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In 2018, there was heightened attention on the costs of inefficient and outdated administrative processes in healthcare.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 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.
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.
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 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.
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.
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 CORE-certified 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.

“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.
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.
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)

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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
Genesys PHO
Genoa Telepsychiatry
George Washington Medical Faculty Associates
Georgia Health Network
Gifford Health Care
Global TPA, LLC
GlobalHealth Inc.
Gold Coast Health Plan
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.

H
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
HSI Medical Management, Inc.
Hudson Doc IPA
Humana
Hyr Medical

I
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 Solutions Health Network
INTotal Health
IPA of North Jersey
IPN
IVANS, Inc.
Ivy Rehab

J
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

K
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 Technologies LLC

L
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
LIBERTY Dental Plan Corporation
LifeBridge
LifePoint Hospitals
Lifeprint Health, Inc.
Livingston Physician Organization
LocumTenens.com
Logistics Health Incorporated
Lone Star Circle of Care
Louisiana Medicaid - Molina
Loyola University Medial Center
Lumeris, Inc.
Lyra Clinical Associates

M
Magellan Complete Care of Virginia
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.
MAPFRE
Marshfield Clinic
Martins Point Health Care
Maverick Medical Group
Mayo Clinic
MBMS
MCCI Medical Group
McKesson
McLaren Health Plan
McLaren Physician Hospital Organization
MDLive Provider Service
MDwise, Inc.
MDxHealth
MedCost, LLC
Medex IPA
Medica Health Plans
Medical Associates Health Plan
Medical Group Management Association
Medical Mutual of Ohio, Inc.
Medichoice IPA
MediXaid
MEDNAX Services, Inc.
MedPOINT Management
MedStar Family Choice, Inc.
MedStar Health System / Georgetown University Hospital
MedXM
Memorial Hermann Health Solutions, Inc.
Memphis Lung Foundation
Mercy Care
Mercy Health
Mercy Health System PHO, Inc.
Mercy Maricopa Integrated Care
Mercy Physicians Medical Group
Meridian Health Plan, Inc.
Merit Independent Physicians Association, LLC
Meritage Medical Network
MESvision / The Eye Care Network, Inc.
MET Healthcare Solutions
MetLife
Metroplex Pathology Associates
MetroPlus Health Plan, Inc.
MHMR of Tarrant County
MHN ACO
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 IPA
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. Ascutney Hospital and Health Center
Multiplan Inc.
Muskogee Valley Health Center
MVP Healthcare

N
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.
NJ Shore
North Carolina Council of Community Programs
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.
NP Nation
NX Health Network
NYU Langone Hospitals

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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
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South Shore Rockaways IPA  
Southern California Pipefitters  
Southwestern Network, Inc.  
Sovereign Vermont Health Care  
Spectera Eyecare Networks  
Springfield Medical Care Systems, Inc.  
St. Jude Children’s Research Hospital Inc.  
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  

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  

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  

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. /  

Vitality Health Plan of California  
VitalMD Group Holding, LLC  
Viva Health, Inc.  
VNS Choice  
Vohra Health Services, P.A.  
Vyne Medical  

Washington Health Plan (Amerigroup Corporation)  
Washington State Office of the Insurance Commissioner  
Watson Clinic  
Waystar  
WEA Insurance Corporation  
WeCare of New York IPA, LLC  
WellbeHealth  
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  

XiMED IPA  

Your Hearing Network  
YourCare Health Plan, Inc.  

Zelis Healthcare  
Zelis Payments