent Creighton Health
Alegeus Technologies
Alliance Behavioral Healthcare
Alliance Health, Incorporated
Alliance Health Partners
Allscripts
Alpha Care Medical Group
Always Care Benefits
Ambay Health Network
America's Health Insurance Plans
America's Health Medical Services
American Academy of Family Physicians
American Association of Preferred Provider Organizations
American Behavioral

American Care, Inc.
American College of Physicians
American Health Information Management Association
American Health Network of Indiana
American Hospital Association
American Medical Association
American Specialty Health Network
American Well Corporation
AmeriChoice
Amerigroup Corporation
AmeriHealth Caritas of District of Columbia
AmeriHealth Mercy
AmeriHealth New Jersey
Amida Care
Anthem Blue Cross and Blue Shield
Anthem Blue Cross of California
Anthem Blue Cross of Colorado
Anthem Blue Cross of Connecticut
Anthem Blue Cross of Indiana
Anthem Blue Cross of Kentucky
Anthem Blue Cross of Maine
Anthem Blue Cross of Missouri
Anthem Blue Cross of Nevada
Anthem Blue Cross of New Hampshire
Anthem Blue Cross of Ohio
Anthem Blue Cross of Virginia
Anthem Blue Cross of Wisconsin
Apogee Health Partners
Apple Care Medical Management
Arbor Health Plan
Argus Dental and Vision

Arizona Health Advantage / Arizona Priority Care Plus
Arizona Health Care Cost Containment System
ASC X12
AspenPointe
Association of Primary Care Physicians
athenahealth, Inc.
Atlantic Integrated Health / The Beacon Company
Atlantis Health Plan
AultCare
Availity LLC
Avesis Third Party Administrators
AvMed Health Plans

B

Bakersfield Family Medical Center
Bank of America Merrill Lynch
Baptist Health South Florida
Beacon Health Network
Beacon Health Strategies
BeHealthy America
Beth Israel Deaconess Provider Organization
Block Vision
BlueCare Network
Blue Cross and Blue Shield Association
Blue Cross and Blue Shield of Alabama
Blue Cross and Blue Shield of Arizona
Blue Cross and Blue Shield of Florida

Blue Cross and Blue Shield of Georgia
Blue Cross and Blue Shield of Illinois
Blue Cross and Blue Shield of Kansas
Blue Cross and Blue Shield of Kansas City
Blue Cross and Blue Shield of Louisiana
Blue Cross and Blue Shield of Massachusetts
Blue Cross Blue Shield of Michigan
Blue Cross and Blue Shield of Missouri
Blue Cross and Blue Shield of Nebraska
Blue Cross and Blue Shield of New Mexico
Blue Cross and Blue Shield of North Carolina
Blue Cross and Blue Shield of Oklahoma
Blue Cross and Blue Shield of Puerto Rico / Triple-S Salud
Blue Cross and Blue Shield of Rhode Island
BlueCross BlueShield of Tennessee
Blue Cross and Blue Shield of Texas
Blue Cross and Blue Shield of Vermont
Blue Cross and Blue Shield of Western New York
Blue Cross and Blue Shield of Wisconsin
Blue Cross of California
Blue Cross of Northeastern Pennsylvania

Bluegrass Family Health
Boston Medical Center HealthNet Plan
Brattleboro Memorial Hospital
Brattleboro Retreat
Bravo Healthcare
Bridgeway of Arizona
Buckeye Community Health Plan, Inc.

C

California Department of Health Care Services
California Health and Wellness
CalRHIO
Cambria Solutions, Inc.
Cameron Memorial Community Hospital
CAP Management
Capario
Capella Healthcare
Capital District Physicians' Health Plan
Care1st of Arizona
Care Access Health Plans
CareCentrix
CareFirst BlueCross BlueShield
Care Improvement Plus
Care Ohio / Cardinal Health Partners
Caremore
CarePoint
CareSource Indiana
CareSource Ohio
Care to Care
Carolina Care Plan

Cedars-Sinai Health System
Cenpatico Behavioral Health, LLC
Centene Corporation
Center Care (Commonwealth Health Corp.)
Center Care Health Benefit Programs
Center for Health Transformation
Center Light Healthcare
CenterPoint Human Services
Centers for Medicare and Medicaid Services
CentMass
Central Vermont Medical Center
Century PHO
Ceridian Corporation
Childrens Hospital Medical Center (Cincinnati)
Childrens Mercy Health Network
Christiana Quality Care Partners
CHRISTUS Health
CHS America
Cigna
Cigna Behavioral Health
Cigna HealthSpring
Citrus Valley Physicians
ClaimRemedi
Claredi (an Ingenix Division)
Clarian Health Partners / Indiana University Physicians
Cleveland Clinic Community Physician Partnership
Clinical Practice Organization
Coalition of Athens Area Physicians
CoastalCare

