Together, these plans are improving healthcare in ways that no one company could do on its own.

CAQH, a non-profit alliance, is the leader in creating shared initiatives to streamline the business of healthcare. Through collaboration and innovation, CAQH accelerates the transformation of business processes, delivering value to providers, patients and health plans.

Visit www.caqh.org and follow us on Twitter: @caqh.

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20 years ago, leaders from a number of health plans and networks saw the need for a forum where plans and providers could come together to address business challenges that no one company could solve on its own. It would be the place where organizations would set aside their natural competitive instincts to collaborate for the common good – to make healthcare administration more efficient, accurate, automated and cost effective for both plans and providers.

What has evolved over the next two decades is an organization unlike any other in the industry and one that has changed healthcare administration in profound ways. As one example, CAQH ProView, the organization’s flagship initiative, today connects more than 1.6 million physicians, nurses, social workers and other professional providers to more than 1,000 health plans, hospitals and other organizations and enables them to exchange provider demographic, credentialing and enrollment data efficiently and securely. Through the collaboration of many health plans and providers, the need for paper credentialing forms that once plagued the industry has virtually been eliminated.

ProView and the organization’s other initiatives have this level of impact because CAQH has a culture of collaboration, deep expertise in facilitating meaningful participation from diverse stakeholders, and a focus on tackling and solving the thorny systemic challenges that inhibit efficiency.

In celebration of our 20th year, this annual report includes a retrospective look at the evolution of CAQH and highlights of our achievements in 2019. Because the business of healthcare is dynamic, this report also includes our vision for the hard work, innovative thinking and focused teamwork needed to take on emerging challenges.
Since the advent of private health insurance nearly a century ago, there has been a natural tension between payers and providers. However, in the late 1990s the relationship between these stakeholders became increasingly strained.

There were many reasons for this. Baby boomers were aging, requiring more care and resources. Innovators were developing new diagnostics and therapies that improved outcomes yet added to the cost of care. Employers were focused on controlling these costs while ensuring fast claims processing and access to a broad provider network. And the growing popularity of HMOs and other payment and care models were disrupting the way services were coordinated, delivered and compensated.

Against this backdrop, in 2000, leaders from several of the nation’s health insurance companies and associations came together to realize a shared vision of a simpler, more efficient system of healthcare for plans, providers and the more than 100 million insured Americans they served. Ranging from large, for-profit national insurance companies, to single state, not-for-profit Blues plans, to regional physician-led health plans, this diverse collection of organizations shared a common goal – to transform the business of healthcare. By working together on actionable solutions, they could enhance quality, increase efficiency, expand access and improve the plan-provider relationship.

In July 2000, CAQH, then the Coalition for Affordable Quality Healthcare, was formed.

**Early Initiatives: 2000-2004**

The founding CAQH members launched a series of initiatives to improve the quality of healthcare and reduce administrative burdens for physicians, patients and payers. These first programs were designed by work groups of health plan and CAQH staff, developing tools and technologies to support physicians and educate patients about vital health issues and insurance benefits.
Health Outcomes.
CAQH members leveraged their collective reach to support providers in educating patients on appropriate usage of critical drug therapies. Two areas were targeted for awareness campaigns – appropriate antibiotic usage and long-term adherence to beta blockers after a heart attack. Both campaigns worked closely with key clinical partners, including the CDC, for antibiotic use, and the American Heart Association, American College of Cardiology, American Academy of Family Physicians and American College of Physicians for beta blocker adherence. CAQH also partnered with NCQA to develop new HEDIS measures to track antibiotic and beta blocker prescribing. Data was collected across states using the CAQH-developed measures to determine if improvements were being achieved.

