20 YEARS OF COLLABORATION

CAOH



2019 ANNUAL REPORT

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.

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Introduction

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.

THE FIRST 20 YEARS: A Better Healthcare System through Collaboration

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.

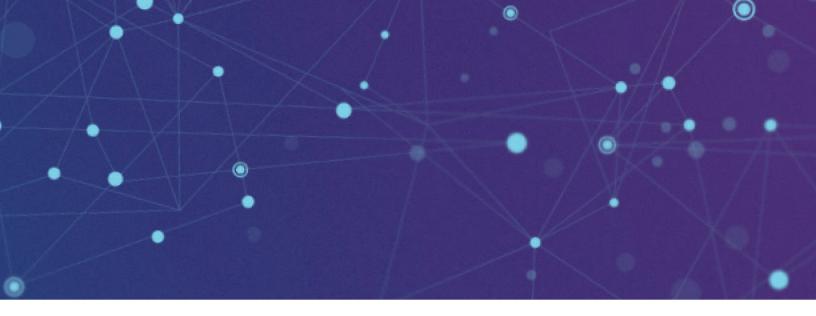
There were many reasons for this. Baby boomers were aging, requiring more care and resources. Innovators were developing new diagnostics and therapies that improved outcomes yet added to the cost of care. Employers were focused on controlling these costs while ensuring fast claims processing and access 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 planprovider 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-ofservice plans and other gatekeeper products



2003

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.

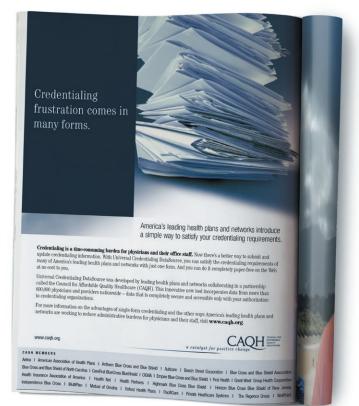
CAOH THE FIRST 20 YEARS

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 imbed 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.

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.

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.



2009

CAOH THE FIRST 20 YEARS

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.

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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.



An Industry Roadmap for Provider Data

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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.



2019: A Year of Progress

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 Massachusettsbased 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.

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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.

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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.

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Explorations

The Hidden Causes of Inaccurate

How administrative burdens on physician practices may be undermining the accuracy of provider directories, and what the healthcare industry can do to address it

Provider Directories

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.



CAOH OUR VISION

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.

CAQH efforts to improve the business of healthcare will increasingly focus on the interaction of clinical and administrative information.

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 Adventist HealthCare Aetna Affinia Health Network Affinity Health Plan Affliated Chiropractic Care AgeWell New York AIDS Healthcare Foundation AIM Specialty Health Alameda Alliance for Health Alignment Healthcare USA Allegiance Benefit Plan Management, Inc. Alliance Behavioral Healthcare Alliance Health Partners Allscripts AllWays Health Partners / Neighborhood Health Plan AllvAlign 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.

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 Applecare Medical Management, Applied Behavioral Mental Health Counselina 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 X12 Ascension Care Management AspenPointe Inc athenahealth ATI Physical Therapy Atlantic Integrated Health Audio Net America Aultcare AultCare Corporation

AmeriHealth Caritas Delaware

Amerihealth Caritas Family of

Aunt Martha's Health and Wellness, Inc. Autism Learning Partners Availity, LLC Avesis Third Party Administrators, Inc. AvMed Health Plans

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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

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

Beaumont Beaumont Care

Blue Cross Blue Shield of Wyoming Blue Ridge Medical Management Corporation Blue Shield of California

BlueCross BlueShield of Tennessee

Boston Medical Center HealthNet Plan Brand New Day Brattleboro Memorial Hospital Brattleboro Retreat Bright Health Management, Inc. Bronx United IPA, Inc. Brown & Toland Brown Medicine

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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 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. Compass Health, Inc. 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 Corinthian 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. Devoted Health 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 Episource LLC e-Psychiatry ESI-Employee Assistance Group Eskenazi Medical Group ESPRIT Medical Care Espvr Evolent Health ExamOne Exceedent Health Excellus BlueCross BlueShield Excelsior Medical, IPA Experian Extended MLTC LLC EyeMax Vision Plan, Inc. EveMed Vision Care

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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 Specialty 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.

