Ten Years of Developing and Delivering Administrative Solutions

Commitment to Administrative Simplification

Saving time and costs for providers and health plans in ways that ultimately benefit patients – this is the commitment at the heart of CAQH®. The issues that CAQH and its members tackle are complex and sometimes political. Over time, CAQH has worked to provide a collaborative forum that connects stakeholders across the industry, and has successfully established a proven track record of executing on ideas that produce tangible results.

In 2010, CAQH marked its tenth year. The organization continues to address a shared challenge by simplifying the costly and often arduous administrative aspects of healthcare. CAQH member organizations and staff spent much of the last decade building solutions to thorny “back-office” issues. These contributions were recognized and advanced in a number of ways throughout the year. The following report provides highlights of CAQH accomplishments during 2010 and their impact on the healthcare industry.
Efforts by CAQH to make healthcare more affordable through administrative simplification were echoed by the Patient Protection and Affordable Care Act (ACA), which included a provision to develop and implement national operating rules for a number of business transactions. Section 1104 of the ACA requires that these rules be developed by a “qualified nonprofit entity.” With its solid track record of multi-stakeholder collaboration and successful operating rules implementation and adoption, the CAQH Committee on Operating Rules for Information Exchange® (CORE®) was prepared to support national efforts.

To share its expertise on operating rules development, CAQH CORE provided testimony to the National Committee on Vital and Health Statistics (NCVHS) Subcommittee on Standards in July. In September NCVHS, the Committee designated by the ACA to make recommendations to the HHS Secretary regarding national standards, implementation specifications and operating rules, recommended that CAQH CORE serve as the authoring entity for Eligibility and Claim Status Operating Rules for non-retail pharmacy transactions. Within 45 days of the recommendation CAQH CORE had addressed the requests of the Committee, including gaining broad input from state-based efforts, identifying potential enhancements to the CORE Phase I and II rules, and addressing issues related to implementing the mandate.

At a NCVHS Subcommittee on Standards hearing in December, and with the support of many industry groups, CAQH CORE testified on its ability to serve as the authoring entity for operating rules for the Electronic Funds Transfer (EFT) and Electronic Healthcare Payment and Remittance Advice (ERA) transactions. The testimony focused on the collaboration with NACHA—The Electronic Payments Association—and other critical healthcare and financial services organizations. NACHA manages the development, administration, and governance of the ACH Network, the national backbone for the electronic movement of money and data. After reviewing operating rule candidates, NCVHS recommended that CAQH CORE serve as the authoring entity for EFT and ERA operating rules for medical and pharmacy transactions. Throughout the year widespread support from CAQH CORE participants, certified organizations, endorsers, and other industry leaders contributed to the substantial progress of the initiative and the recommendations from NCVHS.
More than 120 organizations representing all stakeholder groups are involved in CORE rule-writing activities. Nearly 20 new participants joined CORE during 2010, including the American Hospital Association, Kaiser Permanente, Fifth Third Bank, and Bank of America.

Furthermore, industry recognition of the value of the CORE rules was demonstrated by growth in the number of organizations achieving certification. In 2010 nine additional organizations were certified as operating in accordance with the CORE Phase I rules and 14 became certified for the Phase II rules, bringing the total certified organizations to more than 50 at year-end. CORE-certified health plans cover more than 85 million Americans or approximately one-third of all commercially insured lives.

In the evolving healthcare environment, maintaining and strengthening collaboration across the industry continues to be a priority for CORE. In April the CAQH Board approved a modification to the CORE Governing Procedures to remove the right of the Board to veto the operating rules approved by the CORE participants through the open voting process. Additionally, to best support the achievement of shared industry goals, the Board expressed its conviction that multi-stakeholder governance is most appropriate for CORE. To address this model the Board took actions to form a CORE Transition Committee. The Committee is charged to develop a three-year governance plan that outlines structure and revenue models for CORE. Recommendations will focus on increasing participation in CORE by states, physicians, hospitals and other healthcare providers. The CORE Transition Committee includes 14 senior-level executives representing various stakeholder groups. It held its first meeting in early 2011 and is expected to complete its work and implement recommendations by the fourth quarter of this year.

