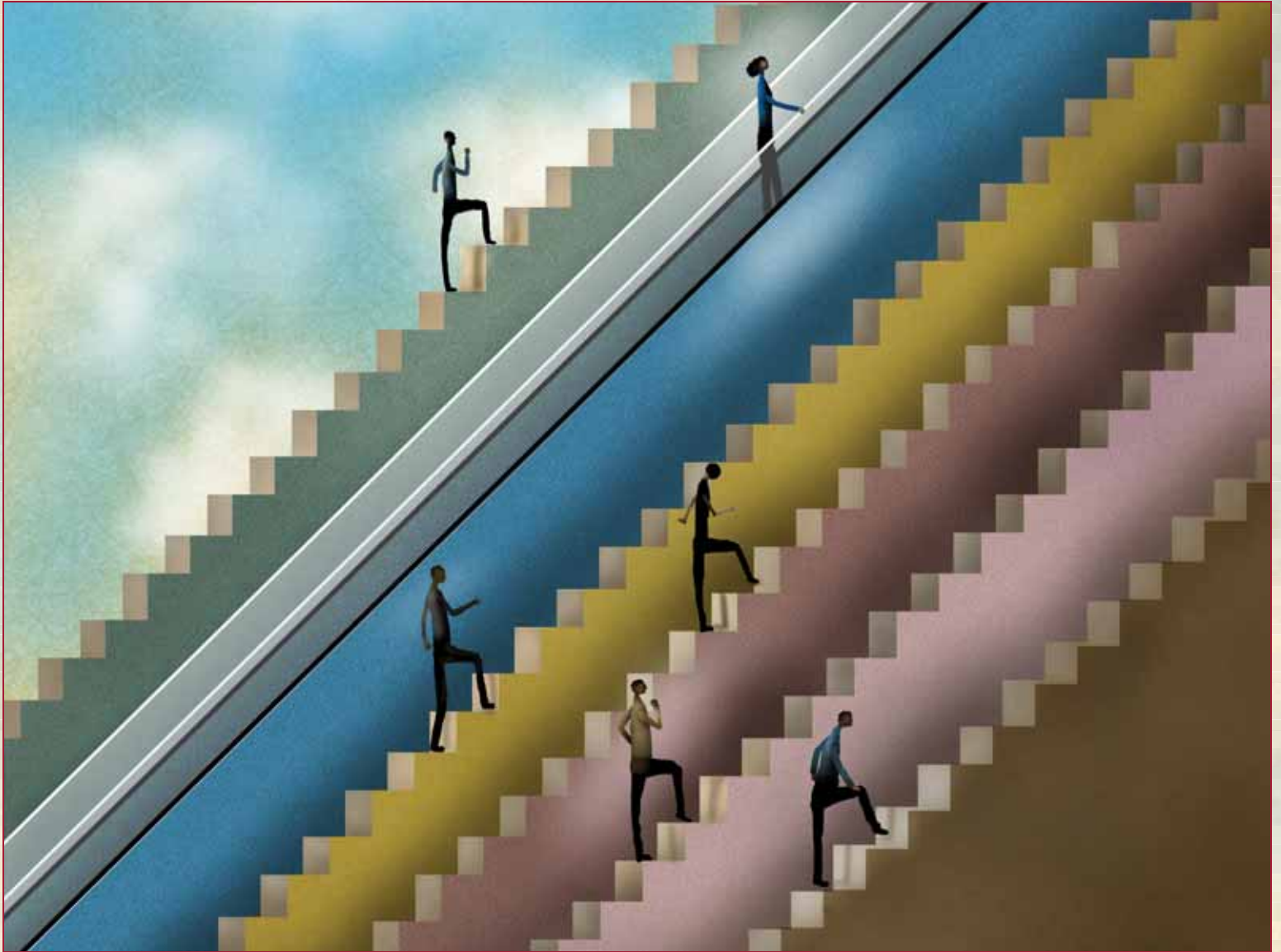# CAQH

2016 IN REVIEW

Why is it important to "streamline the business of healthcare?"
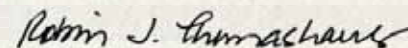
Even while healthcare reform remains in flux, the need to improve administrative processes so that they are less burdensome, more accurate and less expensive continues to be an imperative. In a healthcare system with limited resources, dollars spent on inefficient business procedures can reduce those available for patient care. Every hour that providers struggle with credentialing or determining the correct payer is one less spent treating patients. No participant in the healthcare system is exempt from these burdens: not health plans, providers or patients.

That is why the work of CAQH is so vital in strengthening the healthcare industry, and why we are so proud of our accomplishments. With the strong support of our member health plans, and in concert with other collaborative industry partners, CAQH continues to have a significant impact on our vision to streamline the business of healthcare.

CAQH expertise in provider data has long been an organizational hallmark, beginning with our first solution, the Universal Credentialing Datasource (now **CAQH ProView**). In 2016, CAQH added to our suite of CAQH Solutions® to address industry needs for timely, accurate provider data with the widespread launch of **DirectAssure** for provider directories and the development of a primary source verification solution, **VeriFide**. The organization also convened a new industry-wide collaboration to address many of the ongoing challenges in provider data.

Our goal of enabling real-time, electronic business transactions in healthcare continues through the work of **CAQH CORE**, which developed a certification test site for Phase IV operating rules in 2016. The **CAQH Index** reports annually on the industry progress toward this goal.

To execute the critical mission of our organization, we have invested in expanding the range and depth of expertise within the team. This world-class workforce, combined with our depth of experience, uniquely positions CAQH to develop actionable, collaborative solutions to long-term industry challenges. With these strengths, we will continue to transform business processes, resulting in lower costs and fewer burdens for everyone who works in—and depends upon—the healthcare system.