Access to Care.
When CAQH was formed, HMOs, point-of-service plans and other gatekeeper products were emerging as a cost-management strategy. These offerings provided consumers with options, but they also created confusion about how to access specialty and emergency care. To address this, CAQH member health plans committed to allow direct access to Ob-Gyn care, provide coverage for emergency visits that a reasonable person would consider an emergency and require binding independent review of medical necessity decisions. These commitments have become foundational in health coverage today.
Formulary Transparency.
As health plans adopted formularies to manage rising costs for prescription medicines, providers often struggled to determine which drugs were included in each plan’s formulary. This resulted in high levels of rework if a drug was not covered once the patient arrived at the pharmacy. CAQH addressed this challenge by creating a first-of-its-kind, real-time industry database that allowed providers to search during the patient visit and quickly understand the formulary status by health plan. As nascent e-prescribing applications gained a foothold, CAQH partnered with RxHub (now SureScripts) to expand and embed its formulary database in the e-prescribing workflow. This partnership resulted in a single source of formulary data for the majority of commercially insured Americans.

Credentialing Applications.
Each health plan required its network providers to submit detailed information about their practices, demographics, licensure and training upon application to the network and every three years thereafter. For a provider under contract with 10 or more health plans, each with its own way of collecting the information, this was a significant administrative burden. To address this challenge CAQH worked across health plans, providers and other stakeholders to build and adopt a common industry provider data collection platform, now known as CAQH ProView. The platform standardized, centralized and automated paper credentialing forms so that providers completed the process once instead of multiple times for the various health plans with which they worked. In launching this service, CAQH set the foundation for developing trust with providers as they realized the cost-saving benefits of the centralized platform while maintaining control of their data.

CAQH also created SanctionsTrack to tackle a different part of the credentialing process – ongoing sanctions monitoring. This low-cost shared service consolidated and normalized data about license revocations, debarments and other provider disciplinary actions from over 500 state and federal sources. SanctionsTrack rationalized redundant health plan efforts into an efficient, centralized, industry-wide model that is comprehensive and accurate.
By the end of 2004, CAQH had eliminated over 400,000 paper credentialing applications and saved hundreds of thousands of hours of provider staff time.

Expanding the Portfolio: 2005-2009

After spending the first five years building the organization and establishing the support of provider stakeholders, CAQH began to tackle additional industry challenges that could benefit from its unique collaborative model.

Healthcare Data Exchange and Interoperability.
Exchanging electronic information between health plans, providers and hospitals has been a longstanding challenge for the healthcare industry. In 1996, Congress sought to promote interoperability of the systems used by these different stakeholders by enacting electronic standards for billing and payment in the Health Insurance Portability and Accountability Act (HIPAA). These standards provided a starting point but allowed for wide variety in implementation, resulting in cumbersome and unreliable use of HIPAA transactions for many years after they were enacted.

To realize the promise of HIPAA and propel the industry toward the efficient flow of healthcare information, CAQH created and facilitated a robust multi-stakeholder process, coined the Committee on Operating Rules for Information Exchange, or CAQH CORE, to identify systemic challenges, develop common operating rules to identify systemic challenges and develop and drive industry adoption of common operating rules. CAQH expanded its collaboration beyond plans and providers to include standard-setting organizations, government agencies and vendors. A critical outcome of this work was a consensus on how to address gaps in HIPAA standards related to information content, response time and exception handling to improve real-time flow and utilization of electronic healthcare transactions.
Credentialing Content and Functionality.
Building on the accelerating use of the CAQH credentialing application by physicians and health plans, CAQH expanded both the types of providers who could access the system and the types of data collected. The system was enhanced to collect provider data from health providers in 46 fields, further increasing its adoption across the industry.

Leveraging Technology
The second decade of CAQH expanded on opportunities to leverage technology and shared services to reduce health plan and provider pain points. Remaining true to its roots, CAQH identified necessary administrative processes that were duplicative across plans or caused rework but were not sources of competitive advantage in the marketplace. This focus resulted in the collaborative development and launch of four industry-wide utilities that are being used nationally and have resulted in improved provider, plan and consumer experiences:

- **COB Smart** enables health plans to securely share data to identify individuals with multiple insurance coverages and help ensure claims are paid correctly the first time. The COB Smart registry now covers 60 percent of the insured population nationally – over 160 million medical lives.

