

2018 ANNUAL REPORT

MISSION STATEMENT

To accelerate the transformation of business processes in healthcare through collaboration, innovation and a commitment to ensuring value across stakeholders.



In 2018, there was heightened attention on the costs of inefficient and outdated administrative processes in healthcare. Congress held hearings and considered legislation, regulatory bodies enacted new rules, and the media reported extensively on these matters.

To address these issues, in 2018, CAQH enhanced our suite of provider data solutions with new features and technologies, including artificial intelligence, to streamline workflows and improve data quality. We also launched a new solution to simplify the way information is shared between entities with the highest volume and most complex provider data needs.

CAQH CORE brought the industry together to accelerate automation of prior authorizations and other transactions that occur millions of times every year. CAQH CORE also issued a report identifying ways the industry can remove barriers to new payment models.

In 2018, Humana, which serves more than 16 million members, joined CAQH. Now, the five largest health plans in the US are working together at CAQH to address issues no one company can solve on its own. We also expanded our industry relations and government affairs efforts to enable CAQH to participate more fully in the conversation on important healthcare business and policy issues at the state and federal levels.

While we are proud of these and other achievements, much work remains to be done. Our nation's healthcare system continues to change rapidly and, given the innovation, investments and progress highlighted in this report, CAQH has never been more ready to assist the industry with what lies ahead.

Robin J. Thomashauer President



CAQH PROVIEW

CAQH ProView is the leading industry-wide provider data solution. Providers enter their professional and demographic information into a user-friendly web-based system, where it is shared with plans and other organizations they designate for credentialing and other business needs.

In 2018, more than 1.5 million providers used CAQH ProView to share professional and demographic information with nearly 1,000 health plans, hospitals and other participating organizations. Every four months, more than a million providers logged in to the solution to verify and attest to their data.

No other solution in the industry has this level of direct provider engagement or health plan participation and industry adoption of CAQH ProView continues to grow. Health plans in Massachusetts and Tennessee announced that they are using it to manage provider data, and plans in other states are preparing to make similar announcements.

In 2018, CAQH launched CAQH ProView for Groups to streamline information sharing between hospital systems, large group practices and health plans. Now, healthcare organizations can upload a single file with information on hundreds of providers to a portal which instantaneously checks for errors. Participating plans can then efficiently access higher quality provider data for use in their systems and online directories.

80

New organizations began using CAQH ProView in 2018.

Every four months, more than a million providers logged in to CAQH ProView to verify and attest to their data.

VERIFIDE

VeriFide authenticates the accuracy and completeness of healthcare provider information to support credentialing decisions and reduce the administrative burden on providers.

For health plans, verifying the primary source information used in credentialing decisions can be a costly and painstaking process. To streamline this important function, CAQH launched a new technology solution, VeriFide.

VeriFide reduces administrative burdens and increases the accuracy of primary source verification for participating plans.

According to industry sources, most organizations take between 21 and 45 days to verify credentials. VeriFide delivers 98 percent of initial credentialing files within 14 days or fewer with error rates that one audit found to be less than one percent. Another plan that uses VeriFide reported that 42 percent of its volume of primary source verifications is now processed without human intervention.

Faster turnaround times and more complete files means that more providers can participate in health plan networks sooner, offering members greater choices and access to care.

CAQH has several initiatives underway to further automate primary source verification and give plans visibility into when credentials for each provider will be verified.

98% Initial credenti

Initial credentialing files completed and delivered within 14 days through VeriFide.

DIRECTASSURE

DirectAssure enables healthcare providers to 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 burden on providers.

Inaccurate, incomplete and outdated healthcare provider directory information is a longstanding problem. Recent reviews of Medicare Advantage online directories by the Centers for Medicare and Medicaid Services (CMS) determined that nearly half of the provider directory locations listed had at least one inaccuracy. To address this issue, federal and state agencies have issued new requirements.

CAQH developed DirectAssure as an industry-wide shared solution to streamline data collection and improve provider directory quality. DirectAssure can improve the accuracy of provider locations in a typical health plan's directory by 25-30 percent. One large national health plan achieved 84 percent directory accuracy using the solution.

During the year, CAQH deployed machine learning to identify and correct inaccurate directory information without burdening providers with requests to verify their information.

84%

Directory accuracy achieved by a national health plan using DirectAssure.