Robin J. Thomashauer
Executive Director
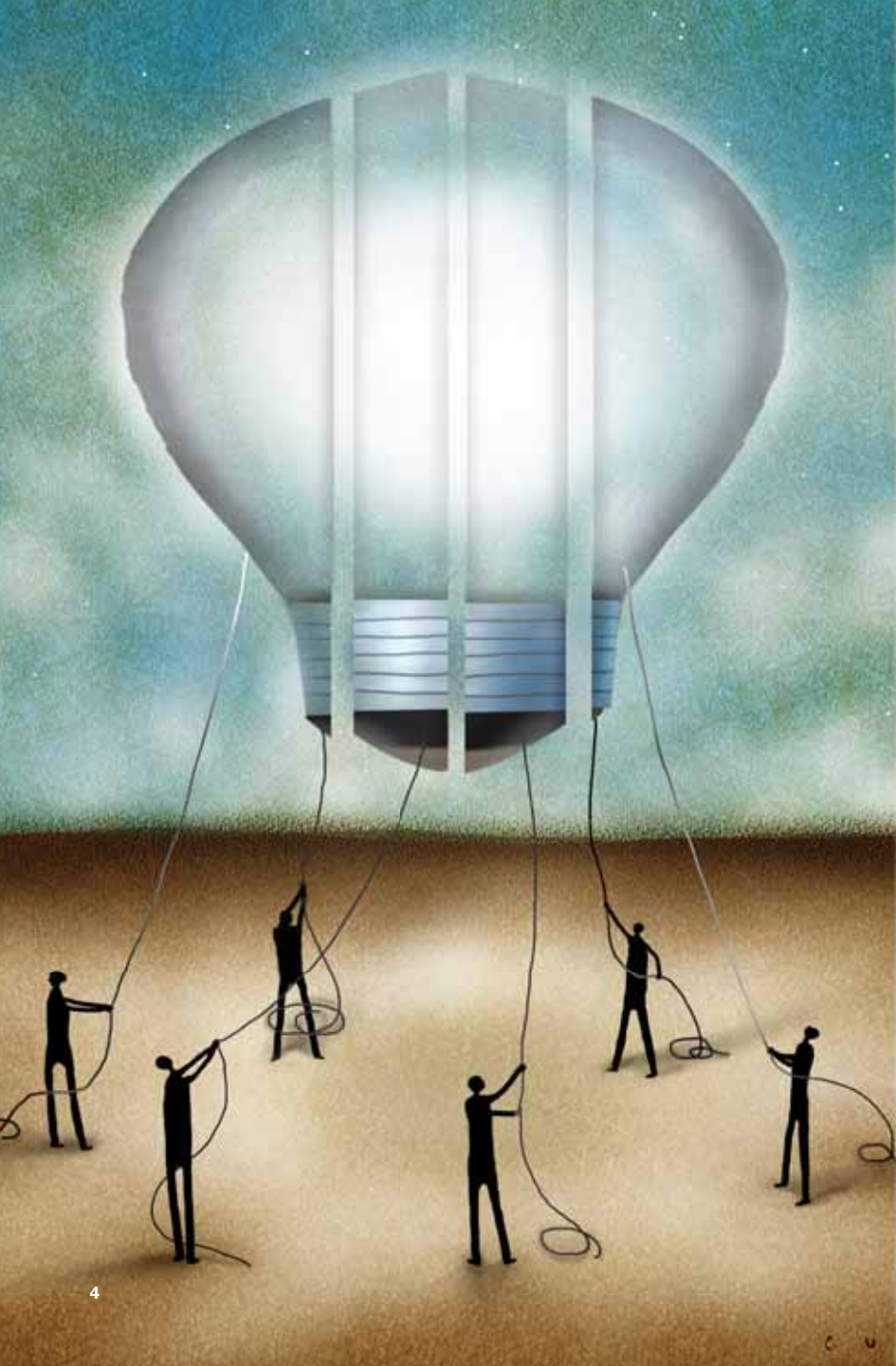
CAQH Proview®

THE CHALLENGE

For more than a decade, the CAQH Universal Credentialing Datasource collected self-reported professional information from over a million healthcare providers, eliminating their need to submit manual credentialing forms to each health plan with which they participated. Providers also sought relief from the ongoing administrative burden of updating their professional and practice information in a variety of different ways. The need for provider data that is accurate, timely and complete has continued to grow for an expanded number of business uses at health plans, hospitals, health systems and provider practices.

THE SOLUTION

The launch of CAQH ProView in 2015 on a new platform enabled greater flexibility and growth for the solution. The challenge for 2016 was to improve the accuracy of the data within the solution, as well as to expand its use in addressing additional, industry-wide provider data needs. The suite of CAQH Solutions that leverage this rich information from 1.4 million healthcare providers now includes DirectAssure® (increasing provider directory accuracy), SanctionsTrack® (delivering multi-state information on licensure disciplinary actions) and VeriFide™ (streamlining primary source verification), which will launch in early 2017.

In 2016, CAQH ProView enhancements focused largely on improving data quality. In some cases, providers were required to submit data that had previously been optional, including more detailed information about provider liability insurance. New data validation methods include standardizing location addresses with US Postal Service addresses and format, and ensuring tax ID numbers are validated against an external source. Other technological advances include a "Live Chat" feature to assist providers in real-time as they fill out their application and advanced matching logic to remove overlapping records.

The number of organizations that use CAQH ProView continued to grow to more than 900. CAQH also initiated campaigns to expand the number of participating dental providers. An increased number of national and regional dental plans began participating in the solution, and CAQH worked to better understand the special needs of providers and plans in this industry segment with the launch of a new Dental Provider Data Work Group.

Work continued with member health plans to develop VeriFide, a groundbreaking electronic solution to streamline provider primary source verification for credentialing with health plans. Launching in February 2017, the solution will employ advanced technology to integrate seamlessly with CAQH ProView and leverage its data. VeriFide will further the automated primary source process by integrating with primary data sources. This elimination of manual processes will reduce the time required for verification and the likelihood of human error.

Additionally, over time, VeriFide will align the credentialing dates of each provider into a common "anchor date." This will enable plans to share a common set of verified provider information, reducing administrative costs by eliminating the need for each plan to manage its own data verification process. The solution will also reduce the administrative burden on providers by decreasing the repetitive requests from multiple plans seeking the same information.

Direct Assure®

THE CHALLENGE

There has long been an industry imperative to improve the quality of information within health plan provider directories. Notably, both federal and state regulations focused on this issue have grown exponentially over the past two years. In 2016, the Centers for Medicare and Medicaid Services required updates of provider information at least quarterly for all Medicare Advantage plans; requirements for Qualified Health Plans participating in the Federally Facilitated Marketplace have also gone into effect. Twenty-six states and the District of Columbia have enacted legislation or regulations that require health plans (and dental plans in some cases) to take specific actions to improve directory accuracy. But encouraging providers to update their practice data in a timely manner continued to be a significant industry challenge.

THE SOLUTION

In collaboration with health plans—and with input from healthcare providers—CAQH developed DirectAssure, a new solution within the CAQH Proview platform. DirectAssure enables providers to easily review, update and confirm their practice information for the provider directories of multiple plans. The solution decreases the need for each plan to reach out to network providers to confirm directory data, simultaneously reducing the administrative burden on providers.

Following seven months of accelerated development in 2015, CAQH launched DirectAssure in January 2016. This new solution has proved to be a successful way for health plans to update and improve the accuracy of their provider directories.

NCQA soon announced that the solution was an acceptable source for most of their directory requirements. By the end of 2016, more than 500,000 providers on the rosters of participating plans had logged into CAQH ProView, reviewed the new "Provider Directory Snapshot," made necessary changes to their practice data and attested to its accuracy. In fact, 72 percent of those providers responded to the system query within 90 days, after only one email, and providers continued to respond over subsequent months.