- **DirectAssure** enables healthcare providers to easily review, update and confirm their practice information - within their existing CAQH ProView workflow – for use in provider directories of multiple health plans. This improves directory data quality and reduces the duplicative process of each plan reaching out to network providers to confirm and update their information. More than 900,000 healthcare providers have been rostered by participating health plans. On average, approximately 700,000 of those providers review and confirm their directory data every four months.

- **VeriFide** centralizes the primary source verification step of credentialing using technology to automatically verify or flag multiple data elements from the CAQH ProView application. Since its launch in 2017, VeriFide has delivered over 540,000 completed provider files to health plans.

- **EnrollHub** helps providers sign up for electronic insurance payments across multiple health plans one time using a standard, secure platform. More than 370,000 provider organizations representing more than one million individual providers are using EnrollHub.
Building Scale to Achieve Greater Impact: 2010-2019

The CAQH 10-year anniversary was marked by a significant milestone – inclusion of the concept of operating rules in the Patient Protection and Affordable Care Act of 2010 (ACA), requiring the development of operating rules to address and support administrative transactions covered under HIPAA. CAQH CORE was subsequently designated by the Secretary of the Department of Health and Human Services (HHS) as the Operating Rule Authoring Entity for all HIPAA-mandated administrative transactions.

Shortly thereafter, ProView reached one million participating providers. These milestones signaled an inflection point for the organization in its ability to undertake more ambitious initiatives to accelerate the transformation of business processes in healthcare through collaboration, innovation and a commitment to ensuring value across stakeholders.

Provider Engagement.

During this period, CAQH built upon early successes with provider support and expanded those relationships to help design new solutions, receive feedback on service enhancements and find new ways of tackling complex challenges. As examples, CAQH worked with entities such as MGMA and HFMA to engage with practice managers around the country. A Provider Data Summit with over 100 industry leaders was convened to develop a path forward for solving healthcare provider data challenges. A strategic alliance was developed with the American Dental Association to streamline credentialing for dentists. CAQH values its level of provider engagement and recognizes its importance in delivering services that move the entire industry forward.

Thought Leadership and Measuring Progress.

To support and measure progress in national administrative simplification efforts, CAQH studied and quantified key system-wide issues with an emphasis on understanding both health plan and provider perspectives. Its seminal work, the CAQH Index, is the industry source for tracking adoption and cost savings of HIPAA-mandated and other electronic administrative transactions for the medical and dental industries. This annual publication, as well as deep-dive analyses of provider data challenges, continue to drive industry change and illustrate the significant headway made to date.
Now, in its 20th year, CAQH is widely recognized as the venue where health plans, providers and other participating entities come together to solve industry-wide business challenges.
Now, in its 20th year, CAQH is widely recognized as the venue where health plans, providers and other participating entities come together to solve industry-wide business challenges. In 2019, this role was more important than ever. The industry continued to face significant issues, including changes in payment models and challenges to improving the quality of provider data while alleviating provider burdens.

Evolving Payment Models

A Roadmap to Streamline Adoption of Value-Based Payment.

Value-based payment models are transforming much of the U.S. healthcare economy by aligning provider compensation with improvements in care and cost controls. However, the processes and systems that currently exist are designed to administer fee-for-service payment models and do not always support value-based payments. Consequently, a patchwork of proprietary approaches and workarounds is emerging, which could slow and complicate the transition to a value-based healthcare economy.

In 2018 CAQH CORE published the report All Together Now: Applying the Lessons of Fee-for-Service to Streamline Adoption of Value-Based Payments, which analyzed operational challenges that may impede or add costs to the implementation of value-based payments. Building on the report findings, in 2019 CAQH CORE launched an advisory group of leaders representing health plans, providers, vendors, government entities and advisors. The group evaluated pain points caused by value-based payments across the traditional revenue cycle workflow, developing a list of five opportunity areas for administrative simplification and clinical integration in value-based payments.

In September 2019, CAQH CORE and HL7 announced that the organizations were collaborating for the first time to improve interoperability between administrative and clinical systems. This is a critical step in removing barriers in the transition to value-based payment models.
Improving Provider Data

Deploying Artificial Intelligence to Improve Provider Directory Accuracy.