With heightened national attention on operating rules, the effectiveness of CORE in promoting interoperability between healthcare payers and providers also became more widely recognized by state and other government entities. For example, as of October 1, 2010, the Colorado Department of Regulatory Agencies Division of Insurance passed legislation to require state-licensed carriers and providers to uniformly use the CORE data and infrastructure rules in the exchange of HIPAA-compliant healthcare information and infrastructure improvements. Additionally, the Medicaid Information Technology Architecture (MITA), an initiative of the Center for Medicaid and State Operations, included CORE Phase I and II rules in its draft requirements. These efforts are broadening the impact of the CORE rules and supporting the vision of giving providers access to financial and coverage information before or at the time of service using the electronic system of their choice.
The Universal Provider Datasource® (UPD®) also increased the reach and impact of its efforts. By year-end a total of 881,000 providers were routinely sharing data through UPD, firmly establishing it as one of the most complete and reliable databases in the country for self-reported information from physicians and other healthcare professionals. UPD experienced growth of more than 12% year-over-year among registered users. These adoption numbers include 60% of all practicing and licensed physicians in the U.S. utilizing the service.

Furthering its value, UPD is making changes to enhance the quality of its data and strengthen its utility for enterprise-wide use by health plans, hospitals, health information exchanges, and state and federal governments. A landmark report published by UPD in 2010 establishes an industry baseline for the quality of provider self-reported data. The independent Data Quality Study found that the UPD data was 93.9% accurate. Review of the study findings prompted several system enhancements to make instructions clearer for providers. Planned system refinements will further improve data quality, and are expected to increase UPD data accuracy to 97% during 2011.

A record number of organizations—over 600 nationwide—access UPD to collect accurate, timely and relevant information on individual physicians. Fifty-six new groups began using the service in 2010 including Henry Ford Health System, Inova Health System, American Specialty Health Network, HCSC, and Blue Cross Blue Shield of Alabama.

State Medicaid agencies present a growing opportunity to extend the benefits of UPD to new users. These agencies are adopting UPD for its ability to simplify provider enrollment and serve as a source for provider data needs beyond credentialing. The New York and Pennsylvania Medicaid agencies joined Kentucky in contracting with UPD to electronically collect standardized provider data from their participating physicians. In addition, the Kentucky Department for Medicaid Services represents one of 15 new clients to select UPD SanctionsTrack™ to monitor for provider license sanctions during the year. Moreover, a Medicaid Information Technology Architecture (MITA)-aligned interface was developed that enables state agencies to extract provider data directly from the system through Web services. CAQH has initiated outreach efforts to build awareness of this new functionality and encourage its utilization.
The robust UPD database is also gaining attention from other industry stakeholders for its potential to offer additional administrative simplification efficiencies to providers. The self-reported data in UPD is often the same information that providers must submit for other services, such as medical malpractice insurance applications. CAQH is exploring opportunities to establish UPD as a one-stop interface for services requiring this type of information. Piloting this concept in targeted areas, CAQH launched an opt-in service for medical malpractice insurance quotes. The service is currently being offered in seven states and is already being utilized by approximately 150 providers each month.

At a time when the electronic exchange of health information has created new and expanded requirements for provider data, UPD is positioned to offer needed experience and leadership, as well as a resource for provider directory content. In September CAQH was invited to make recommendations to the Provider Directory Task Force of the HHS Office of the National Coordinator (ONC), HIT Policy Committee Information Exchange Workgroup. CAQH highlighted its success with maintaining a widely-adopted resource for provider data through adherence to five key UPD principles: access, accountability, trust, transparency and not-for-profit.

CAQH also began working with several states and health information exchange (HIE) vendors to explore ways that UPD can enable the rapid deployment of the required statewide provider directories. Findings from a national survey in partnership with the eHealth Initiative began to define the specific provider data elements required to fully support HIE provider directories. The survey was completed by more than 70 HIE experts across the U.S. and found that over 93% of the respondents advocated direct provider involvement as very or somewhat important in their data updates. CAQH and eHI are sharing the study results with the ONC HIT Policy Committee, states, HIEs and vendors.