Case Study

A large national health plan sought assistance in improving the accuracy of its Medicare Advantage provider directory. Previously, the plan resorted to making more than 1 million phone calls annually to providers to confirm insurance affiliation, if they were accepting new patients and other information.

The health plan conducted a DirectAssure pilot with 52,000 providers in Texas, resulting in:

- The removal of 20,000 incorrect Medicare Advantage directory records.
- Reduced provider abrasion.
- Decreased audit risk.
- Dramatically lower operating costs.

ENROLLHUB

EnrollHub enables healthcare providers to enroll in electronic funds transfer and electronic remittance advice with multiple health plans through one easy, secure process. This reduces the cost and risks associated with paper checks.

Even as the healthcare industry has adopted a growing number of electronic processes, more than one in three claim payments to providers is made by paper check. This is due, in part, to the administrative burden on providers who have to enroll for electronic payments through a separate process for each health plan.

EnrollHub removes this barrier by enabling providers to sign up for electronic payment with multiple plans through a single, secure, online process.

In 2018 alone, health plans received more than 63,000 enrollments from 38,000 new provider organizations participating in EnrollHub.

Over the past year, CAQH implemented additional security measures to validate enrolled providers, confirm account details, and prevent fraud.

63,000New EnrollHub provider enrollments received by health plans in 2018.

COB SMART

COB Smart enables health plans to determine — before a claim is paid — which of their members have coverage that overlaps with another commercial plan. This enables participating plans to pay claims accurately without member surveys or recovery costs.

While only five percent of members have overlapping coverage, health plans spend approximately \$800 million every year attempting to coordinate benefits and recover payments.

Through COB Smart, participating health plans supply coverage information to a registry, where it is compared with data from other plans to identify members with more than one form of coverage. This enables plans and providers to process claims correctly the first time.

Health plans that have measured results from COB Smart report at least a three-to-one ROI from recovered and avoided claims

In 2018, CAQH made several enhancements to COB Smart which resulted in the identification of more than 200,000 additional instances of overlapping coverage. These efforts saved participating organizations an additional \$87 million.

Enhancements slated for 2019 will improve accuracy, provide more detailed reporting, streamline workflows and enable "straight-through" processing for participating health plans.

3:1 **ROI**

Return on investment reported by plans participating in COB Smart.

Case Study

A regional plan in the south sought a more proactive approach to coordination of benefits to maximize savings and reduce reliance on recovery vendors.

Previously, members would provide COB information when contacting customer service or during open enrollment. Some were sent letters asking them to provide their coverage information by return mail.

However, the costs of sending letters was high, and response rates were very low.

By adopting the solution, the plan was able to take information received from COB Smart, update its systems, and automatically identify any claim where it was not the primary payer prior to the claim being paid.

In the second year after implementing COB Smart, the plan was able to avoid \$11.3 million in costs. By year three, it avoided \$27.7 million.

CAQH CORE

By developing operating rules for electronic business transactions, the Committee on Operating Rules for Information Exchange® (CAQH CORE) is a collaboration of more than 130 organizations working to reduce the number of expensive, time-consuming, and error-prone manual administrative processes. CAQH CORE offers a voluntary certification program so organizations can demonstrate that they follow industry operating rules.

As the healthcare marketplace evolves, the role of CAQH CORE has increased in importance. Today, more than 350 certifications have been awarded to entities across the healthcare industry, and now COREcertified health plans cover 78 percent of commercial lives, 75 percent of Medicare Advantage lives and 44 percent of Medicaid lives in the United States. In 2018 alone, CAQH awarded more than 40 certifications.

To meet changing market and regulatory needs, CAQH CORE has also shifted its focus. For example, after providing a roadmap to increase adoption of electronic transactions in a fee-for-service system, CAQH CORE issued a report identifying operational challenges that may hinder the transition to value-based payment (VBP). The report included opportunity areas to accelerate the transition, and CAQH CORE launched a VBP advisory group to continue research and guide additional planning efforts in this area.

In 2018, CAQH CORE also addressed one of the most hotly debated of all healthcare transactions – prior authorizations. In July, the CAQH CORE Board issued an open letter voicing its support for a statement issued by several large industry players on how to improve the prior authorization process and drafted Phase V rules to accelerate adoption of electronic prior authorizations.