In early 2019, CAQH deployed patent-pending artificial intelligence (AI) technology to identify incorrect healthcare provider data and improve the accuracy of directories without conducting outreach to the provider. The CAQH AI technology draws on information entered by 1.6 million providers in CAQH ProView®, using over 100 data points from the provider’s profile to train its AI model. With machine learning, CAQH continually improves the accuracy of provider directory data. On a daily basis, the AI model reviews and scores over 27,000 practice locations to make predictions about whether the locations should be published or suppressed. Results are fed back to the provider for confirmation or correction. Health plans can then use the findings and underlying scoring algorithm as supplemental information to improve data quality and decide which office locations and other information about a provider to publish in their directories.

Standardizing Provider Demographic Rosters.

CAQH also launched CAQH ProView for Groups after intensive work with delegated provider practices and health plans to develop a national standard demographic roster that delegated groups can use to communicate provider directory changes to health plans. This new portal simplifies data maintenance and sharing by replacing highly manual processes with an intuitive platform designed to improve provider data quality and minimize the burden of data sharing. Health plans can access plan-specific provider rosters that are machine readable for easy integration with online directories. Almost 40 large delegated groups representing over 15,000 unique providers are already implementing this tool.

Local Alignment on a National Approach.

Over the past two years, health plans in several states jointly committed to adopt CAQH solutions to improve provider data statewide and offer providers a single platform to share information with participating organizations.

In 2018, HealthCare Administrative Solutions (HCAS), a non-profit organization of Massachusetts-based health plans, selected DirectAssure to improve the quality and timeliness of healthcare provider directories for its member health plans that operate throughout New England. In preparation for the statewide launch, CAQH and HCAS convened all major provider groups in the state and the HCAS-participating plans for a series of in-depth design sessions to create a front-end module for practice managers. This new module will help practice managers efficiently navigate and maintain accurate directory information for the complex relationships of providers with multiple affiliations and practice locations.
In 2019, stakeholders in Texas announced that they are aligning on CAQH ProView® as the statewide standard to improve the accuracy of provider data. Participating plans in the state represent more than 50% of the Medicaid covered population. Later in the year, managed care plans in Tennessee, including Amerigroup Tennessee, BlueCross BlueShield of Tennessee and UnitedHealthcare, made a similar announcement.

These emerging state efforts are an important development for the healthcare system nationwide. As more plans and providers exchange information using a single platform, costs will decrease, data quality will improve and the business of healthcare will become more efficient for all stakeholders. Today, health plans in several other states are exploring similar commitments.

Alleviating the Provider Burden

CAQH Survey on the Cost to Providers of Maintaining Health Plan Directories.

A November 2019 survey of physician practices conducted by CAQH highlighted one source of directory errors: the administrative burden related to providers constantly reviewing and updating directories from multiple sources. The survey of 1,240 physician practices determined that directory maintenance costs practices nationwide $2.76 billion annually. Updating directory information costs each practice $998.84 on average every month, the equivalent of one staff day per week.

The burden associated with directory maintenance is due, in part, to the fact that the average physician practice updates information for 20 health plan contracts. Although individual health plans have worked to minimize the burden on providers in their network, practices must still respond to multiple requests and submit information in varying formats and on different schedules for each plan. This taxes practice resources and can result in errors. CAQH calculated that providers who use a single platform for directory updates experienced up to 40% lower costs than those who use multiple channels.
Streamlining Inefficient Business Processes

Improving the Prior Authorization Process.
Prior authorizations are a review point for potentially unnecessary, inappropriate and unsafe medical treatments. For this reason, plans often require them for surgeries, diagnostic tests, procedures and other categories of service. However, today 88 percent of prior authorizations include a manual component, often involving phone or fax, where supporting clinical information is provided and reviewed. This process can result in a back-and-forth that may take hours, days and sometimes weeks before the request is ultimately approved or denied.