This high level of engagement is attributed to the fact that more than 1.4 million providers and their practice managers routinely engage with CAQH ProView to review, update and re-attest their practice information. This is then shared with hundreds of participating plans for credentialing and other data uses. Via surveys, focus groups and usability sessions, CAQH sought to deepen its understanding of provider behavior and motivations.

CAQH also worked with participating plans to build channels and workflows into their IT systems to efficiently process data and comply with regulatory timeframes. Plans invested in improved integration with DirectAssure, beginning to build the necessary infrastructure with the goal of seamlessly integrating information with their internal data systems. Additionally, the system enabled the matching of practice identifiers against external sources, including USPS standardized addresses, Type 1 and 2 NPI and practice tax ID numbers.

The ongoing participation of member plans in the Provider Data Work Group has resulted in a robust plan for continued development of the solution in 2017. Enhancements will include new ways to dramatically reduce incorrect locations within directories, and the ability for plans to submit their internal data into DirectAssure for a direct comparison with provider-submitted information.

EnrollHub®
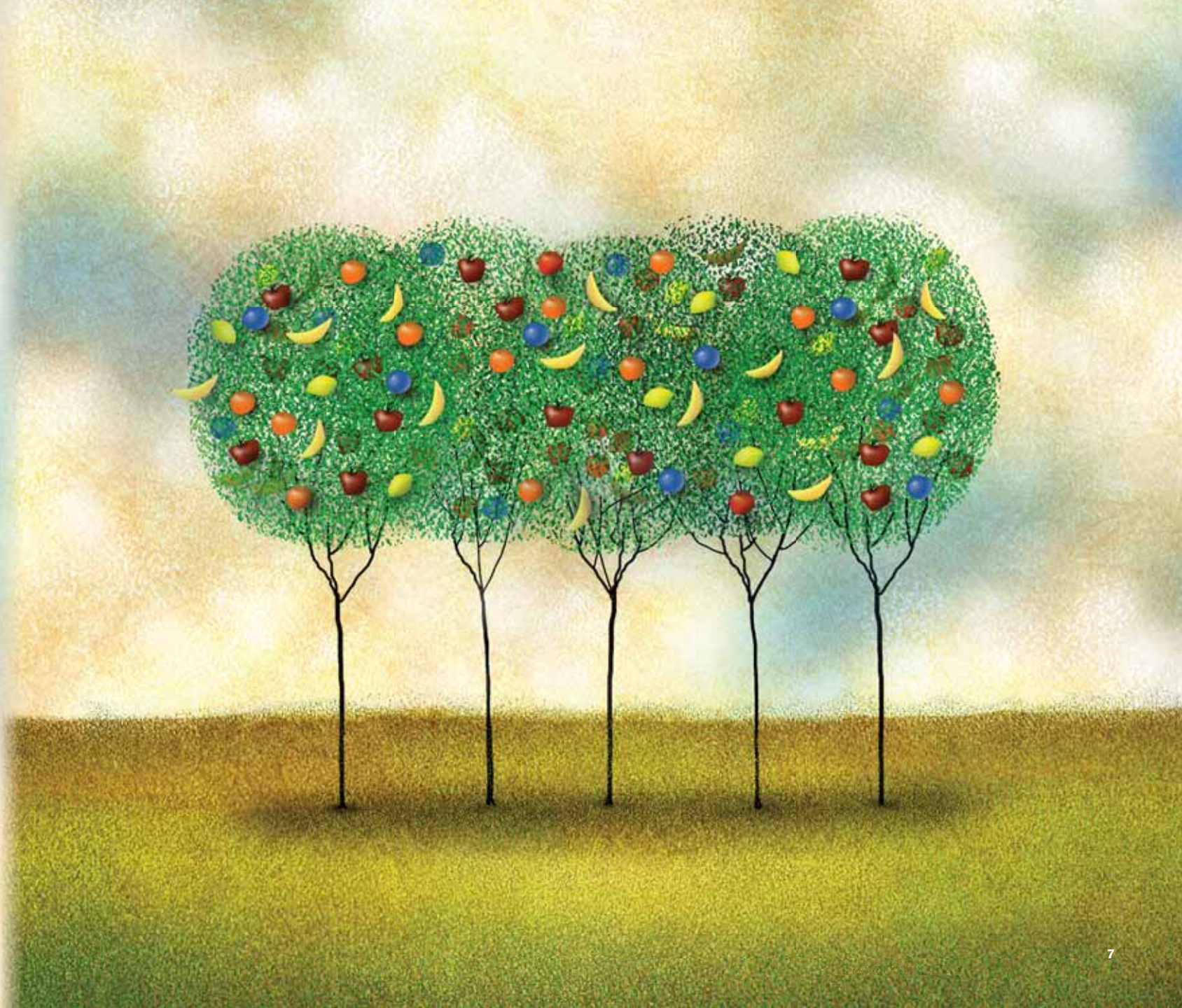
THE CHALLENGE

The reluctance of healthcare providers to participate in electronic funds transfer (EFT) with health plans springs from a combination of concerns: fears about the security of the transfer, misperceptions about plans withdrawing monies from their accounts and the cumbersome process of EFT enrollment with numerous plans. Providers may not realize that staff time for receiving, recording and depositing paper checks; days-long delay in receiving checks; and the possibility they may be lost or stolen creates a very real financial drain on revenue cycle management. In fact, the 2015 CAQH Index found that provider costs related to manual payments are three times greater than for electronic payments.

THE SOLUTION

Part of the CAQH suite of provider data solutions, EnrollHub enables healthcare providers to enroll in EFT and ERA with multiple health plans for electronic payments and electronic remittance advice through one easy, secure process. Providers control their banking information at all times and any changes are automatically transmitted to plans with which they participate. Banking information is verified by the solution for additional security, and plans receive clear, legible information for their internal systems.

Through increased provider use of EFT and ERA, CAQH estimates that EnrollHub has saved the healthcare industry more than $35 million since its launch in 2014.

Provider participation increased significantly: cumulative enrollment totals 170,000 practices, representing more than 500,000 individual providers. In 2016 alone, 90,000 practices joined – a doubling over the previous two years. CAQH attributes this increase to several factors: continued outreach and education to providers about the benefits of EFT, ongoing outreach to plans through conference presentations and industry publications, and an increase in health and dental plans requiring their providers sign up for EFT/ERA using EnrollHub. CAQH also continued its successful efforts to engage more participating dental plans and their network dentists; the 2015 CAQH Index showed that only 6 percent of dental practices used EFT.

The CAQH Solutions team continued to develop new functionality for EnrollHub, easing provider enrollment in EFT as additional plans participate in the solution. This included a new "Pop Up" screen upon log-in, making providers aware of newly participating plans. A new opt-in universal enrollment feature is in development for a 2017 launch, enabling providers to pre-approve participation with any plan that joins the solution after a provider's initial enrollment.