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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 Healthedge Software Inc. HEALTHeNET Healthfirst Management Services, LLC HealthNow New York, Inc. HealthSmart HealthSmart MSO Inc. Heartbeat International

iCare Health Options iCircle Imagine Health IMCS Group Inc Imperial Health Holdings Medical Group Independence Blue Cross (IBC) Independent Care Health Plan

Henry Ford Health System

Heritage Vision Plans. Inc.

Highlands Physicians, Inc.

Hillcrest Family Services

Hispanic Physicians IPA

Holzer Health System

HRMD Management

Hudson Doc IPA

Humana

I.

Hyr Medical

Hometown Health Plan, Inc.

Horizon Blue Cross Blue Shield of

Hospital Corporation of America

HS1 Medical Management, Inc.

Highmark Health

Highmark, Inc.

New Jersey

HMS

Independent Health Independent Living Systems Indiana Pro Health Network, Inc. Indiana University Health InnovAge Innovative Management System Incorporated Inova Health System Inovalon, Inc. InstaMed InteCare, Inc. Integra MLTC, Inc. IntegraNet Physician Resource, Inc. Integrated Behavioral Health / American Behavioral Integrated Care Partners, LLC Integrated Solutions Health Network Integrative Care Partners, LLC IPA of North Jersey IPN

Ivy Rehab

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Jackson Clinic PA Jackson Medical Group Specialty Physicians Jai Medical Systems Managed Care Organization, Inc.

Jefferson Physicians Group Johns Hopkins Healthcare LLC Jopari Solutions JSA Healthcare Corporation

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Kaiser Foundation Health Plan of Colorado, Inc. Kaiser Foundation Health Plan of Hawaii Kaiser Foundation Health Plan of the Mid-Atlantic States. Inc.

Kaiser Foundation Health Plan of the Northwest. Inc.

Kaiser Permanente

Kaiser Permanente of Northern California Kaiser Permanente of Southern California Kalos Health, Inc. Kent County Health Services, Inc. Kentucky Medical Services Foundation. Inc. Kentucky Orthopedic Rehab Team, LLC Kentucky Primary Care Association Kepro Kettering Physician Partners Keystone First Health Plan / AmeriHealth Caritas Health Plan Keystone Mercy / AmeriHealth Mercy Health Plan Corp (AmeriHealth) Kingman Regional Medical Center KOVA Healthcare KS Plan Administrators Kure Technolgies LLC

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L.A. Care Health Plan Laboratory Corporation of America Lahey Clinic Inc Lakewood IPA LaSalle Medical Associates Inc. Leon Medical Centers Health Plans Lewis-Gale Physicians, LLC LHP MSO / Longevity Health Plan LIBERTY Dental Plan Corporation LifeBridge Health LifePoint Hospitals Lifeprint Health, Inc. Lighthouse Health Plan Little Spurs Pediatric Urgent Care Livingston Physician Organization LocumTenens.com Logistics Health Incorporated Lone Star Circle of Care

Los Gatos Therapy Center Louisiana Medicaid - Molina Healthcare Lumeris, Inc. Lyra Clinical Associates