In 2019, CAQH CORE released Phase V Rules to enhance and standardize the data shared between plans and providers for prior authorizations, eliminating unnecessary back-and-forth, accelerating adjudication timeframes and freeing staff resources spent on manual follow-up. In particular, the rules standardize data related to the exchange of clinical information and offer providers a more consistent, efficient and predictable process across all the plans with which they participate.

CAQH CORE participating organizations also agreed to set two-day time limits on how quickly health plans must request additional supporting information from providers and make final determinations on prior authorization requests. This was a landmark achievement with the potential to improve efficiency and accelerate the provision of care.

Transforming Coordination of Benefits.
In 2019 the number of plans participating in COB Smart expanded significantly, and with this expansion the ability of plans to detect coverage overlaps dramatically improved. COB Smart users report that they have increased new secondary COB identification by 31 percent and experienced a 22 percent increase in avoided claims expense on average.

CAQH also implemented several COB product enhancements to improve health plan staff efficiency, including tools to help health plans manage their data and interact with other health plans to resolve coordination cases. These improvements further enhance the cost-saving outcomes experienced by the industry. For example, a national health plan has reported an 80:1 ROI for commercial business following implementation of the enhancements.
While the business of healthcare is significantly more complex than it was in 2000 when CAQH was founded, it is also more efficient. Many basic business functions, such as exchanging provider, claims and payment data, are more streamlined and automated.
OUR VISION:
The Next 20 Years

While the business of healthcare is significantly more complex than it was in 2000 when CAQH was founded, it is also more efficient. Many basic business functions, such as exchanging provider, claims and payment data, are more streamlined and automated. According to the 2019 CAQH Index, the industry has avoided $102 billion annually by automating eight of the most common administrative transactions.

This is important progress, but as an industry there is still a long way to go. The 2019 Index details how an additional $13.3 billion—33 percent of healthcare administrative spend—could be saved through further automation. CAQH continues to see significant opportunities to move the industry forward and build upon its success with stakeholder engagement. Achieving this vision will require CAQH to expand its efforts across clinical-administrative boundaries, serve new markets and work closely with new partners.

Bridging the Gap Between Clinical and Administrative Systems

The CAQH approach to improving and adapting business operations to a new healthcare economy will evolve. Until recently, CAQH has focused on improving how healthcare administrative information is managed and exchanged. However, as healthcare transitions toward value- and outcomes-based payment models, the lines between administrative and clinical systems are becoming blurred. Information about cost and quality can no longer be handled separately, but the systems and standards supporting this integration need to develop further. As such, CAQH efforts to improve the business of healthcare will increasingly focus on the interaction of clinical and administrative information.
CAQH will also continue to deploy advanced technologies, such as artificial intelligence, to improve data quality, automate processes and reduce the burden on providers. There are many additional applications for this technology to improve data and processes on behalf of the healthcare industry.

Making a Difference in All Markets

CAQH has excelled in gaining commitment and widespread adoption of its initiatives across the private insurance sector and by providers across the U.S. While other stakeholders, including government payers and pharmacy benefit managers have provided significant input to CAQH activities, they have been slower to utilize CAQH solutions. To fully realize the savings and efficiency potential of its initiatives and to support providers who care for patients with commercial, Medicare and Medicaid coverage, CAQH will be expanding its efforts to support the full spectrum of payers. For example, while government payers may have additional regulations to meet with limited resources, they have even more pressure to accurately coordinate benefits with other payers, rapidly verify provider credentials to increase network capacity and provide accurate directories to patients. CAQH is uniquely situated to deliver these services for all types of benefit programs.

Working in Partnership

From the inception of CAQH, its hallmark has been to improve the health plan-provider dynamic while reducing administrative burdens. Over 20 years, CAQH has deepened its engagement with stakeholders, who have provided detailed input to CAQH solutions, helped disseminate its value proposition and ultimately benefitted from its services.

Beginning with its first initiatives in 2000, partnerships were established with health plans, state associations, non-profits and the CDC to educate consumers about the appropriate use of antibiotics. CAQH worked with the MGMA, HFMA and medical professional associations to spread the word about ProView and expanded those interactions as more solutions were developed. Today, CAQH collaborates with X12, NCPDP, the Da Vinci Project, HL7 and the Office
of the National Coordinator for Health Information Technology, among other groups, to improve interoperability of data systems across healthcare.