In the last year, evaluation of streamlining the primary source verification (PSV) component of the provider credentialing process became an important issue for consideration. At the request of several national and regional organizations, as well as a state legislative body, CAQH is assessing how best to eliminate costs and burden from the PSV process. A work group including provider credentialing subject matter experts was organized to analyze the current process, identify areas for improvement, review potential solutions, and offer recommendations that will shape the CAQH approach to this subject in 2011.
Advancing Administrative Simplification

As CAQH began its second decade, the board of directors elected David S. Wichmann, executive vice president, UnitedHealth Group and president, UnitedHealth Group Operations to serve as chair. He succeeds Ron Williams, former chairman and chief executive officer of Aetna Inc., who served as chair for three years, providing superb leadership in advancing the CAQH mission. With the guidance of these strong leaders, CAQH is continuing to serve as a strong catalyst for industry collaboration that delivers measureable results.

In support of this collaboration, CAQH hosted its second Administrative Simplification Conference in September. The Conference brought together industry stakeholders in a forum for sharing administrative solutions, including discussion of the CAQH initiatives. Top federal officials and more than 200 executives responsible for electronic data exchange, interoperability, provider networks, credentialing and HIT efforts attended the Conference. Keynote speakers were Aneesh Chopra, the first U.S. chief technology officer, who presented the federal perspective on administrative simplification; and Rick Friedman, director, Division of State Systems, CMS/Medicaid and State Operations, who focused on opportunities resulting from Medicaid transformation. Separate tracks for CORE and UPD included presentations with practical information for advancing interoperability, improving the patient experience, reducing costs, and streamlining processes. Attendee feedback confirmed that the conference served as a valuable resource for developing a richer understanding of the different viewpoints and opportunities that the industry is grappling with as it seeks to eliminate costs and redundancy across processes and organizations.

A Tipping Point Year

CAQH is becoming widely recognized within the industry for its pioneering work in simplifying the administrative aspects of healthcare. Through its efforts the organization continues to identify—and increasingly, quantify—the substantive costs that can be eliminated from the healthcare system without affecting the quality of care. The approach that CAQH applies to tough issues enables it to implement initiatives that have resulted in the widespread adoption of streamlined processes. Complementing other national efforts and health reform objectives, new participants continue to engage in this effort. Moving forward, CAQH is committed to increasing its impact on operations, business processes, and industry collaboration, while stepping into a more prominent role as the thought leader on administrative simplification. After a decade of developing and managing broadly-adopted solutions, CAQH has an established foundation for accelerating real and positive change in the healthcare industry for many years to come.
CAQH Members and Participating Organizations*

A
- Absolute Total Care
- Accenture
- ACS EDI Gateway, Inc.
- ActivHealthCare
- Advantage Health Plan
- AdvantaCare
- Adventist HealthCare, Inc.
- Adventist Health Network

Anthem Blue Cross of Kentucky
Anthem Blue Cross of Indiana
Connecticut
Anthem Blue Cross of Colorado
Antares Management Solutions
Aetna, Inc.
Affiliated Chiropractic Network
Affiliated Healthcare, Inc. (AHI)
Affinity Health Plan
AGMCA (Akron General PHO)
Alliance Health, Incorporated
Alliance Health Partners
Alpha Care Medical Group
Always Care Benefits

America's Health Insurance Plans (AHIP)
- America's Health Medical Services
- American Academy of Family Physicians (AAFP)
- American Association of Preferred Provider Organizations (AAPPO)
- American Care, Inc.
- American College of Physicians (ACP)
- American Health Information Management Association
- American Health Network of Indiana
- American Hospital Association
- American Medical Association (AMA)
- American Specialty Health Network
- AmeriChoice
- Amerigroup Corporation
- AmeriHealth Mercy
- AmeriHealth New Jersey
- Angeles IPA
- Antares Management Solutions
- 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 Mississippi
Anthem Blue Cross of New Hampshire
Anthem Blue Cross of Colorado
Anthem Blue Cross of Virginia
Arcadian Health Plans
Arizona Health Care Cost Containment System
ASC X12
Athenahealth, Inc.
Atlantia Health Plan

AultCare
- Availity LLC
- Avalon Healthcare
- Averde Health
- AvMed Health Plans

B
- Bakersfield Family Medical Center
- Bank of America Merrill Lynch
- Baptist Health South Florida
- Beacon Health Network
- Beacon Health Strategies
- Beth Israel Deaconess Provider Organization
- Block Vision
- BlueCare Network