In 2019, CAQH CORE will continue to support the industry transition to VBP, finalize and promote Phase V operating rules, and advance other initiatives to accelerate the adoption of electronic business transactions.

350

CAQH CORE certifications awarded across the industry.

"If we can work together to improve the prior authorization process, we can reduce unnecessary manual interventions, cut costs and, ultimately, improve the efficiency and overall quality of patient care."

Susan L. Turney, MD CAQH CORE Board Chair, President and CEO of Marshfield Clinic Health System.

CAQH INDEX

The annual CAQH Index research report tracks the adoption rates of electronic business transactions in healthcare and the savings associated with moving from costly manual transactions such as phone, fax and mail. Gauging the level of industry transition to fully electronic business transactions highlights progress made as well as the gaps that remain.

The 2018 CAQH Index revealed that the healthcare industry continues to make progress automating business processes. Electronic adoption and transaction volume increased, with several common transactions reaching 80 percent electronic adoption across the sector. This resulted in a narrowing of the cost savings opportunity for the first time in CAQH Index history.

Despite the progress that has been made, the Index estimated that the medical and dental industries could save an additional \$12.4 billion annually with full adoption of electronic administrative transactions. For both medical and dental industries, the greatest portion of these savings can be realized by providers – \$8.5 billion for medical and \$2 billion for dental providers.

The Index also highlighted a substantial rise in overall transaction volume, growing in parallel with industry complexity. As these trends persist, the Index found that the industry would benefit from updated standards, operating rules, infrastructure and functionality that can accommodate the increase in volume and growing complexity associated with the need to connect administrative and clinical data elements in value-based payment models.

In 2019, CAQH will continue to work to expand the data used in the Index to ensure industry-wide representation in the findings. With a larger data set, the Index intends to report on additional HIPAA transactions and offer deeper insights into the industry transition to electronic administrative processes.

\$12.4 billion

Potential savings with full adoption of electronic administrative transactions.

PUBLIC AND INDUSTRY AFFAIRS

As policymakers increased their focus on provider data and other healthcare business issues, in 2018 CAQH expanded its public affairs program in Washington, D.C. and the states.

At the federal level, CAQH shared its work on healthcare administrative simplification with Capitol Hill staff and federal agency officials. CAQH engaged with national and state-level policy organizations such as the National Association of Insurance Commissioners, the National Conference of State Legislatures and National Lieutenant Governors Association, among others. CAQH also conducted outreach to Medicaid health plans, state Medicaid departments and related organizations on opportunities to streamline processes and reduce costs.

In 2018, CAQH continued its partnership with the American Dental Association (ADA). As dentists become increasingly involved in managed care, many are encountering new challenges with credentialing, network directories and other business issues. CAQH and the ADA are working together to assist dentists with this transition.

CAQH also conducted outreach to Medicaid health plans, state Medicaid departments and related organizations on opportunities to streamline processes and reduce costs.



IMPACT

The mission of CAQH is to accelerate the transformation of business processes in healthcare through collaboration, innovation and a commitment to ensuring value across stakeholders

By launching innovative technologies and solutions and bringing diverse interests together from across healthcare, CAQH advanced this mission and had an important impact on the industry.

But this work also has a profound impact on people.

For example, by reducing time providers spend on administrative tasks, they are free to focus resources on patient care. Over time, this will help to alleviate physician burnout and the provider shortage that many communities face. It also has the potential to improve the patient experience in important ways.

By providing the industry a roadmap to greater adoption of electronic prior authorizations and other transactions, CAQH is enabling administrators to work more efficiently, and reducing delays and barriers to care for patients. Streamlining the credentialing and primary source verification process is helping qualified physicians join health plan networks sooner, and providing members greater access and choices for healthcare.

In 2018, by working to remove costs, delays, and inefficiencies from the business of healthcare, CAQH enabled our healthcare system to work better for everyone.

caqH employees are inspired by the difference they make for individuals, particularly healthcare administrators, physicians, and patients.