Not only is this approach fundamental to who CAQH is as an organization, it is critical to solving key industry issues. Looking forward, CAQH is in discussions with a variety of entities to partner on new initiatives to effect substantive change.

The goal of CAQH is to make healthcare processes more intuitive, reliable and predictable for all stakeholders. Americans are accustomed to engaging with sectors of the economy, such as banking, travel and online shopping, in a simple and frictionless way. CAQH will continue to bring the industry together to achieve a healthcare system where this kind of simplicity and interconnectivity are the norm.

Although CAQH actions for the next 20 years will evolve, its approach will not. Reimagining business processes to achieve a simpler, more efficient and automated healthcare system will take industry-wide collaboration. This is why CAQH was created and with a successful 20-year track record of bringing stakeholders together, it is ready for the challenge.
List of Members and Participating Organizations
(CAQH Member organizations in bold)

A
(AHMS) America’s Health Management Services
1199 SEIU National Benefit Fund
Accenture
Access Behavioral Health
Access Management Co, LLC
Access Management Services / Colorado Access
Access Medical Group
Acclaim Physician Group
AccuReg Inc.
ACTIN Care Group
Adena Health System
Advanced Health Management Systems LP
Advanced Medicine Integration Group
Adva-Net
Adventist Health Network
AdventistHealthCare
Aetna
Affinia Health Network
Affinity Health Plan
Affiliated Chiropractic Care
AgeWell New York
AIDS Healthcare Foundation
AIM Specialty Health
Alamedia Alliance for Health
Alignment Healthcare USA
Allegiance Benefit Plan
Management, Inc.
Alliance Behavioral Healthcare
Alliance Health Partners
Alscripts
ALLWays Health Partners / Neighborhood Health Plan
AllyAlign Health, Inc.
Alma Community Network
AltaMed Health Services Corp.
Altus ACE
AlwaysCare Benefits, Inc.
American Care, Inc.
American College of Physicians
American Dental Association
American Health Network of Indiana
American Health Plans
American Hearing Benefits
American Hospital Association
American Medical Association
American Specialty Health, Inc.
America's Health Insurance Plans
Amerigroup Community Care of New Mexico Inc.
AmeriHealth Caritas Delaware
Amerihealth Caritas Family of Companies / Amerihealth Caritas of Michigan
AmeriHealth Caritas Louisiana
AmeriHealth Caritas New Hampshire
AmeriHealth Caritas North Carolina
AmeriHealth Caritas of District of Columbia
AmeriHealth Caritas Ohio
Ameritas Life Insurance Corp.
Amida Care
Angeles, IPA
Answer Health Physician Organization, Inc.
Anthem, Inc.
APCP
Apogee Health Partners
Appelcare Medical Management, LLC
Applied Behavioral Mental Health Counseling
ArchCare
Arete Rehabilitation, Inc.
Argus Dental & Vision
Arise Health Plan
Arizona Association of Health Plans
Arizona Health Care Cost Containment System
Arizona Priority Care Plus
ASC Xi2
Ascension Care Management
AspenPointe Inc
athenehealth
ATI Physical Therapy
Atlantic Integrated Health
Audio Net America
Aultcare
AultCare Corporation
Aunt Martha’s Health and Wellness, Inc.
Autism Learning Partners
Availity, LLC
Avesis Third Party Administrators, Inc.
AvMed Health Plans
B
Bakersfield Family Medical Group
Bank of America
Banner University Health Plan
BayCare Select Health Plans, Inc.
Beacon Health Options
Beacon Health Solutions
Beacon Health, LLC
Beaumont Beaumont Care Partners ACO, LLC
Behavioral Health Professionals, Inc.
Behavioral Services Network, LLC
Best Care Partners, Inc.
Beth Israel Deaconess Physician Organization