Cofinity
Cognizant
Cognosante
Colorado Access
Commonwealth Family Health Plan
Community Care IPA
Community Care Physicians
Community Eye Care
Community Health Alliance
Community Health Choice, Inc.
Community Health Group San Diego
Community Health Network of Connecticut
Community Health Systems
Comprehensive Health Services, Inc.
ComPsych
Concentra
Concordia Behavioral Health
Confluence Health
Connecticare
Consumers Choice Health Plan
Consumers Mutual of Michigan
Continuum Health
Coordinated Care
Copley Hospital
Corinthian Medical IPA
Cornerstone Alliance, Inc. (A PHO)
Corvel Corporation
Coventry Health Care
Crown City Medical Group
CSC
CSG Government Solutions
Culpeper PHO

D

Davis Vision
Deaconess Health Plans
Deloitte Consulting LLP
Delta Dental Plans Association
Delta Health Systems
Dental Partners of Georgia, LLC
Dentaquest
DesPeres Hospital
Detroit Medical Centers
Devon Healthcare
Dignity Health
Dorado Systems, LLC
Driscoll Childrens Health Plan
DST Health Solutions

E

East Carolina Behavioral Health
East Georgia Physician Group
ECHO Health, Inc.
Edifecs
Educators Mutual / EMI Health
eHealth Initiative
Elderplan, Inc.
El Dorado, Inc.
Electronic Healthcare Network Accreditation Commission
EmblemHealth
Emdeon
EmergingHealth
eMids Technologies, Inc.
Empire Blue Cross Blue Shield
Employee Health Systems
Enclarity, Inc.

Epic
eServices Group, Inc.
Essence Health Care
E & W Health Resources, LLC
Evergreen Health Cooperative
Excellus Blue Cross Blue Shield
Excellus Health Plans
Eye Associates Network
EyeMed Vision Care

F

Fairfax Falls Church Community Service Board
Fallon Community Health Plan
Family Health Network
Federal Reserve Bank of Atlanta
FEI Behavioral Health
Fidelis Care New York
Fifth Third Bank
First Care
First Choice PHO
1st Medical Network
FIS Global
Fletcher Allen Healthcare
Florida Division of Medicaid
Florida Healthcare Plus / Gold Coast Health Plan
Florida Optometric Physicians Network
Florida True Health
Freedom Healthcare
FrontPath Health Coalition

G

Gateway Health Alliance, Virginia

GEHA
GE Healthcare
Geisinger Health Plan
General Vision Services
Genesis Healthcare
George Washington University Medical Faculty Practice
Georgetown University Hospital
Gifford Medical Center
Gold Coast Health Plan of Ventura
Gordon PHO
Goshen Health
Granite State Health Plan
Great Lakes Health Plan
Great-West Healthcare
Greater New York Hospital Association
Greater Rochester IPA
Group Health Incorporated

H

Hartford PHO
Harvard Pilgrim Health Care
HCA Shared Services
Health Alliance Medical Plan
Health Alliance of the South
Health Alliance Plan
Health Care Service Corporation
Health Choice Utah
Health First, Inc. (New York)
Health First Health Plans (Florida)
Health First Network, Inc. (Florida)
Health Level 7
Health Net, Inc.

Health Net Federal Services, LLC
Health New England
Health One Alliance / Alliant Health
Health Options, Inc.
Health Partners
Health Plus PHSP
Healthcare Billing and Management Association
Healthcare Financial Management Association
Healthcare Information and Management Systems Society
Healthcare Partners Medical Group
Healthcare Partners of California
HEALTHeLINK
HEALTHeNET
HealthFusion, Inc.
HealthLink, Inc.
HealthNow New York, Inc.
HealthPlus of Michigan
HealthSmart Preferred Care (The Parker Group)
HealthSpan
HealthTrio, LLC
Henry Ford Health System
Heritage Vision Plan
HHH Choices Health Plan
Highmark, Inc.
Hillcrest Family Health Services
HIP Health Plan of New York
HIPAA QA
HMS
Holzer Health System
Home State Health Plan

Horizon Blue Cross Blue Shield of New Jersey
Hospital for Sick Children / HSC Medical Center
HP Enterprise Services, LLC
HS1 Medical Management, Inc.
HSC Health Plan
Hudson Health Plan, Inc.
Humana Inc. / ChoiceCare Network
Humana Vision
Huron Valley Health Care

I

Iasis Healthcare
iCare Health Options
IKA Systems
Illini Care Health Plan Incorporated
Imagine Health
Independence Blue Cross
Independent Health
Independent Living Systems
Indiana University Health
Industry Buying Group
Informed, LLC
Innovative Health Network
Inova Health System
Inspiris
InstaMed
Institute for Family Health
IntegraNet
Integrated Health Plan
Integrated Solutions Health Network
Interplan Health (The Parker Group)
IPA of Georgia (EHS)

IU Health Goshen Hospital / Indiana Lakes MCO

J

Johns Hopkins Healthcare

Johns Hopkins Medicine

JP Morgan Chase

K

Kaiser Foundation Health Plan of Ohio

Kaiser Foundation Health Plan of the Mid-Atlantic States

Kaiser Permanente

Kaiser Permanente – Colorado

Kent County Health Services

Kentucky Division of Medicaid Services

Kentucky Health Cooperative

Kentucky Medical Services Foundation, Inc.