COB Smart®

THE CHALLENGE

An estimated 5 percent of commercially insured individuals are covered by more than one health plan. This overlapping coverage is a challenge for both plans and patients alike. Members may forget they have duplicate coverage or which plan has primary responsibility for payment. Those patients and their healthcare providers may have claims denied or paid incorrectly, and plans are forced to remedy errors after the fact.

THE SOLUTION

COB Smart enables health plans to "get it right the first time" by comparing weekly coverage data from multiple health plans, determining overlapping coverage and returning information on the correct order of benefits to all plans covering that member. The result not only means less administrative work on the part of the plan; member problems and calls are also reduced. This solution is unique—no other product or service addresses this critical industry need and the positive reception COB Smart has enjoyed among plans demonstrates that. Additionally, CAQH has worked with clearinghouses to develop their capacity to deliver more accurate coverage data directly to providers, resulting in more accurate claim submissions at the point of care.

The number of covered health plans members within COB Smart continued to grow in 2016 and includes commercial, Medicare Advantage and Medicaid Managed Care Organization lines of business. CAQH estimates that since the solution's launch two years ago, the identification of additional, unknown instances of overlapping coverage between health plan members has led to more than $100 million in total claims savings for participating plans. The plans also reported additional benefits, including a reduction in member and provider abrasion and greater claims staff satisfaction.

CAQH enhanced the COB Smart infrastructure to improve current performance and enable additional system capabilities in the future. It also undertook a new effort to improve the capabilities of participating plans to consume and evaluate the member data provided by COB Smart. This results in better understanding and shared best practices among plans so they can realize the greatest value from the solution.

CAQH has been working with clearinghouses, sharing overlapping coverage information and enabling them to deliver more accurate patient coverage information directly to healthcare providers. They do so by enriching the "other coverage" segment of standard 270/271 eligibility responses with COB Smart Data. Four national clearinghouses are currently engaged in this effort and implementations are underway for an additional three. A new certification program to formally recognize clearinghouses that partner with COB Smart is expected in 2017.

CAQH CORE®

THE CHALLENGE

Organizations have a critical need to electronically share large quantities of data quickly and accurately. Banking, telecommunications and many other industries have long embraced technical standards, along with the supporting operating rules that specify the business actions each party must follow to ensure that a high volume of reliable transactions can be conducted smoothly. Healthcare, however, was behind other industries in developing and adopting a common set of operating rules that support those standards. This meant that a large number of business transactions were conducted manually (e.g., by phone, mail or fax), and were more costly and less timely as a result.

THE INITIATIVE

A decade ago, CAQH established the Committee on Operating Rules for Information Exchange® (CAQH CORE), an industry-wide collaboration of more than 130 organizations committed to the development and adoption of healthcare operating rules for electronic business transactions. In 2012, CAQH CORE was named by the Secretary of the Department of Health and Human Services (HHS) as the author of three phases of operating rules for HIPAA-mandated standards for electronic transactions: eligibility and claim status, electronic funds transfer (EFT) and electronic remittance advice (ERA). CAQH CORE offers a voluntary certification program so organizations can demonstrate that they have adopted, and are following, the operating rules. Organizations that create, use or transmit administrative healthcare data (such as health plans, healthcare providers, clearinghouses, practice management systems and other vendors) can earn the CORE certification seal.

CAQH CORE reached a significant milestone, awarding 300 CORE Certifications to health plans, hospitals and health systems, state Medicaid agencies, clearinghouses and vendors—an increase of more than 30 percent from the previous year. It also issued the initial findings of a Certification Progress Report, showing that 76 percent of commercially insured and 44 percent of publicly insured U.S. lives are covered by health plans which are CORE Certified in Phases I and II. Adoption of the CAQH CORE Phase III Operating Rules also gained traction; about one-quarter of U.S. lives are covered by a health plan certified in Phase III. Through an ongoing communications campaign, the organization continued to raise awareness of CORE Certification as the industry "gold standard."

CAQH CORE Phase IV Operating Rules were approved at the end of 2015. These rules address healthcare claims and prior authorization, enrollment and disenrollment, and premium payments. In 2016, CAQH CORE built and beta-tested the Phase IV testing site, the crucial step for organizations to demonstrate they are following those operating rules. It also provided implementation tools and educational materials and events (such as webinars and conference presentations) to support organizations as they prepare for implementation.

While the organization's commitment to fulfill its HHS designation remains strong, CAQH CORE views its mission and vision as broader than those efforts. It continues to develop operating rules that are voluntary—as it did when the organization was first created. In 2016, CAQH CORE began the rulemaking process for additional electronic prior authorization transactions that build on the foundational Phase IV Operating Rules. A four-fold environmental scan was launched to explore additional opportunities for streamlining prior authorization; a multi-stakeholder subgroup will launch in 2017 to determine future actions based on this scan. As value-based payment models have become more prevalent, so too has the need to streamline their data exchange needs. In 2016, CAQH CORE conducted extensive research and issued an interim report of industry opportunities for collaboration. It will build upon this work in 2017 to elicit and define specific recommendations for industry action.

CAQH INDEX

THE CHALLENGE

Since the initial development of the CAQH CORE Operating Rules in 2007, the organization has been committed to their implementation—with the goal of replacing manual business transactions between providers and payers with fully electronic ones to reduce administrative costs and increase efficiencies. Manual transactions include resource-intensive steps such as phone calls to obtain information or mailing paper checks and claims data. Gauging the extent of this industry transition among both payers and providers is critical to highlighting actual progress—and to determining the gaps that remain.

THE INITIATIVE

The annual CAQH Index is the only industry source that measures adoption rates, along with the costs and savings associated with the shift from manual to electronic HIPAA routine business transactions between plans and providers. It seeks to illuminate the opportunity costs of traditional ways of doing business to encourage use of more efficient technologies long adopted by other industries. The CAQH Index is guided by an Advisory Council comprised of industry experts in claims-related transactions and business processes.

The 2015 CAQH Index was released early in 2016, and the 2016 Index was completed later in the year. The latest report was based on data submitted by U.S. healthcare providers and commercial health plans. Those plans represent over 140 million covered lives—almost half of the commercially insured U.S. population—and 5.4 billion transactions in 2015. Despite steady increases in industry adoption of HIPAA electronic administrative transactions, the report demonstrated a remaining opportunity of $9.4 billion in annual savings. For the first time, the Index reported on the provider time required for conducting manual vs. electronic transactions, demonstrating a potential gain of 1.1 million labor hours per week for providers.

The average adoption rate for fully electronic transactions varies significantly among the measured transactions, from 94 percent for claim submission and 76 percent for eligibility and benefit verification to only 18 percent for prior authorization and 6 percent for claims attachments (a new transaction analyzed in 2016). The other four transactions – claim payment, status inquiry, remittance advice and coordination of benefits claims – had adoption rates averaging from 55 to 63 percent. Importantly, trends over the past four years showed significant improvement, with substantially more transactions conducted electronically year over year.