LIST OF MEMBERS AND PARTICIPATING ORGANIZATIONS (CAQH Member organizations in bold)

Α

(AHMS) America's Health Management Services 1199 SEIU National Benefit Fund Accenture

Access Behavioral Health

Access Management Co, LLC Access Management Services (aka Colorado Access

Adena Health System

Advanced Medicine Integration Group

Adva-Net

Advantica Administrative Services Adventist Health Network Adventist HealthCare

Aetna

Affinia Health Network
Affinity Health Plan
Affliated Chiropractic Care
AgeWell New York
AIDS Healthcare Foundation
Alameda Alliance for Health
Alignment Healthcare USA
Allegiance Benefit Plan Management,

Alliance Behavioral Healthcare Alliance Health Partners

Allscripts

AllWays Health Partners AlphaCare New York, Inc. AltaMed Health Services Corp

Altus ACE

AlwaysCare Benefits, Inc. American Care, Inc.

American Dental Association

American Health Network of Indiana

American Hospital Association
American Medical Association
American Specialty Health. Inc.

American Vision Partners

America's Health Insurance Plans

Amerigroup Alabama
Amerigroup BCBS WNY

Amerigroup Community Care of New Mexico Inc

Amerigroup Community Care Tennessee

Amerigroup Corporation

Amerigroup DC

Amerigroup Iowa

Amerigroup Maryland

Amerigroup New Jersey Amerigroup New York

Amerigroup Texas

AmeriHealth Caritas Delaware

Amerihealth Caritas Family of Companies / Amerihealth Caritas of Michigan

AmeriHealth Caritas Louisiana

AmeriHealth Caritas New Hampshire AmeriHealth Caritas New Mexico

AmeriHealth Caritas North Carolina AmeriHealth Caritas of District of

Columbia

AmeriHealth Caritas Texas

Ameritas Life Insurance Corp

Amida Care

Angeles, IPA

Anne Arundel Healthcare Enterprises Answer Health Physician Organization, Inc.

Anthem Inc.

APCP

Apogee Health Partners

Applecare Medical Management, LLC

ArchCare

Arete Rehabilitation, Inc.

Argus Dental & Vision

Arizona Association of Health Plans
Blue

Arizona Health Care Cost Containment System

Arizona Priority Care Plus

ASC X12

Ascension Care Management

AthenaHealth

ATI Physical Therapy

Atlantic Integrated Health

Aultcare

Aunt Martha's Health and Wellness, Inc.

Availity, LLC

Avesis Third Party Administrators,

AvMed Health Plans

В

Bakersfield Family Medical Group Bank of America

Baptist Health South Florida Baptist Memorial Medical Group

BayCare Medical Group

BayCare Select Health Plans, Inc.

Beacon Health Options
Beacon Health Solutions

Beacon Health, LLC

Behavioral Health Professionals, Inc.

Behavioral Services Network, LLC
Beth Israel Deaconess Physician

Organization

Blessing Hospital

Blue Cross and Blue Shield Association

Blue Cross and Blue Shield of Alabama

Blue Cross and Blue Shield of Florida / Health Options, Inc.

Blue Cross and Blue Shield of Kansas Blue Cross and Blue Shield of Kansas City

Blue Cross and Blue Shield of Massachusetts

Blue Cross and Blue Shield of Minnesota

Blue Cross and Blue Shield of Nebraska Blue Cross and Blue Shield of Vermont

Blue Cross Blue Shield of Arizona Blue Cross Blue Shield of Kansas City

Blue Cross Blue Shield of Michigan Blue Cross Blue Shield of North Carolina

Blue Cross Blue Shield of Rhode Island

Blue Cross Blue Shield of Tennessee

Blue Cross Blue Shield of Wyoming Blue Ridge Medical Management

Blue Shield of California

Boston Medical Center HealthNet Plan

Brand New Day

Brattleboro Memorial Hospital

Brattleboro Retreat

Bright Health Management, Inc.

Bronx United IPA, Inc.

Brown & Toland

Buckeye Health Plan

С

California Department of Health Care Services

California IPA

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

CareSource

CareSource Management Group
Carlos G.Otis Health Care Center, Inc.
/ Grace Cottage Hospital
Carpenters' Benefit Plan
CenCal Health
Cenpatico Behavioral Health

Cenpatico of Arizona

Centene Corporation

Center Care Health Benefit Programs CenterLight Health Care

Centers for Medicare and Medicaid Services

Centers Plan for Healthy Living NY, LLC.

CentMass Association of Physicians, Inc.

Central Ohio Primary Care Physicians, Inc.