Kentucky Spirit Health Plan

Keystone First Health Plan / AmeriHealth Caritas Health Plan

Kingman Regional Medical Center

L

Laboratory Corporation of America

LACare Louisiana

Lakewood IPA

Land of Lincoln Health Plan

LaSalle Medical Associates

Leon Medical Centers Health Plan

Lewis – Gale Clinic, LLC

LifePoint Hospitals

Lifeprint IPA

Linked IPA

Logistics Healthcare

LoneStar Circle of Care

Louisiana Health Care Connections Inc.

Louisiana Medicaid – Unisys

Lovelace Health Plan

Loxogon, Inc.

LST Financial

M

Magellan Health Care, Inc.

MagnaCare Health Plan

Magnolia Health Care

MAMSI Health Plans

Managed Health Network

Managed Health Service

Mapfre

Martin's Point Health Care

Mayo Clinic

McLaren Health Plans

MDI

MD On-Line, Inc.

MDwise Care Select

MedCost

Medical Care at Home

Medical Electronic Attachment

Medical Group Management Association

Medical Informatics Engineering, Inc.

Medical Mutual of Ohio

Medical Present Value

Medichoice IPA

Medigold / Mt. Carmel Health Plan

MediTech

MedTran Direct, Inc.

Mercy Care Plan

Mercy Health Plans

Mercy Health System PHO (Ohio)

Mercy Physicians Medical Group

Meriden – Wallingford IPA

Meridian Health Plan

Methodical

Metroplus Health Plan

MHC Partners

MHN Specialty Services, Inc.

Michigan Department of Community Health

Michigan Public Health Institute

Micron Health Partners Network

Microsoft Corporation

Midwest Health

Minnesota Department of Health

Minnesota Department of Human Services

Minuteman Health

Mobility Medical, Inc.

Molina Healthcare of California

Molina Healthcare of Florida

Molina Healthcare of New Mexico

Molina Healthcare of Utah

Molina Healthcare of Washington

Montefiore Medical Center of New York

Mountain State Health Alliance

Mt. Ascutney Hospital and Health Center

Mt. Carmel Health System

Mt. Kisco Medical Group

Multicultural Primary Care Medical Group

MultiPlan, Inc.

Musculoskeletal Imaging Consultants

MVP Health Plan, Inc.

N

NACHA – The Electronic Payments Association

NASW Risk Retention Group

National Capital Preferred Provider Organization

National Committee for Quality Assurance

National Council for Prescription Drug Programs

National eHealth Collaborative

National Medicaid EDI Healthcare Work Group / NMEH

National Rehabilitation Hospital

National Vision

Nationwide Childrens Hospital

NaviNet

Neighborhood Health Plan

Network Health Plan

New Avenues, Inc.

New Directions Behavioral Health

New England Physician Alliance

New Jersey Manufacturers Insurance Company

New Mexico Health Connections

New York-Presbyterian Hospital

New York State Department of Health

NextGen Healthcare Information Systems, Inc.

NJ Shore (WEDI/SNIP NY Affiliate)

NoMoreClipboard.com

North Country Health System

North Dakota Medicaid

Northeast Alabama Physicians

Northeast Alabama Primary Care

Northeastern Vermont Medical Center

North Shore Long Island Jewish Health System

North Texas Specialty Physicians

Northwest Georgia Physicians Association

Northwestern Medical Center

NYU Langone Medical Center

O

Oakland Physician Network Services

Occupational Managed Care Alliance / Provider Net

Office Ally

Ohio State University Health System

OhioHealth Group, Ltd.

Oklahoma Employees Group Insurance Division

Old Pueblo Medical Management

OneHealthPort

Online Care Network

OptiCare Eye Health Network

Optum Physical Health

Optum Vision

OptumHealth Financial Services

OptumInsight

Orbograph

Oregon Department of Human Resources

OrthoNet

Ortho NorthEast (ONE)

Oscar Insurance

OSS Orthopedic Hospital

Otis Health Care Center / Grace Cottage

Owensboro Community Health Network

P

Palmetto GBA

Paragon Health Network

Paramount Health

Parkview Health Plan Services

PartnerCare Health Plan, Inc.