A shift from manual transactions offers substantial opportunities for cost savings. On average, each manual transaction costs providers and plans $3 more than automated electronic ones. Providers alone could save more than $5 billion annually by using automated processes to check patients' eligibility and benefits. For the second year, the 2016 CAQH Index also included data about dental plans and providers; on average, adoption of electronic transactions is 30 percent lower for the dental industry compared with the broader healthcare industry.

To accelerate the adoption of electronic transactions, the 2016 CAQH Index proposed that industry share best practices; conduct targeted industry-led efforts to reduce adoption barriers (including financial incentives and contractual obligations); and perform systematic reviews of current standards, codes, operating rules and policies.

CAQH Provider Data Summit and Alliance

On September 29, 2016, CAQH convened more than 100 healthcare industry leaders from across the nation for a Provider Data Summit to address pressing challenges in an era of healthcare change and uncertainty. Provider data is foundational for many of the essential business processes of our healthcare system—directories, payments, referrals and credentialing—and poor quality data can undermine those processes.

Participants included healthcare providers, researchers and representatives from federal and state government, hospitals and health systems, health plans and consumer groups. Discussion was informed by a CAQH white paper—produced in collaboration with healthcare policy and research firm Manatt Health—that described the difficulties of collecting and maintaining high-quality provider data. Speakers gave examples of problems and potential solutions, and addressed specific issues in a series of working groups. They collectively agreed that significant opportunity exists for the industry to work together in addressing major challenges:

- Few authoritative provider data "sources" exist, leading to waste in the healthcare system;
- Provider data requirements and "standards" vary widely;
- Provider data changes frequently; and
- Providers are not sufficiently engaged in the provider data dialogue.

Through these lively discussions, participants agreed on a framework for future action by the healthcare industry, captured in the Summit Executive Summary:

- The industry needs a strong roadmap—a vision and articulation of a pragmatic approach to addressing provider data challenges and realizing progress toward high-quality provider data.
- After identifying a minimum data set that serves priority use cases across stakeholders, the industry must adopt standard definitions for each data element.
- The industry must be accountable for provider data quality and address questions such as "What comprises provider data quality?" and "How is quality benchmarked?"
- The industry needs to harmonize authoritative sources of truth, and a resource that aggregates provider data and validates and maintains high-quality data would represent a significant milestone.

To ensure these ideas move off the page and into action, in 2017 CAQH will convene the Provider Data Action Alliance, a group of healthcare industry stakeholders from across a wide range of public and private entities. The Alliance will articulate an industry-wide vision for provider data and identify the highest priority use cases and the data elements required to support them. The result of their efforts will be the development of a persuasive, actionable roadmap that illustrates how all parties can work together to ensure the availability of accurate and high-quality provider data—and begin to put in place the processes to do so.

Future Forward

Improving the quality of provider data will continue to be an emphasis for CAQH, by launching new initiatives, improving those that already are in use and expanding their use by more health plans, hospitals, provider practices, clearinghouses and vendors, as appropriate. As previously noted, CAQH will also convene the Provider Data Action Alliance, a multi-stakeholder group, to develop—and define the steps needed to implement—a strategic, actionable industry roadmap.

In 2017, CAQH is launching VeriFide, its new provider data verification solution, which will expand to all 50 states by year's end. CAQH ProView will continue refining elements to improve data accuracy, such as the use of standard US Postal Service addresses and enhanced product liability insurance verification. To further improve provider directory accuracy, in its next iteration DirectAssure will accept information from health plans to compare against data submitted directly by providers.

As CAQH develops new solutions and continues to improve those currently in use, it will assist participating organizations in realizing their full value. For example, CAQH will host a national CAQH Proview User Conference for Health Plans, and COB Smart will expand its integration with health plans and clearinghouses to capture overlapping coverage for more members, delivering that information at the point of care.

With the completion of the Phase IV operating rules and certification testing suite, CAQH CORE will continue its activities under the existing HIPAA mandates. It has also begun work on new, voluntary operating rules, the role that CORE was originally envisioned to play. This includes work on prior authorizations, as well as helping to define operating rules for electronic transactions in the transition from fee-for-service to value-based care.

Just as importantly, for both existing and future initiatives CAQH will continue to work diligently to ensure their widespread adoption. The greater the engagement in these endeavors by health plans, provider, hospitals, health systems, clearinghouses and vendors, the greater the benefit to the nation's healthcare system.

List of Members and Participating Organizations

1199 SEIU

A

Absolute Total Care by Total
   Carolina Care
Accenture
Adena Health System
Adva-Net
Advantica Administrative Services
Adventist Health Network
Adventist Health Systems West
Adventist HealthCare, Inc.
Aetna
Affiliated Chiropractic Network
Affinity Health Plan
AgeWell New York
Akron General Managed Care
   Association
Alabama PPO Network Resources
   LLC
Alameda Alliance for Health
Alegent Creighton Health
   Centralized Credentialing
Alignment Healthcare USA
Allegiance Benefit Plan
   Management, Inc.
Alliance Behavioral Healthcare
Alliance Health Partners
Alliance Health Incorporated
Allscripts
AllyAlign Health, Inc.
Alpha Care Medical Group
AlphaCare New York, Inc.
Altus ACE
AlwaysCare Benefits, Inc.
**America's Health Insurance
   Plans (AHIP)**
America's Health Medical Services
American Academy of Family
   Physicians (AAFP)
American Behavioral
American Health Network of
   Indiana
American Hospital Association
   (AHA)

American Medical Association
   (AMA)
American Specialty Health, Inc.
Amerigroup Community Care of
   New Mexico, Inc.
Amerigroup Community Care of
   Tennessee
Amerigroup Corporation
Amerigroup Iowa
Amerigroup Kansas
Amerigroup Louisiana
Amerigroup Maryland
Amerigroup Nevada
Amerigroup New Jersey
Amerigroup New York
Amerigroup Texas
AmeriHealth Caritas Iowa
AmeriHealth Caritas Louisiana
AmeriHealth Caritas of District of
   Columbia
AmeriHealth Caritas of Michigan
AmeriHealth Mercy Health Plan
   Corporation
Ameritas Life Insurance Corp.
Amida Care
Angeles IPA
**Anthem Blue Cross Blue
   Shield**
Anthem Blue Cross of California
Anthem Blue Cross of Colorado
Anthem Blue Cross of Connecticut
Anthem Blue Cross of Indiana
Anthem Blue Cross of Kentucky
Anthem Blue Cross of Maine
Anthem Blue Cross of Missouri
Anthem Blue Cross of Nevada
Anthem Blue Cross of New
   Hampshire
Anthem Blue Cross of Ohio
Anthem Blue Cross of Virginia
Anthem Blue Cross of Wisconsin
Apogee Health Partners
AppleCare Medical Management
ArchCare
Arizona Association of Health
   Plans