Blue Cross and Blue Shield Association (BCBSA)
- Blue Cross and Blue Shield of Alabama
- Blue Cross and Blue Shield of Arizona
- Blue Cross and Blue Shield of Florida
- Blue Cross and Blue Shield of Georgia
- Blue Cross and Blue Shield of Illinois
- Blue Cross and Blue Shield of Kansas
- Blue Cross and Blue Shield of Kansas City
- Blue Cross and Blue Shield of Massachusetts
- Blue Cross Blue Shield of Michigan
- Blue Cross and Blue Shield of Missouri
- Blue Cross and Blue Shield of New Mexico
- Blue Cross and Blue Shield of North Carolina
- Blue Cross and Blue Shield of Oklahoma
- Blue Cross and Blue Shield of Rhode Island

BlueCross BlueShield of Tennessee

Blue Cross and Blue Shield of Texas
Blue Cross and Blue Shield of Vermont
Blue Cross and Blue Shield of Western New York
Blue Cross and Blue Shield of Wisconsin
Blue Cross of California
Blue Cross of Northeastern Pennsylvania
Bluegrass Family Health
Boston Medical Center HealthNet Plan
Brattleboro Memorial Hospital
Bravo Healthcare
Bridgewater of Arizona
Buckeye Community Health Plan, Inc.

C
- CalRHIO
- Capario
- Capital District Physicians’ Health Plan (CDPHP)
- Care1st of Arizona
- Care Access Health Plans
- CareFirst BlueCross BlueShield

Care Improvement Plus Caremore
CareSource Indiana
CareSource Ohio
Care to Care
Carolina Care Plan
Carolina Crescent Health Plan
Catholic Healthcare West
Cedars-Sinai Health System
Cenpatico Behavioral Health, LLC
Centene Corporation
Center Care (Commonwealth Health Corp.)
Center Care Health Benefit Programs
Center for Health Transformation
Centers for Medicare and Medicaid Services (CMS)
CentMass
Central Vermont PHO
Century PHO
Ceridian Corporation
Childrens Hospital Medical Center (Cincinnati)
Childrens Mercy Family Health Partners
Childrens Mercy Health Network
Childrens National Medical Center
CIGNA Behavioral Health

CIGNA HealthCare
- Claredi (an Ingenix Division)
- Clarian Health Partners
- Cleveland Clinic Community Physician Partnership
- Clinical Practice Organization
- Coalition of Athens Area Physicians
- Cognizant
- Cognosante
- Colorado Access
- Commonwealth Family Health Plan

Community Care Physicians
Community Family Care Medical Group
Community Health Center Network
Community Health Network of Connecticut
Compass IPA
Comprehensive Care Management Corp.
ComPsych
Connecticare
Continuum Health
Copley Hospital
Corinthian Medical IPA
Cornerstone Alliance, Inc. (A PHO)
Coventry Health Care
Crooks Behavioral Health Services, Inc.
CSC
Culpeper PHO

D
- Davis Vision
- DC Chartered Health Plan, Inc.
- Deaconess Health Plans
- Deloitte Consulting LLP
- Delta Dental Plans Association
- Delta Health Systems
- Dental Partners of Georgia, LLC
- Dentataque
- Detroit Medical Centers
- Devon Healthcare
Driscoll Childrens Health Plan
DST Health Solutions
DuPage Valley Physicians

E
- East Georgia Physician Group
- Edifice
- Educators Mutual / EMI Health
- eHealth Initiative
- Electronic Healthcare Network
- Accreditation Commission (EHNAC)
- EmblemHealth
- Emdeon
- EmergingHealth
- eMids Technologies, Inc.
- Empire Blue Cross Blue Shield
- Employee Health Systems
- EndClarity, Inc.
- eServices Group, Inc.
- Excellus Blue Cross Blue Shield
- Exxelus Health Plans
- EyeMed Vision Care

F
- Fairpay Select Health
- Fallon Community Health Plan
- FEI Behavioral Health
- Fidelis Care New York
- Fidelis Secure Care
- Fifth Third Bank
- First Choice PHO
- 1st Medical Network
- FIS Global
- Fletcher Allen Healthcare
- Florida Healthcare Plus / Gold Coast Health Plan
- Freedom Healthcare
- FrontPath Health Coalition
G
Gateway EDI
Gateway Health Alliance, Virginia
GE Healthcare
Geisinger Health Plan
General Vision Services (GVS)
Genesis Healthcare
George Washington University Medical Faculty Practice
Georgetown University Hospital
Gifford Medical Center
Gold Coast Health Plan of Ventura
Gordon PHO
Goshen Health
Great-West Healthcare
Greater New York Hospital Association (GNYHA)
Greater Rochester IPA (GRIPA)
Group Health Insurance of New York (GH)
Guardian Healthcare, Inc.