Beverly Oncology & Imaging
Blessing Hospital
Blue Cross and Blue Shield of Alabama
Blue Cross and Blue Shield of Arkansas
Blue Cross and Blue Shield of Florida / Health Options, Inc.
Blue Cross and Blue Shield of Kansas
Blue Cross and Blue Shield of Minnesota
Blue Cross and Blue Shield of Nebraska
Blue Cross and Blue Shield of North Carolina
Blue Cross and Blue Shield of Vermont
Blue Cross Blue Shield Association
Blue Cross Blue Shield of Arizona
Blue Cross Blue Shield of Kansas City
Blue Cross Blue Shield of Massachusetts
Blue Cross Blue Shield of Michigan
Blue Cross Blue Shield of North Dakota
Blue Cross Blue Shield of Rhode Island
Blue Cross Blue Shield of Wyoming
Blue Ridge Medical Management Corporation
Blue Shield of California
BlueCrossBlueShield of Tennessee
Boston Medical Center
HealthNet Plan
Brand New Day
Brattleboro Memorial Hospital
Brattleboro Retreat
Bright Health Management, Inc.
Bronx United IPA, Inc.
Brown & Tolan
Brown Medicine
C
California Department of Health Care Services
California IPA
CalOptima
Camden Healthcare Network
Cameron Hospital
Capital BlueCross
Capital District Physicians
Health Plan, Inc.
Capital Vision Services / MyEyeDr.
Cardinal Health Partners, Ltd
Cardinal Innovations Healthcare
Care1st Health Plan of Arizona, Inc.
CareCentrix
CareCore National, LLC / eviCore Healthcare
CareFirst BlueCross BlueShield
CAREINGTON International, The Dental Network
CareMount Medical, PC
CareSource Management Group
Carlos G. Otis Health Care Center, Inc. / Grace Cottage Hospital
CenCal Health
Centene Corporation
Center Care Health Benefit Programs
CenterLight Health Care
Centers for Medicare and Medicaid Services
Centers Plan for Healthy Living NY, LLC
Centivo Corporation
CentMass Association of Physicians, Inc.
Central Ohio Primary Care Physicians, Inc.
Central Queens IPA / South Asian IPA
Century PHO, Inc
Cerner / Healthcare Data Exchange
Change Healthcare
Chesapeake Health Care
Chicago IPA, Inc. / Unified Physicians Network, Inc.
Child and Family Health Collaborative of Ohio
Children’s Clinic
Children’s Community Health Plan
Childrens Hospital Medical Center
Childrens Medical Center Health Plan
Childrens Mercy Pediatric Care Network
Childrens National Medical Associates
Chinese Community Health Care Association
Chinese Community Health Plan
Chiropractic Services Management, LLC
Christopher Rural Health Planning Corporation
CHRISTUS Health
Cigna
Cigna Behavioral Health
Cigna HealthSpring
Clear Spring Health Plan
Cleveland Clinic Health System
Physician Organization / Cleveland Clinic Community Physician
Clever Care Health Plan
Clinical Practice Organization
Clover Health
CMS Cap Management Systems
Coalition Of Asian-American IPA
Cognizant
Cognosante
Coherent Eye Care LLC
Colorado Physical Therapy Network (CPTN)
Columbia Valley Community Health
Commonwealth Care Alliance
Community Aligned Association of Physicians, Inc.
Community Behavioral Health
Community Care Alliance of Illinois
Community Care IPA
Community Care Physicians, P.C., Community eConsult Network Inc.
Community Eye Care, LLC
Community First Health Plans
Community Health and Immunization Services, LLC
Community Health Center Network
Community Health Choice, Inc.
Community Health Group
Community Health Options
Community Health Solutions of America, Inc.
Community Health Systems Professional Services Corporation
Community Medical Group, Inc.
Community Network for Behavioral Healthcare, Inc.
Compas Health, Inc.
Compass IPA
Comprehensive Health Management (WellCare)
Comprehensive Health Services, Inc.
Comprehensive Medical and Dental Plan (CMDP)
ComPsych