Central Queens IPA / South Asian IPA

Century PHO, Inc.

Ceridian Corporation

Cerner/Healthcare Data Exchange

Change Healthcare

Chesapeake Health Care

Chesapeake IPA

Chestnut Global Partners, LLC

Chicago IPA, Inc. / Unified Physicians Network, Inc.

Child and Family Health Collaborative of Ohio

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 Plan

Chiropractic Services Management, LLC

Christopher Rural Health Planning Corporation

CHRISTUS Health

Cigna

CIGNA Behavioral Health Cigna HealthSpring ClaimRemedi

Clear Spring Health Plan

Cleveland Clinic Health System Physician Organization AKA Cleveland Clinic Community Physician

Clinical Practice Organization

Clover Health

CMDP (Comprehensive Medical and Dental Program)

CMS Cap Management Systems Coalition Of Asian-American IPA

Cognizant

Cognosante

Coherent Eve Care LLC

CollabHealth Plan Services (RiverLink Health, StableView Health, ClearRiver Health, HeartlandPlains

Colonial Cooperative Care

Colorado Physical Therapy Network (CPTN)

Commonwealth Care Alliance

Community Aligned Association of Physicians, Inc.

Community Behavioral Health Community Care Health Plan of Nevada Inc.

Community Care IPA

Community Care Physicians, P.C. 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 Plan of

Washington

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.

Compass IPA

Comprehensive Health Management (WellCare)

Comprehensive Health Services, Inc. ComPsych

Concentra Health Services, Inc.

Concordia Healthcare Holdings, Inc. / Concordia Behavioral Health

Conduent

ConnectiCare Inc.

Connecticut Judicial Branch, Court Operations and Court Support

Service Division
Connective RX

Continuum Health Partners

Cook Children's Health Plan (CCHP)

Copley Hospital

Corinthian Medical IPA

Cornerstone Alliance, Inc.

CorVel Corporation

CountyCare Health Plan

Coventry Health Care

Crystal Run Health Plan, LLC

CSRA

CVS Health

D

Davis Vision

Deaconess Health Plans

Delta Dental Arizona

Delta Dental of Idaho

Delta Dental Plans Association

DentaQuest

Denver Health Medical Plan, Inc.

Des Peres Hospital

Detroit Medical Center

Devon Health, Inc.

Devoted Health

Doc Clear USA

Doctors Health Care Plans, Inc. Driscoll Childrens Health Plan

DST Health Solutions

DXC Technology

Ε

E4 Health

East Georgia Physicians Group

Eastern Chinese American Physician IPA (ECAP IPA)

Easy Access Care IPA

eClinicalWorks, LLC

Edifecs

EhE international

Elderplan, Inc.

ElderServe Health, Inc.

EmblemHealth

Emory Healthcare

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

e-Psychiatry

ESI-Employee Assistance Group

Eskenazi Medical Group

Eskeriazi i ledicai Groc

ESPRIT Medical Care

eviCore Healthcare

Evolent Health

ExamOne

Exceedent Health

Excellus Blue Cross Blue Shield

Excellus Health Plan, Inc.

Excelsior Medical, IPA

Experian

EyeMax Vision Plan, Inc.

EyeMed Vision Care

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Fairfax Falls Church Community Services Board

Fallon Community Health Plan

Family Health Network, Inc.

Federal Reserve Bank of Atlanta First Community Health FirstCare Health Plans
Florida Agency for Health Care
Administration
Florida Health Plan
Florida Health Solution, Corp
ForeSight Medical / Encompass
Specialty Network
Friday Health Plans
FrontPath Health Coalition

G

Gateway Health Alliance, Inc.
Gateway Health Plan
Geisinger Health Plan
General Vision Services LLC
Genesis Eldercare Rehab Services,
LLC
Genesis HealthCare System
Genesis Physicians Group

Genoa Telepsychiatry
George Washington Medical Faculty
Associates

Georgia Health Network Gifford Health Care Global TPA, LLC GlobalHealth Inc. Gold Coast Health Plan

Genesys PHO

Golden Shore Medical Gonzaba Medical Group

Goshen Hospital/Indiana Lakes MCO

Government Employees Health Association, Inc. (GEHA)

Greater Baltimore Medical Center Greater Louisville Medical Society

Greater New York Hospital Association

Guardian Life Insurance Company of America

GWU-Medical Faculty Associates, Inc.