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Madaket Health Magellan Health Services MagnaCare Administrative Services, LLC Managed Care of North America. Inc. Managed Health Network Inc. Management Services Network, LLC / MSN Healthcare Solutions Manatee County Rural Health Services Inc. MAPERE Marshfield Clinic Martin's Point Health Care Maverick Medical Group Mayo Clinic MBMS LLC McLaren Health Plan McLaren Physician Hospital Organization MDLive Provider Service MDwise, Inc. MedCost, LLC Medex IPA Medica Health Plans Medical Advantage Group Medical Associates Health Plan Medical Group Management Association Medical Mutual of Ohio Medichoice IPA MEDNAX Services, Inc. MedNetOne Health Solutions MedPOINT Management MedStar Family Choice, Inc. MedStar Health System / Georgetown University Hospital MedXM Memorial Hermann Health Solutions Inc. Memphis Lung Foundation Mercy Care Plan Mercy Health System PHO, Inc. Mercy Physicians Medical Group MercyCare Health Plans Meridian Health Plan, Inc. Merit Independent Physicians Associaton, LLC Meritage Medical Network

MESVision / The Eye Care Network, Inc. MET Healthcare Solutions Metroplex Pathology Associates MetroPlus Health Plan, Inc. MHMR of Tarrant County MHN ACO Miami Children's Health Plan Miami Jewish Health Systems, Inc. Michigan Department of Community Health Michigan Medicine Michigan Public Health Institute Midland's Choice Minnesota Department of Health Minnesota Department of Human Services Mississippi Physicians Care Network Missouri HealthNet Division MissouriHealthPlus, LLC Mobility Medical, Inc. Mohawk Vallev Medical Associates IPA Molina Healthcare, Inc. Montefiore Medical Center Morneau Shepell Mosaic IPA Motion Pictures Health Plan Mount Carmel Health Partners Mount Carmel Health Plan, Inc. Mount Carmel Health System Mt. Ascutney Hospital and Health Center Mt. Washington Pediatric Hospital Multiplan Inc. Muskingum Valley Health Center MVP Healthcare

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NACHA The Electronic Payments Association Nascentia Health NASW Risk Retention Group, Inc. National Committee for Quality Assurance National Council for Prescription Drug Programs National Medicaid EDI Healthcare Work Group National Vision Administrators National Vision, Inc. NationsHearing Nationwide Childrens Hospital Nationwide Optometry PC NAVCP Credentialing Alliance Neighborhood Health Plan of Rhode Island

Network Solutions IPA, LLC Nevada Behavioral Health Systems New Avenues Inc New Directions Behavioral Health New England Healthcare Exchange Network (NEHEN) New Jersey Manufacturers Insurance Company New Mexico Cancer Center New Mexico Mutual New York IPA New York Network, IPA New York Quality Healthcare Corporation / Fidelis Care Next Level Health Partners, LLC Next Medical Staffing, LLC / Health Carousel, LLC NextGen Healthcare Information Systems, Inc. North Coast Professional Company, LLC North Country Health System, Inc. North Dakota Medicaid North Texas Specialty Physicians Northeast Alabama Physicians (NAP) Northeast Alabama Primary Healthcare, Inc. (NEAPHC) Northeast Delta Dental Northeastern Vermont Regional Hospital Northwest Georgia Physicians Association Northwest Physicians Network LLC Northwestern Medical Center, Inc. Norton Healthcare Inc. NX Health Network NYU Langone Hospitals 0 Oakland Physician Network Services

Oakland Physician Network Services Ohio Health Choice OhioHealth OhioHealth Group Old Pueblo Practice Management OMCA-Occupational Managed Care Alliance, Inc. / ProviderNet / Community Care Network One Call Care Management OneHealthPort OODA Health Optum Care Services OptumCare Care Delivery OptumCare Network in Connecticut OptumHealth Care Solutions-Physical Health OptumHealth Financial Service OptumInsight Oregon Department of Human Services Oregon Health Authority Orlando Health Network Ortho NorthEast Oscar Insurance Corporation OSS Orthopaedic Hospital, LLC OSU HealthPlan, Inc. Owensboro Community Health Network