HealthNet, Inc.
Health Net Federal Services, LLC
Health New England
Health One Alliance / Alliant Health
Health Options, Inc.
Health Partners
Health Plan of Michigan
HealthPlus PHSP
Healthcare Billing and Management Association
Healthcare Financial Management Association (HFMA)
Healthcare Information and Management Systems Society (HIMSS)
Healthcare Partners IPA
Healthcare Partners Medical Group
HealthFusion, Inc.
HealthLink, Inc.
HealthNow New York, Inc.
HealthPlus of Michigan
HealthSmart Preferred Care (The Parker Group)
HealthSpan
HealthSpring, Inc.
HealthTrio, LLC
Henry Ford Health System
HERAE, LLC
Highmark, Inc.
Hillcrest Family Health Services
HIP Health Plan of New York
HIPAA QA
HIPAA Ready LLC
HMS
Hollywood Presbyterian Medical Group

Horizon Blue Cross Blue Shield of New Jersey
Hospital for Sick Children / HSC Medical Center
HP Enterprise Services, LLC
HS1 Medical Management, Inc.
HSC Health Plan
Hubbert Systems Consulting
Hudson Health Plan, Inc.
Humana Inc. / ChoiceCare Network
Humana Vision
Huron Valley Health Care

I
Illini Care Health Plan
Incorporated
Independence Blue Cross
Independent Health
Industry Buying Group
Informed, LLC
Ingenix, Inc.
Inova Health System
Inspiris
InstaMed
Integrated Health Plan
Integrated Solutions Health Network
Interplan Health (The Parker Group)
IPAO of Georgia (EHS)

J
Johns Hopkins Healthcare
Johns Hopkins Medicine

K
Kaiser Foundation Health Plan
of Ohio
Kaiser Foundation Health Plan of the Mid-Atlantic States
Kaiser Health Foundation of Georgia
Kaiser Permanente
Kent County Health Services
Kentucky Division of Medicaid Services
Kentucky Independent Physical Therapy Network
Kentucky Medical Services Foundation, Inc.
Kentucky Orthopedic Rehab Team, LLC (KORT)
Keystone Mercy Health Plan KnightMD

L
Lakewood IPA
LaSalle Medical Associates
Lewis – Gale Clinic, LLC
Linked IPA
Logistics Healthcare
Louisiana Health Care Connections Inc.
Louisiana Medicaid – Unisys
Lovelace Health Plan

M
Magellan Health Care, Inc.
MagnaCare Health Plan
Magnolia Health Care
MAMSI Health Plans
Managed Health Network
Managed Health Service
Martin's Point Health Care
Mayo Clinic
McLaren Health Plans
MDI
MD On-Line, Inc.
MDwise Care Select
MDwise Select Health
Medical Care at Home
Medical Group Management Association (MGMA)
Medical Informatics Engineering, Inc.
Medical Mutual of Ohio
Medical Present Value (MPV)
Merck & Co., Inc.
Mercy Care Plan
Mercy Health Plans
Mercy Health System PHO (Ohio)
Meriden – Wallingford IPA
Meridian Health Plan
MHN Specialty Services, Inc.
Michigan Department of Community Health
Michigan Public Health Institute
Mid-County IPA
MindGent Healthcare Clinics, LLC
Minnesota Department of Health
Minnesota Department of Human Services
Mississippi Physicians Care 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 of New York
Mountain State Health Alliance
mPay Gateway
Mt. Ascutney Hospital
Mt. Carmel Health System
Mt. Kisco Medical Group
Multicultural Primary Care Medical Group
MultiPlan, Inc.
MVP Health Plan, Inc.