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Hamaspik Choice Inc. Hap Midwest Health Plan Happier Living Harbor Health Plan 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 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 Plus Physicians Organization

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, a DaVita Medical Group

HEALTHeNET

Healthfirst Management Services, LLC.

HealthNow New York, Inc.

HealthSmart

HealthSmart MSO Inc.

Healthy Blue (Amerigroup

Corporation)

Henry Ford Health System Heritage Health Systems, Inc. Heritage Vision Plans. Inc.

Highmark, Inc.

Hillcrest Family Services

HMS

Holy Name Medical Center Holzer Health System

Horizon Blue Cross Blue Shield of New Jersey

Hospital Corporation of America
HRMD Management

HS1 Medical Management, Inc.

Hudson Doc IPA

Humana

Hyr Medical

l

iCare Health Options

iCircle

IMAGINE HEALTH

IMCS Group Inc.

Imperial Health Holdings Medical

Group

Independence Blue Cross

Independence Medical Group

Independent Health

Independent Living Systems

Indiana Pro Health Network, Inc.

Indiana University Health

Industry Buying Group

inMediata

InnovAge

Inova Health System

Inovalon, Inc.

INSPIRIS, Inc.

InstaMed

InteCare, Inc.

Integra MLTC, Inc.

IntegraNet Physician Resource, Inc.

Integrated Behavioral Health/ American Behavioral

Integrated Care Partners, LLC

Integrated Care Partners, LLC
Integrated Solutions Health Network

INTotal Health

IPA of North Jersey

IPN

IVANS, Inc. Ivy Rehab

Л

Jackson Clinic PA

Jackson Medical Group Specialty Physicians

Jai Medical Systems Managed Care Organization. Inc.

Jefferson Physicians Group

Johns Hopkins

Johns Hopkins Healthcare LLC JSA Healthcare Corporation

Κ

Kaiser Permanente

Kaiser Permanente Hawaii Kaiser Permanente Northwest

Kaiser Permanente of Colorado

Kaiser Permanente of Northern

California Kaiser Permanente of Southern

California Kaiser Permanente of the Mid Atlantic States

Kalos Health, Inc.

Kansas Department of Health and Environment

Kansas Superior Select, Inc.

Kent County Health Services, Inc.

Kentucky Medical Services Foundation, Inc.

Kentucky Orthopedic Rehab Team,

LLC Kentucky Primary Care Association

Kettering Physician Partners

Key Medical Group

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

L

L.A. Care Health Plan Laboratory Corporation of America Lahey Clinic Inc. Medica Health Plans Lakewood IPA Medical Associates Health Plan LaSalle Medical Associates Inc. Medical Group Management Association Leon Medical Centers Health Plans Medical Mutual of Ohio, Inc. Lewis-Gale Physicians, LLC Medichoice IPA LIBERTY Dental Plan Corporation MediXaid LifeBridge MEDNAX Services Inc. LifePoint Hospitals MedPOINT Management Lifeprint Health, Inc. MedStar Family Choice. Inc. Livingston Physician Organization MedStar Health System / LocumTenens.com Georgetown University Hospital Logistics Health Incorporated MedXM Lone Star Circle of Care Memorial Hermann Health Solutions. Louisiana Medicaid - Molina Inc Loyola University Medial Center Memphis Lung Foundation Lumeris. Inc. Mercy Care Lyra Clinical Associates Mercy Health Mercy Health System PHO. Inc. М Mercy Maricopa Integrated Care Magellan Complete Care of Virginia Mercy Physicians Medical Group Magellan Health Services Meridian Health Plan, Inc. MagnaCare Administrative Services. Merit Independent Physicians Associaton, LLC Managed Care of North America, Inc. Meritage Medical Network Managed Health Network Inc. MESVision / The Eye Care Network, Management Services Network, LLC / MSN Healthcare Solutions MET Healthcare Solutions Manatee County Rural Health Metl ife Services Inc. Metroplex Pathology Associates MAPERE MetroPlus Health Plan, Inc. Marshfield Clinic MHMR of Tarrant County Martins Point Health Care MHN ACO Maverick Medical Group