Arizona Health Care Cost
   Containment System
ASC X12
AspenPointe Health Network
athenahealth, Inc.
Atlantic Integrated Health
Aultcare
Automated HealthCare Solutions
   (AHCS)/EZ Verify and Validate
Availity, LLC
Avesis Third Party Administrators,
   Inc.
AvMed Health Plans

B

Bakersfield Family Medical Group
Baptist Health South Florida
Beacon Health Options
Beacon Health Strategies
Beacon Health, LLC
Beth Israel Deaconess Provider
   Organization
**Blue Cross Blue Shield
   Association (BCBSA)**
Blue Cross Blue Shield of
   Alabama
Blue Cross Blue Shield of Arizona
Blue Cross Blue Shielf of
   California
Blue Cross Blue Shield of Florida /
   Health Options, Inc.
Blue Cross Blue Shield of Georgia
Blue Cross Blue Shield of Illinois
Blue Cross Blue Shield of Kansas
Blue Cross Blue Shield of Kansas
   City
Blue Cross Blue Shield of
   Louisiana
Blue Cross Blue Shield of
   Massachusetts
**Blue Cross Blue Shield of
   Michigan**
Blue Cross Blue Shield of
   Montana
Blue Cross Blue Shield of
   Nebraska

Blue Cross Blue Shield of New
   Mexico
**Blue Cross Blue Shield of
   North Carolina**
Blue Cross Blue Shield of North
   Eastern Pennsylvania
Blue Cross Blue Shield of
   Oklahoma
**Blue Cross Blue Shield of
   Tennessee**
Blue Cross Blue Shield of Texas
Blue Cross Blue Shield of Western
   New York
Boston Medical Center HealthNet
   Plan
Brattleboro Memorial Hospital
Brattleboro Retreat
Bridgeway of Arizona
Bronx United IPA
Buckeye Community Health Plan

C

California Dept of Health Care
   Services
California Health And Wellness
   Plan
California IPA
Cameron Memorial Community
   Hospital
Capital Blue Cross
Capital District Physicians' Health
   Plan
Capital Vision Services
Cardinal Health Partners
Cardinal Innovations Healthcare
   Solutions
Care1st of Arizona
CareCentrix
**CareFirst BlueCross
   BlueShield**
CarePoint Health Plans
CareSource Management Group
Carpenters' Benefit Plan
CDPHP
CeltiCare Family Health Plan
Cenpatico Behavioral Health

Cenpatico of Arizona
Censeo Health
Centene Corporation
Center Care Health Benefit
   Programs
CenterLight Healthcare
Centers Plan for Healthy Living
   New York, LLC
CentMass Association of
   Physicians, Inc.
Central Ohio Primary Care
   Physicians
Centurion Vermont
Century PHO, Inc.
Ceridian Corporation
Cerner
Change Healthcare (formerly
   Emdeon)
Children's Community Health Plan
Children's Medical Center Health
   Plan
Children's Hospital Medical Center
Childrens Mercy Pediatric Care
   Network
Chiropractic Services
   Management, LLC
CHRISTUS Health
Cigna
CIGNA Behavioral Health
CIGNA-Healthsprings
ClaimRemedi
Cleveland Clinic Health System
   Physician Organization
CMDP
CMS Cap Management Systems
COAIM Health IPA
Cognizant
Cognosante
CollabHealth Plan Services, Inc.
Colonial Cooperative Care
Colorado Access
Colorado Choice Health Plans
Colorado Physical Therapy
   Network
Community Care IPA
Community Care Physicians

Community Eye Care
Community First Health Plans
Community Health and
    Immunization Services, LLC
Community Health Center
    Network (CHCN)
Community Health Choice, Inc.
Community Health Group
Community Health Options
Community Health Plan of
    Washington
Community Health Solutions of
    America, Inc.
Community Health Systems (CHS)
Community Health Systems
    Professional Services
    Corporation
Community Medical Group, Inc.
Community Network for Behavioral
    Healthcare
Community Partners of Southern
    Arizona
Compass Health, Inc.
Compass IPA
ComplexCare Solutions, Inc.
Comprehensive Health
    Management, Inc
Comprehensive Health Services,
    Inc.
ComPsych
Concentra Health Services, Inc.
Concern:EAP
Concordia Behavioral Health
Conduent (Formerly Xerox & ACS
    EDI Gateway)
Confluence Health
Conifer Value-Based Care, LLC
ConnectiCare Inc.
Connecticut Judicial Branch, Court
    Operations and Court Support
    Service Division
Connective RX
Consumers' Choice Health Plan
Continuum Health Partners
Cook County Health & Hospital
    System
Coordinated Care
Copley Hospital
Corinthian Medical IPA
Cornerstone Alliance, Inc.

Corvel
Crown City Medical Group
Crystal Run Health Plan, LLC
CSG Government Solutions
CSRA (CSC)

D

Davis Vision
Deaconess Health Plans
Delta Dental of Idaho
Delta Dental of Massachusetts
Delta Dental Plans Association
DentaQuest
Dental Health & Wellness, Inc.
Denver Health Medical Plan
DesPeres Hospital
Detroit Medical Centers
Devon Health Services, Inc.
Doc Clear USA
Driscoll Children's Health Plan
DST Health Solutions

E

East Carolina Behavioral Health
    LME/MCO
East Georgia Physicians Group
Edifecs
Elderplan
ElderServe Health, Inc.
EmblemHealth
EMI Health
Emory Healthcare
Empire Blue Cross Blue Shield
Employee Health Systems
Employer Direct Health Care
Envolve Vision Benefits
Epic
e-Psychiatry
ESI-Employee Assistance Group
Eskenazi Medical Group
ESPRIT Medical Care
Evergreen Health Cooperative, Inc.
Evolent Health
ExamOne
Excellus Blue Cross Blue Shield
Excelsior Medical, IPA, LLC
EyeMed Vision Care

F

Fairfax Falls Church Community
    Services Board
Fallon Community Health Plan
Family Health America
Family Health Network
Federal Reserve Bank of Atlanta
FEI Behavioral Health
Fidelis Care New York
Fifth Third Bank
First Care Health Plans
First Choice PHO
First Community Health
Florida Agency for Health Care
    Administration
Florida Health Plan
Florida Hospital
Florida True Health
Foresight Medical d/b/a
    Encompass Specialty Network
Freedom Health
Fresenius Health Partners, Inc.
FrontPath Health Coalition

G

Gateway Health Plan
GE Healthcare
Geisinger Health Plan
General Vision Services
Genesis Eldercare Rehab Services
    LLC
Genesis HealthCare System
Genesis Physician Group
Georgetown University Hospital
Georgia Health Network
Gifford Medical Center
Gold Coast Health Plan
Government Employees Health
    Association, Inc. (GEHA)
Government Management
    Services
Grace Cottage Hospital
Greater New York Hospital
    Association (GNYHA)
Greater Tri-Cities IPA
GuildNet
GWU-Medical Faculty Associates,
    Inc.