Concentra Health Services, Inc.
ConcertoHealth
Concordia Healthcare Holdings, Inc. / Concordia Behavioral Health
Conduent
Connecticut Judicial Branch, Court Operations and Court Support Service Division
Connections Health Solutions
Connective RX
Continuum Health Partners
Cook Children’s Health Plan (CCHP)
Copley Hospital
Corynthian Medical IPA
Cornerstone Alliance, Inc.
CorVel Corporation
CountyCare Health Plan
Covenant HealthCare Partners, Inc.
Coventry Health Care
Crystal Run Health Plan, LLC
CSRA
CVS Health
D
Davis Vision
Deaconess Health Plans
Delta Dental of Idaho
Dental Safety Net
DentaQuest
Denver Health Medical Plan, Inc.
Des Peres Hospital
Detroit Medical Center
Devon Health, Inc.
Dignity Health
Doc Clear USA
Doctors Health Care Plans, Inc.
Driscoll Childrens Health Plan DST Health Solutions
DXC Technology
E
East Georgia Physicians Group
Eastern Chinese American Physician IPA (ECAP IPA)
Eastpointe Human Services
Edifecs
EHE International
El Rio Community Center
Elderplan Inc
ElderServe Health, Inc.
Eleanor Health
EmblemHealth
Empire Blue Cross Blue Shield
EmployerDirect Healthcare, Inc.
Employers Health Network, LLC
Envolve Dental Inc
Envolve Vision Benefits, Inc.
Eon Health Plan, LLC
Epic
EpicNEMT
Epiosource LLC
e-Psychiatry
ESI-Employee Assistance Group
Eskenazi Medical Group
ESPRIT Medical Care
Espyr
Evolent Health
ExamOne
Excedent Health
Excelsior Medical, IPA
Experian
Extended MLTC LLC
EyeMax Vision Plan, Inc.
EyeMed Vision Care
F
Fairfax Falls Church Community Services Board
Fallon Community Health Plan
Federal Reserve Bank of Atlanta
First Care Clinics
First Community Health
Florida Agency for Health Care Administration
Footprints Behavioral Interventions
ForeSight Medical / Encompass Speciality Network
Foundation for Medical Care of Tulare and Kings Counties
Friday Health Plans
FrontPath Health Coalition
G
Gateway Health Alliance, Inc.
Gateway Health Plan
GDIT
Geisinger Health Plan
General Vision Services, LLC
Genesis Administrative Services, LLC
Genesis Eldercare Rehab Services, LLC
Genesis HealthCare System
Genesis Physicians Group
Genesys PHO, LLC
Genoa Telepsychiatry
Georgia Health Network
Gifford Health Care
Global TPA, LLC
GlobalHealth Inc.
Gold Coast Health Plan
Gonzaba Medical Group
Goshen Hospital/Indiana Lakes MCO
Government Employees Health Association, Inc.
Government Employees Health Association, Inc. (GEHA)
Great Rivers Behavioral Health
Greater Baltimore Medical Center
Greater Louisville Medical Society
Greater New York Hospital Association
Greater Rochester Independent Practice Association, Inc.
Guardian Life Insurance Company of America
Gulf Coast Optometry
GWU-Medical Faculty Associates, Inc.
H
Hamaspik Choice Inc.
Happier Living
Harvard Pilgrim Health Care
Hawaii Western Management Group, Inc. (HWMG)
HCA Shared Services for Physicians
Health Alliance Medical Plans, Inc.
Health Alliance Plan
Health Care Service Corp
Health Care Service Corporation
Health First Health Plans
Health First Network, Inc.
Health Level 7
Health Net Federal Services
Health Net Inc.
Health New England
Health One Alliance
Health Partners Plan
Health Plan of San Joaquin
Health Plan Services
Health Services for Children with Special Needs, Inc.
HealthAlliance of the South
Healthcare Administrative Solutions, Inc. (HCAS)
Healthcare Business Management Association
Healthcare Financial Management Association
HealthCare Highways
Healthcare Partners
Healthhedge Software Inc.
HEALTHeNET
Healthfirst Management Services, LLC
HealthNow New York, Inc.
HealthSmart
HealthSmart MSO Inc.
Heartbeat International
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