Miami Jewish Health Systems, Inc. Michigan Department of Community Health Michigan Medicine Michigan Public Health Institute Mid America Cardiology Associates Inc. Midland's Choice Minnesota Department of Health Minnesota Department of Human Services Missouri HealthNet Division MissouriHealthPlus, LLC

Mobility Medical, Inc. Mohawk Valley Medical Associates Molina Healthcare, Inc. Montefiore Medical Center Mosaic IPA Mount Carmel Health Partners Mount Carmel Health Plan, Inc. Mount Carmel Health System Mount Kisco Medical Group Mount Washington Pediatric Hospital Mt. Ascutnev Hospital and Health Multiplan Inc. Muskingum Valley Health Center MVP Healthcare NACHA The Electronic Payments Association Nascentia Health NASW Risk Retention Group, Inc. National Association of Vision Care Plans (NAVCP) National Committee for Quality Assurance National Council for Prescription Drug Programs National Decision Support Company National Medicaid EDI Healthcare Work Group National Vision Administrators National Vision, Inc. Nationwide Childrens Hospital Nationwide Optometry PC NAVCP Credentialing Alliance NEA Powered by Vyne Neighborhood Health Plan of Rhode Island Network Solutions IPA, LLC New Avenues, Inc. New Directions Behavioral Health New Jersey Manufacturers Insurance Company New Mexico Cancer Center

New Mexico Mutual

New York Network, IPA New York Quality Healthcare Corporation / Fidelis Care Next Level Health Partners, LLC Next Medical Staffing, LLC c/o Health Carousel, LLC NextGen Healthcare Information Systems, Inc. Nexus Health Medical Group Nivano Physicians, Inc. N.I.Shore North Carolina Council of Community Programs North Coast Professional Company, 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. NP Nation NX Health Network NYU Langone Hospitals 0 Oakland Physician Network Services Ohio Health Choice OhioHealth OhioHealth Group

Oklahoma Office of Management Enterprise Services: Employee Group Insurance Divi Old Pueblo Practice Management OMCA-Occupational Managed Care Alliance, Inc./ProviderNet/ Community Care Network

One Call Care Management

Mayo Clinic

McKesson

Organization

MDwise, Inc.

MDxHealth

Medex IPA

MedCost, LLC

MCCI Medical Group

McI aren Health Plan

McLaren Physician Hospital

MDLive Provider Service

MRMS

OneHealthPort OODA Health 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 Р 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 Patient Physicians Network Holding Company PaySpan Peace River Center Peach State Health Plan Pediatric Associates Penn Behavioral Health Corporate Services Pennsylvania Department of Public Welfare Peoples Health Permian Basin Healthcare Network

Georgia Physician Partners IPA, Inc. Physician Staffing Inc. / Community Hospitalist Physicians Data Trust 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, HĈ. Physicians Optimal Network Physicians Practice Enhancement Piedmont Community Health Plan Pinehurst Medical Clinic, Inc. PinnacleHealth PHO Pinnacol Planned Parenthood of Metropolitan Washington DC. Inc. Platinum Preferred Healthcare Network, PLLC / Platinum Physician Associates PNC Bank PNT Data Corp Political Subdivision Workers' Compensation Alliance Porter Hospital, Inc. Practice Resources, LLC Preferred Care 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 Physician Support Services, LLC Premium LOCTEN Presbyterian Health Plan Presence Health Partners 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 ProCare MSO ProgressHealth PHO Progyny Promedica Physicians Group Prominence Health Plan Prospect Medical Provider HealthLink Louisiana, LLC Provider Partners Health Plan Provider Partners Health Plan of Pennsylvania ProviDRs Care Purchase Physicians Organization

Q Q Point QTC Management Inc. QualCare, Inc. Quality Health Plans of New York, Inc. QualSight, LLC Quorum Health

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.