H

Hap Midwest Health Plan
Harbor Health Plan
Harvard Pilgrim HealthCare
Hawaii Western Management
    Group
HCA Shared Services
Health Alliance Medical Plan
Health Alliance of the South
Health Care Alliance Pool (HCAP)
Health Care Service Corporation
Health Choice Arizona Health Plan
Health First Health Plans
Health First Network, Inc. Florida
Health Level 7 (HL7)
Health Net Federal Services
Health Net, Inc.
Health New England
Health Partners
Health Plan of San Mateo
Health Plan Services
Health Plus Physicians
    Organization
Health Services for Children with
    Special Needs
Healthcare Business Management
    Association
Healthcare Financial Management
    Association
Healthcare Management Systems
HealthCare Partners Medical
    Group
HEALTHeNET
Healthfirst Management Services,
    LLC
HealthNet Federal Services, LLC
HealthNow New York, Inc.
HealthNow*
HealthOne Alliance
HealthSmart
Henry Ford Health System
Heritage Health Systems, Inc.
Heritage Vision Plan
Highmark, Inc.
Hillcrest Family Health Services
HIP Health Plan of New York
Holy Name Medical Center
Holzer Health System
Home State Health Plan

Horizon Health
**Horizon Blue Cross Blue
    Shield of New Jersey**
HP Enterprise Services, LLC
HS1 Medical Management, Inc.
Humana, Inc.

I

iCare Health Options
Imagine Health
Independence Blue Cross
Independence Care System
Independence Medical Group
Independent Health
Independent Living Systems, LLC
Independent Physician Association
    of Georgia/EHS
Indiana Pro Health Network
Indiana University Health
Industry Buying Group
Inland Valleys, IPA
inMediata
Inova Health System
INSPIRIS, Inc.
InstaMed
InteCare, Inc.
IntegraNet Physician Resources,
    Inc.
Integrated Care Partners, LLC
Integrated Solutions Health
    Network
INTotal Health
IPA of North Jersey
IPN
IU Health Goshen Hospital/
    Indiana Lakes MCO

J

Jai Medical Systems, INC.
Johns Hopkins Healthcare
JSA Healthcare Corporation
Justice Health Solutions, LLC

K

Kaiser
Kaiser Foundation Health Plan of
    the Mid-Atlantic States
Kaiser Permanente
Kalos Health

Kansas Department of Health and Environment
Kansas Superior Select
Kent County Health Services, Inc. (PHO)
Kentucky Medical Services Foundation, Inc.
Kentucky Orthopedic Rehab Team, LLC
Kentucky Primary Care Association
Key Medical Group
Keystone First Health Plan/ AmeriHealth Caritas Health Plan
Kingman Regional Medical Center

L

Laboratory Corporation of America
Lakewood IPA
LaSalle Medical Associates
Leon Medical Centers Health Plans
Lewis-Gale Physicians, LLC
Liberty Dental Plan Corporation
LifePoint Health
LifePrint IPA
Logistics Health
Lone Star Circle of Care
Louisiana Medicaid – Molina
Lumeris, Inc.

M

Magellan Health Services
MagnaCare Administrative Services, LLC
Magnolia Health Plan
Magnum Health Plan, Inc.
Managed Care of North America, Inc
Managed Health Care Administration, Inc.
Managed Health Network
Managed Health Services
MAPFRE
MARCH Vision Care
Maverick Medical Group
Mayo Clinic
MBX Medical Billing Experts, LLC
MCCI Medical Group

McLaren Health Plans
McLaren Physician Hospital Organization
MDwise Care Select
MedCost, LLC
Medical Group Management Association (MGMA)
Medical Mutual of Ohio
Medichoice IPA
MEDIX Consulting LLC
MEDNAX Services, Inc.
MedStar Family Choice, Inc.
MedTranDirect
MedXM
Memorial Hermann Health Solutions
Memorial Hospital of Rhode Island
Mercy Care Plan
Mercy Health System PHO, Inc.
Mercy Maricopa Integrated Care
Mercy Physicians Medical Group
Meridian Health Plan
Merit Independent Physicians Association, LLC
MET Healthcare Solutions
MetLife
Metro West Medical Practice Association
Metroplex Pathology Associates
MetroPlus Health Plan
Miami Jewish Health
Michigan Department of Community Health
Michigan Public Health Institute
Minnesota Department of Health
Minnesota Department of Human Services
Missouri Health Plus
Missouri HealthNet Division
Mobility Medical, Inc.
Molina Healthcare of California
Molina Healthcare of Florida
Molina Healthcare of New Mexico
Molina Healthcare of Ohio
Molina Healthcare of Utah
Molina Healthcare of Washington
Montefiore Medical Center in New York
Mosaic IPA
Mount Kisco Medical Group, PC

Mt Carmel Health System
Mt Carmel Health Plan/Medigold
Multicultural Primary Care Medical Group
Multiplan
MVP Health Plan, Inc.

N

NACHA – The Electronic Payments Association
NASW Risk Retention Group, Inc.
National Committee for Quality Assurance (NCQA)
National Council for Prescription Drug Programs (NCPDP)
National Medicaid EDI Healthcare Work Group (NMEH)
National Rehabilitation Hospital
National Vision Administrators
National Vision
Nationwide Children's Hospital
Nationwide Optometry P.C.
NAVCP Credentialing Alliance
NaviNet
Neighborhood Health Plan
Neighborhood Health Plan of Rhode Island
Network Health Plan
Network Solutions, IPA
New Avenues, Inc.
New Directions Behavioral Health
New England Physician Alliance
New Hampshire Healthy Families
New Jersey Manufacturers Insurance Company
New Mexico Health Connections
New York State Catholic Health Plan d/b/a Fidelis Care New York
Next Level Health Partners, LLC
NextGen Healthcare Information Systems, Inc.
NJ Shore (WEDI SNIP NY Affiliate)
North American Partners in Anesthesia
North Carolina Council of Community Programs
North Coast Professional Company LLC

North Country Health System
North Dakota Medicaid
Northeast Alabama Physicians
Northeast Alabama Primary Healthcare
Northeastern Vermont Regional Hospital
Northwest Georgia Physicians Association
Northwest Physicians Network, LLC.
Northwestern Medical Center, Inc.
Norton Healthcare, Inc.
NYU Langone Medical Center

O

Oakland Physician Network Services
Occupational Managed Care Alliance/Provider Net
Ohio Health Choice
OhioHealth Group, Ltd.
Oklahoma Employees Group Insurance Division
Old Pueblo Practice Management
One Call Care Management
OneHealthPort
Online Care Network II
OptumHealth Care Solutions-Physical Health
Oregon Department of Human Services
Oregon Health Authority
Ortho NorthEast (ONE)
OrthoNet
Oscar Insurance Corporation
OSS Orthopedic Hospital
OSU Health Plan, Inc.
Owensboro Community Health Network