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P3 Health Partners Network Pacific Partners Management Services, Inc. (PPMSI) Palladian Muscular Skeletal Health Palmetto GBA Paramount Health Care Paramount Health Options Paramount Insurance Company / ProMedica Health System Parkland Community Health Plan Inc. Partners Behavioral Health Management Passport Health Plan Patient Physicians Network Holding Company PaySpan Peace River Center Pediatric Associates Penn Behavioral Health Corporate Services Pennsylvania Department of Public Welfare Peoples Health Physician Associates of Middle Georgia Physician Partners IPA, Inc. Physician Staffing Inc / Community Hospitalist Physicians Data Trust Physicians Health Plan Physicians Health Plan of Northern Indiana, Inc. Physicians Medical Group of San Jose, Inc. Physicians of Coastal Georgia Physicians of Southwest Washington, LLC Physicians Practice Enhancement Piedmont Community Health Plan Pinehurst Medical Clinic, Inc. PinnacleHealth PHO Pinnacol

Planned Parenthood of Metropolitan Washington DC, Inc. Planned Parenthood of Wisconsin Platinum Preferred Healthcare Network, PLLC / Platinum Physician Associates PNC Bank Political Subdivision Workers' Compensation Alliance Porter Hospital, Inc. Preferred Care Partners Preferred Health Plan, Inc. Preferred IPA of California Premera Blue Cross Blue Shield Premier Care IPA Premier Eye Care of Florida, LLC Premier Health Group Premier Patient Care IPA Premier Physician Support Services, LLC Premium LOCTEN Presbyterian Health Plan Prestige Health Choice Primary Care Associates Medical Group Primary Care Association, LLC Primary Care of Northern Ohio Primary PartnerCare Management Group, Inc. Primary Provider Management Company, Inc. Prime Community Care of the Central Valley Prime Health Services, Inc. Prime Healthcare Management, Inc. PrimeCare Health Group PrimeCare Medical Network, Inc. Priority Health Private Sector Technology Group Privia Health Privia Medical Group Gulf Coast (NFW) ProCare MSO ProgressHealth PHO Progyny Promedica Physicians Group Promesa Health Prominence Health Plan Promise Health Plan Prospect Medical Providence Health Plan Provider HealthLink Louisiana, LLC Provider Partners Health Plan ProviDRs Care Purchase Physicians Organization

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Q Point QTC Management Inc. QualCare, Inc. QualSight, LLC quip Quorum Health

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Rayn Healthcare Alliance RealMed, an Availity Company Recover Together Recovery Centers of America Regional Cancer Care Associates Resurrection Physicians Provider Group Rideout Medical Associates, Inc. River City Medical Group Riverside Health, Inc. Rochester Community Individual Practice Association Rocky Mountain Health Plan Rocky Mountain Human Services Rogers Memorial Hospital, Inc. Rutland Regional Medical Center

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Saint Lukes Physician Specialists, LLC Salisbury Health Group LLC Sandhills Center for MH/DD/SAS Sandstone Care LLC Santa Clara Family Health Plan Sanvello Savannah Health Network / Memorial Health Network Scion Dental Inc. Scott & White Health Plan -FirstCare Health Plans Secure Health Plans of Georgia, LLC SecureCare. Inc. Security Health Plan of Wisconsin, Inc. Select Health of South Carolina SelectHealth Sendero Health Plans Sentara Healthcare Seoul Medical Group Seton Health Plan / Dell Children's Health Plan SHC Medical Partners Sierra Health and Life Sightcare Inc. Signature Advantage, LLC Signify Health



SIHO Holding, LLC / SIHO Insurance Services Silver Rock Risk Solutions Smoky Mountain Center SOHO Health (formerly St Francis HealthCare Partners & The St Francis PHO) Solis Health Plans, Inc. Solstice SonderCenters SonderMind South Florida Community Care Network South Florida Vision / 20/20 Eyecare Plan, Inc. South Georgia Physician Network, LLC South Georgia Physicians Association, LLC Southern California Pipefitters Southwest Network, Inc. Southwestern Vermont Health Care Sovereign Phoenix IPA Spectera Eyecare Networks Springfield Medical Care Systems, Inc. St. Jude Children's Research Hospital Inc. St. Marvs PHO Stark Regional PHO Starling IPA Steward Health Choice Arizona Health Plan Steward Medical Group Suburban Health Organization SummaCare, Inc. Superior HealthPlan Superior Vision