R

River City Medical Group Riverside Health, Inc. Rochester Regional Centralized Credentialing Office Rocky Mountain Health Plan Rocky Mountain Human Services Rogers Memorial Hospital, Inc. Rutland Regional Medical Center

S

HC

South Georgia Physicians

Association, LLC

Saint Francis HealthCare Partners (formerly The Saint Francis PHO) Saint Lukes Physician Specialists, LLC Salisbury Health Group LLC Sandhills Center for MH/DD/SAS Scion Dental, Inc. Secure Health Plans of Georgia, LLC SecureCare. Inc. Security Health Plan of Wisconsin. Inc. Select Health of South Carolina Sendero Health Plans Senior Whole Health Sentara Healthcare Seoul Medical Group Seton Insurance Services SHC Medical Partners Sierra Health and Life Sightcare Inc. Signature Advantage, LLC Signify Health SIHO Insurance Services Silver Rock Risk Solutions Simply Healthcare Plans Smoky Mountain Center Solis Health Plans, Inc. Solstice SonderMind South Florida Community Care Network South Florida Vision (aka 20/20 Evecare Plan. Inc.) South Georgia Physician Network,

Phoenix Childrens Hospital

Physician Associates of Middle

South Shore Rockaways IPA 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

St. Marys PHO

Stark Regional PHO

Starling IPA

Stern Cardiovascular Foundation Steward Health Choice Arizona Health Plan

Steward Medical Group

Stormont-Vail Regional Health Center

Suburban Health Organization

SummaCare, Inc.

Summit Health

Superior Health Plan

Superior Vision

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TalkSpace

Tampa General Hospital
Tampa General Medical Group
Tata Consultancy Services Ltd

Telecare Tenet Health

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TennCare

Texas Childrens Health Plan

Texas Independent Providers, LLC

Texas Professional Health Care Alliance

The Health Plan of the Upper Ohio Valley Inc (The Health Plan Inc.)

The Institute for Family Health

The Ohio State University Medical Center

The Premium Group, Inc.

The SSI Group, Inc.

The University of Arizona Health Plans

TIBCO Software, Inc.

Torchmark

Total Health Care, Inc.

TPAC

TPN

Trans Century Resources Inc.

TransUnion Tri Health

Triad HealthCare Network

TrialCard

Tribute Health Plans

TRICARE

Trillium Health Resources

Trinity Health CPI

Tristar Managed Care

TriWest Healthcare Alliance

TriZetto Corporation, A Cognizant Company

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 Physician Management

Unison Administrative Services, LLC

United Behavioral Health

Officed Defidvioral Fleditif

United Concordia Companies, Inc.

United Physicians, Inc.

United States Department of Treasury Financial Management

United States Department of

Veterans Affairs

UnitedHealthcare

UnitedHealthcare Dental

UnitedHealthGroup

Unity Health Care, Inc.

Unity Health Insurance and (Gundersen Health Plan & Quartz)

University Medicine Foundation, Inc.
University of Chicago Medicine Care

Network

University of Louisville Physicians University of Missouri Hospital and Clinics

University of Pennsylvania Health System

University of Pittsburgh Medical Center

University of Toledo Physicians

University of Utah Health Plans
University Physicians Association Inc.

University Physicians Network

US Department of Veterans Affairs

US Family Health Plan at St Vincent Catholic Medical Centers

US Medical Management

US Vision

Utah Health Information Network Utilization Review Accreditation Commission

UVMHN Credentialing & Enrollment

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Vale-U-Health

Valley Health Plan Santa Clara County Valley Obstetrics and Gynecology, PC

Van Lang IPA

Vanderbilt University

Vantage Health Plan

Vantage Oncology, LLC

Vermont Hospital Association

VetFed Carenet

Via Christi Health System Inc.

Vibra Health Plan

Village Senior Services Corp / VillageCareMAX

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.

Visionworks

Vista Health Plan, Inc. /

Vista360Health)

Vitality Health Plan of California VitalMD Group Holding, LLC

Viva Health, Inc.

VNS Choice

Vohra Health Services, P.A.

Vyne Medical

W

Washington Health Plan (Amerigroup Corporation)

Washington State Office of the Insurance Commissioner

Watson Clinic

Waystar

WEA Insurance Corporation

WeCare of New York IPA, LLC

WelbeHealth

WellCare Health Plans

WellComp Managed Care Services, Inc.

Wellhealth Quality Care

Wellmed Medical Management/

Physicians Health
WholeHealth Networks

WINFertility, Inc.

Wipro

Wisconsin Physicians Service / Arise Health Plan

Work Group for Electronic Data Interchange

Workers' Compensation Trust

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XIMED IPA

Y

Your Hearing Network YourCare Health Plan, Inc.

Z

Zelis Healthcare Zelis Payments