Passport Health Communications

Passport Health Plan

Pay Plus Solutions

PaySpan, Inc.

PBH Solutions

Peach State Health Plan

People's Health

Phœnix Health Group

Phœnix Health Plan / Abrazo Health Plan

Physician Associates of Middle Georgia

Physician Organized Healthcare System

Physician Staffing, Inc.

Physicians Choice

Physicians Health Plan of Mid Michigan

Physicians Health Plan of Northern Indiana, Inc.

Physicians of Coastal Georgia

CAQH

Members and Participating Organizations

Physicians United Plan, Inc.

Piedmont Community Health Plan

Pillsbury Winthrop Shaw Pittman LLP

Pinehurst Medical Clinic

Pinnacle Health

PIPN Personal Injury Provider Network

Porter Hospital, Inc.

PNC Bank

Post-N-Track

PPC Health Plan Management LLC Palmetto Physicians

Practice Insight

Preferred Care Partners (Florida)

Preferred Health Plan

Preferred IPA of California

Preferred Medical Plan

Premier Eye Care

Premier Health Alliance

Premier Health Plan

Premier Physician Support Services

Presbyterian Health Plan

Presence Health Partners

Prestige Health Choice

PricewaterhouseCoopers LLP

Primary Partner Care Network

Prime Community Care of Central Valley

Prime Health Services

Priority Health

Prism Health

Private Sector Technology Group

ProCare Health

Prospect Medical

Provider Network Alliance

Psychcare

Q

Qualadix

QualCare

R

RealMed, an Availity Company

Recondo Technology, Inc.

RelayHealth

Revival Health

River Valley Health Alliance

Riverside Health

Rochester Community IPA, Inc.

Rocky Mountain Health Plans

Royal Healthcare

Rutland Regional Medical Center

S

Saint Louis University Hospital

Salubris, Inc.

SCAN Health Plan

Schaller Anderson

Scion Dental

SecureEDI / Immediata

Secure EDI Health Group, LLC

Secure Health Plans of Georgia

Select Health

Sendero Health Plan

Senior Whole Health, LLC

Sentara Healthcare

Siemens / HDX

SIHO Insurance Services

Simply Healthcare

Smart Card Alliance Council

Smart Data Solutions

Solstas Lab Partners Group, LLC

Solstice Benefits

Sound Family Medicine

South Florida Vision / 2020 Eyecare Plan

South Georgia Physicians Association, LLC

South Shore Rockaways IPA

Southwest Network

Southwestern Vermont Medical Center

Spectera, Inc.

State of Connecticut Judicial Branch

Stormont Vail Health System

SummaCare

Summit Medical Group

Suncoast RHIO

Sunflower State Health Plan

Sunshine State Health Plan

Surescripts

T

Tampa General Hospital

TennCare, State of Tennessee Medicaid

Texas Professional Healthcare Alliance

The Clearing House

The First Health Network / CCN Network

The Health Plan, Inc.

The Physicians Network

The SSI Group, Inc.

The Superior Plan

The TriZetto Group, Inc.

TIBCO Software, Inc.

Total Health Care Online

TransUnion Healthcare, LLC

TRIAD Healthcare, Inc.

TRICARE

TriState Health Partners

TriZetto Provider Solutions

Tufts Health Plan

U

Ultimate Health Plans

UniCare

Unified Physicians Network

Unison Health Plan

United Behavioral Health

United Physicians

United States Army National Guard

United States Department of Treasury Financial Management Services

United States Department of Veterans Affairs

UnitedHealth Group

UnitedHealthcare Vision

Unity Healthcare

Univera

Universal American

University Medicine Foundation

University of Arizona Health Plans

University of Maryland Faculty Physicians, Inc.

University of Missouri Hospital and Clinics

University of Toledo Physicians LLC

University Physicians Associates Louisville

University Physicians Network (NYU Langone Medical Center)

UNMC Physicians

US Family Healthplan / St. Vincent Catholic Medical Centers

Utah Health Information Network (UHIN)

Utilization Review Accreditation Commission (URAC)

V

Valley Baptist Health Plan

Valley Health

Valley Health Plan Santa Clara County

Value Options

Vanderbilt Health Affiliated Network

Vantage Health Plan

Ventanex

Village Care

Virginia Health Exchange Network

Virginia Mason Medical Center

Virginia Premier

VISA, Inc.

Vision Source

Visiting Nurse Service of New York/ VNS Choice

Vohra Health Services

W

Wake Forest University Health Sciences

Washington State Office of the Insurance Commissioner

WellCare

WellChoice

Wellmed

WellPoint, Inc.

Western Highlands Network

Windsor Health Plan

WINFertility

Wisconsin Physicians Service

Work Group for Electronic Data Interchange (WEDI)

XYZ

Xerox

ZirMed, Inc.

CAQH Member Organizations in bold