T TalkSpace

Tampa General Hospital Tampa General Medical Group Inc. Tata Consultancy Services Ltd Teladoc Inc Telecare Temple University Tenet Health TennCare Texas Children's Health Plan Texas Independent Providers, LLC Texas Professional Health Care Alliance Texas Professional Healthcare Alliance Inc. Texas Tech University Health Science Center-Odessa The Health Plan of the Upper Ohio Valley Inc (The Health Plan Inc.) The Holman Group The Institute for Family Health The Mental Health Association of Westchester (MHA) The Ohio State University Medical Center The Premium Group, Inc. The SSI Group, Inc. The University of Arizona Health Plans Therapy Partners Thrivee TIBCO Software, Inc. Topcare Medical Group LLC Torchmark Total Health Care, Inc. Tower Health Hospitals TPAC TPN TransUnion Triad HealthCare Network TrialCard TRICARE Trinity Health CPI Tristar Managed Care TriWest Healthcare Alliance TriZetto Corporation, A Cognizant Company Troy Medicare True Health New Mexico TRUSTED HEALTH PLANS, Inc. TSG Guard, Inc. / Valor Health Plan Tufts Health Plan

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U.S. Retina UCHealth Plan Administrators UHC Corporate Ultimate Health Plans Unified Women's Healthcare

United Concordia Companies, Inc. United Physicians, Inc. United States Department of Treasury Financial Management United States Department of Veterans Affairs Unitedhealthcare UnitedHealthcare Dental / DBP UnitedHealthGroup Unity Health Care, Inc. Unity Health Insurance and (Gundersen Health Plan & Quartz) University of Chicago Medicine Care Network University of Louisville Physicians University of Pennsylvania Health System University of Pittsburgh Medical Center University of Texas Health Center University of Texas Medical Branch University of Toledo Physicians University of Utah Health Plans University Physicians' Association, Inc. University Physicians Network US Family Health Plan at St Vincent Catholic Medical Centers **US Medical Management** US Vision USA Managed Care Organization UT Physicians Utah Health Information Network Utilization Review Accreditation Commission UVMHN Credentialing & Enrollment

United Behavioral Health

V Vale-U-Health

Valley Health Plan Santa Clara County Valley Obstetrics and Gynecology, PC Van Lang IPA Vantage Health Plan Vantage Oncology, LLC Vermont Hospital Association Via Christi Health Village Senior Services Corp. / VillageCareMAX

VillageMD

Virence Health Virginia Health Network, Inc. Virginia Mason Medical Center Virginia Premier Health Plan, Inc. Vision Benefits of America, Inc. Vision Group Holdings, LLC Vision Service Plan (VSP) Vision Source Texas IPA, PLLC Vision Source Texas IPA, PLLC Visionworks Vitality Health Plan of California VitalMD Group Holding, LLC Viva Health Vivida Health Plan VNS Choice Vohra Health Services, P.A.

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Watson Clinic Waystar WEA Insurance Corporation WeCare of New York IPA, LLC Welbe Health WellCare Health Plans, Inc. WellComp Managed Care Services Inc Wellhealth Quality Care Wellmed Medical Management Wells Fargo WholeHealth Networks WINFertility, Inc. Wipro Wisconsin Physicians Service Insurance Corporation Work Group for Electronic Data Interchange Workers' Compensation Trust

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XiMED IPA / Health Excel IPA

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Your Hearing Network YourCare Health Plan, Inc.

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Zelis Healthcare Zelis Payments Zing Health From the inception of CAQH, its hallmark has been to improve the health plan-provider dynamic while reducing administrative burdens.



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