N
NACHA – The Electronic Payments Association
National Account Service Company (NASCO)
National Capital Preferred Provider Organization (NCPPO)
National Committee for Quality Assurance (NCOA)
National Council for Prescription Drug Programs (NCPDP)
National eHealth Collaborative
National Rehabilitation Hospital
National Vision
Nationwide Childrens Hospital
NaviNet
Neighborhood Health Plan
Network
Network Health Plan
New Avenues, Inc.
New Directions Behavioral Health
New England Physician Alliance
New Jersey Manufacturers Insurance Company
New York-Presbyterian Hospital
New York State Department of Health
NextGen Healthcare Information Systems, Inc.
NJ Shore (WEDI/SNIP NY Affiliate)
NoMoreClipboard.com
North Country Health System
North Shore Long Island Jewish Health System
North Texas Specialty Physicians
Northwest Georgia Physicians Association
Northwestern Medical Center

O
Office Ally
Ohio State University Health System
OhioHealth Group, Ltd.
OptiCare Eye Health Network
Optum Physical Health
OptumHealth Financial Services
Oregon Department of Human Resources
OrthoNet
OSS Orthopedic Hospital
Otis Health Care Center / Grace Cottage
Owensboro Community Health Network
Oxford Health Plans, Inc.
Palladian Muscular Skeletal Health
Paragon Health Network
Parkview Health Plan Services
PartnerCare Health Plan, Inc.
Passport Health Communications
Passport Health Plan
Payformance
Peach State Health Plan
Pediatric
People's Health
Physician Associates of Middle Georgia
Physician Healthcare Network, PC
Physician Organized Healthcare System
Physician Staffing, Inc.
Physicians Health Plan of Mid-Michigan
Physicians Health Plan of Northern Indiana, Inc.
Physicians of Coastal Georgia
Physicians United Plan, Inc.
Piedmont Community Health Plan
Pillsbury Winthrop Shaw Pittman LLP
Pinnacle Health
Porter Hospital
Planned Parenthood of Metropolitan Washington DC, Inc.
Platinum Physician Services
PNC Bank
Post-N-Track
Practice Insight
Preferred Care Partners (Florida)
Preferred Health Plan
Preferred Health Professionals
Premier Eye Care

Prestige Health Choice
PricewaterhouseCoopers LLP
Primary Care of California
Principal Financial Group
Priority Health
Prism Health
Private Sector Technology Group
Psychar

RealMed, an Availity Company
Recondo Technology, Inc.
Redlands IPA
RelayHealth
River Valley Health Alliance
Rochester Community IPA, Inc.
Rocky Mountain Health Plans
Rutland Regional Medical Center

Saint Barnabas – Metrowest IPA
SCAN Health Plan
Schaller Anderson
Scion Dental
SecureEDI / Immediata
Secure EDI Health Group, LLC
Secure Health Plans of Georgia
Select Health
Senior Whole Health, LLC
Sentara Healthcare
Siemens / HDX
SIHO Insurance Services
Simply Healthcare
Smart Card Alliance Council
Solstas Lab Partners Group, LLC
South Georgia Physicians Association, LLC
Southern California Childrens Health Network
Southwestern Vermont Medical Center
Space Center IPA
Springfield Hospital Vermont
St. Francis Health Network
St. Francis PHO
St. Francis PHO of Connecticut
St. John Providence Healthcare
St. John’s Mercy Health Network
Stark Regional PHO
State of Connecticut Judicial Branch
State of Pennsylvania Department of Public Welfare
Sterling Life Insurance
SummaCare
Summit Medical Group
Sunshine State Health Plan
Surescripts

Tenet Health System DBA St. Louis University Hospital
Texas Medical Association
Texas Professional Healthcare Alliance
The Clearing House
The First Health Network / CCN Network
The SSI Group, Inc.
The Superior Plan
The TriZetto Group, Inc.
TIBCO Software, Inc.
TransUnion Healthcare, LLC
TRIAD Healthcare, Inc.
TRICARE
TriState Health Partners
TriState Health Partners
Tufts Health Plan

UNICare
Unified Physicians Network
Unison Health Plan
United Behavioral Health
United Physicians
United States Army National Guard
United States Department of Veterans Affairs
UnitedHealth Group
Unity Healthcare
Univera
Universal American
Universal Health Care
University Health Plans Inc.
University Hospitals
University of Missouri – University Health
University of Toledo Physicians, LLC
University Physicians Associates
Louisville
University Physicians, Inc.
(University of Maryland)
UNMC Physicians
US Family Healthplan / St. Vincent Catholic Medical Centers
Utah Health Information Network (UHIN)
Utilization Review Accreditation Commission (URAC)

Valley Health
Valley Health Network
Virginia Health Exchange Network
Virginia Premier
VisionShare, Inc.

*CAQH Member Organizations in Bold
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