P

Palladian Muscular Skeletal Health
Palmetto GBA
Paramount Health
Paramount Health Options
Parkview Health Plan Services
Passport Health
PaySpan

Peace River Center
Peach State Health Plan
Pennsylvania Department of Public Welfare
People's Health
Phoenix Children's Hospital
Phoenix Health Plan
Physician Associates of Middle Georgia
Physician Partners IPA, Inc.
Physician Staffing Inc./Community Hospitalist
Physicians Health Plan of Mid-Michigan
Physicians Health Plan of Northern Indiana, Inc.
Physicians Medical Group of San Jose, Inc.
Physicians of Coastal Georgia
Physicians of Southwest Washington, LLC
Piedmont Community Health Plan
Pinehurst Medical Clinic
Pinnacle Health PHO
Pipefitters*
Planned Parenthood of Metropolitan Washington DC, Inc.
Platinum Preferred Healthcare Network, PLLC d/b/a Platinum Physician Associates
PNC Bank
PNT Data Corp
Political Subdivision Workers' Compensation Alliance
Porter Hospital
Practice Resources, LLC
Preferred Care Partners, Inc.
Preferred Health Plan
Preferred IPA of California
Premera Blue Cross Blure Shield
Premier Care IPA
Premier Eye Care of Florida, LLC
Premier Health Group
Premier Health Group
Premier Physician Support Services
Presence Health Partners
Prestige Health Choice

Primary Care Associates Medical Group
Primary Care Association, LLC
Primary Care of Northern Ohio
Primary Partner Care Management Group, Inc.
Primary Provider Management Company, Inc.
Prime Care Health Group
PrimeCare Medical Network, Inc.
Prime Community Care of the Central Valley
Prime Health Services
Priority Health
Private Sector Technology Group
Privia Health
ProgressHealth PHO
Prospect Medical Group
Provider Health Link Louisiana
Provider Network Alliance, LLC
Provider Partners Health Plan
Provider Partners Health Plan of Pennsylvania
ProviDRs Care
Psychcare
Purchase Physicians Organization

Q

Q Point
QualCare
Quality Health Plans of New York, Inc.

R

Rayn Healthcare Alliance
RealMed, An Availity Company
Recondo Technology, Inc.
Recovery Centers of America
RelayHealth
Resurrection Physicians Provider Group, Inc.
Rideout Medical Associates, Inc.
River City Medical Group
Riverside Health
Rochester Community IPA, Inc. (RCIPA)
Rocky Mountain Health Plans
Rocky Mountain Human Services

Rogers Memorial Hospital Inc.
Rutland Regional Medical Center

S

Saint Francis HealthCare Partners (formerly The Saint Francis PHO)
Saint Louis University Hospital
Saint Luke's Physician Specialists, LLC
Salisbury Health Group. LLC
Sandhills Center
Sarasota Memorial Health Care System
Secure Health Plans of Georgia
SecureCare, Inc.
Select Health of South Carolina
Sendero Health Plan
Senior Whole Health, LLC
Sentara Healthcare
Seoul Medical Group
Seton Insurance Services
SHC Medical Partners
SightCare
SIHO Insurance Services
Silver Rock Risk Solutions
Simply Healthcare
Smoky Mountain Center
Solstice Benefits
South Florida Community Care Network, LLC
South Florida Vision
South Georgia Physician Network, LLC
South Georgia Physicians Association, LLC
South Shore Rockaways IPA
Southwest Network
Southwestern Vermont Medical Center
Sovereign Phoenix IPA
Space Center IPA
Special Care Management, LLC
Spectera Eyecare Networks
Spreemo, Inc.
Springfield Medical Care Systems, Inc.
St. Francis Health Network
St. John's Mercy Health Network
St. Mary's PHO

St. Vincent IPA Medical Corporation
Stark Regional PHO
State of Connecticut Judicial Branch
Steward Medical Group
Suburban Health Organization
SummaCare
Sunflower State Health Plan
Superior Health Plan - Texas

T

Tampa General Hospital
Telecare
Tenet Health
TennCare—State of Tennessee Medicaid
Texas Professional Healthcare Alliance
The Association of Primary Care Physicians (APCP)
The Health Plan, Inc.
The Institute for Family Health
The SSI Group, Inc.
The University of Arizona Health Plans
The University of Vermont Medical Center
TIBCO Software Inc.
Torchmark*
Total Health Care
TPN
Tribute Health Plan
TRICARE
Trillium Health Services
TriState Health Partners
TriWest Healthcare Alliance
TRUSTED Health Plan, Inc.
Tufts Health Plan

U

U.S. Retina
Ultimate Health Plans, Inc.
Unicare
Unified Physician Management
Unified Physicians Network, Inc.
Unison Administrative Services
United Behavioral Health/US Behavorial Health Plan

United Healthcare Dental
United Physicians
United States Centers for Medicare and Medicaid Services (CMS)
United States Department of Treasury Financial Management
UnitedHealth Group
Unity Healthcare
University Medicine Foundation
University of Chicago Medicine Care Network
University of Louisville Physicians
University of Missouri - University Health
University of Pittsburgh Medical Center
University of Toledo Physicians
University of Utah Health Plans
University Physicians Network
UPMC Health Plan Insurances Services Division
US Department of Veterans Affairs
US Family Health Plan at St Vincent Catholic Medical Centers
US Medical Management
US Physical Therapy, Inc.
US Vision
Utah Health Information Network (UHIN)
Utilization Review Accreditation Commission (URAC)

V

Vale-U-Health
Valley Baptist Health Plans
Valley Health Plan Santa Clara County
Valley Obstetrics and Gynecology, PC
Value Options
Vanderbilt University
Vantage Health Plans
Vantage Oncology, LLC
Ventanex
Vermont Hospital Association
Vermont Managed Care
Vibra Health Plan
VillageCareMAX
Virginia Mason Medical Center

Virginia Premier Health Plan
VISA, Inc.
Vision Benefits of America, Inc.
Vision Service Plan
Vision Source Texas IPA, PLLC
Vista Health Plan
VitalMD Group Holding, LLC
VNSNY CHOICE
Vohra Health Services
Vyne Medical (Formerly Medical Electronic Attachment, Inc.)

W

Washington Health Plan
Washington State Office of the Insurance Commissioner
WeCare of New York
Wellcare
WellComp Managed Care Services, Inc.
WellMed Medical Management, Inc.
West Virginia Superior Select
WinFertility
Wipro Infocrossing
Women and Infants PHO of Rhode Island
Work Group for Electronic Data Interchange (WEDI)
Workers' Compensation Trust

X-Y-Z

YourCare Health Plan
ZirMed

CAQH