The need for efficient, predictable and easily understood administrative processes in healthcare continued to shape the CAQH agenda in 2011. With a history of success, the organization has delivered proven solutions that complement industry objectives and initiatives.

The industry continued to turn to CAQH for its experience and established approach to lead meaningful improvements in administrative simplification. The organization was increasingly recognized as a resource for best practices in operating rules and provider data, as well as its process for multi-stakeholder collaboration.

Efforts to achieve reform goals aimed at improving the efficiency and quality of healthcare prompted new partnerships with CAQH.
Extending Scope

- CAQH took ownership of the U.S. Healthcare Efficiency Index (USHEI), a national reference developed by Emdeon Inc. to track and measure the adoption of electronic transactions. Plans were announced to augment USHEI data to support a more robust analysis of national progress toward the adoption of electronic transactions. Many of the transactions, and the associated cost savings, called for in the administrative simplification section of the healthcare reform law will be incorporated. The enhancements will make the tool an even more meaningful resource for both public and private industry stakeholders.

- An event hosted by CAQH—the Summit on the Future of Provider Data—convened more than 80 representatives from health plans, government, provider organizations, hospitals, vendors and other groups to discuss the redundancies, inefficiencies and inaccuracies associated with administrative provider data. The group identified areas of agreement and potential barriers to progress, findings that may prove helpful to future initiatives. An Issue Brief, based on interviews with numerous nationally regarded provider data experts, served as a catalyst for the conversation. CAQH will begin to catalog existing administrative provider data efforts in order to identify redundancies and will explore opportunities for more collaborative and efficient approaches to address this issue.

- An extensive research effort was launched by CAQH to assess new opportunities to simplify administrative processes in healthcare. Exploration into these opportunities continues in 2012.
Expanding Presence

- Kaiser Permanente and Cigna were welcomed as the newest members of CAQH.
- Groups working with the Department of Health and Human Services (HHS) requested insights from CAQH. For example, the Universal Provider Datasource (UPD) shared its expertise with the Office of the National Coordinator for Health Information Technology (ONC), and the Committee on Operating Rules for Information Exchange (CORE) gave testimony to the HHS National Committee on Vital and Health Statistics (NCVHS). The ONC is contemplating how to establish provider directories for health information exchanges and turned to UPD for its provider data experience. The NCVHS is a public advisory body to HHS making recommendations on health data, statistics and national health information policy, including items related to administrative simplification under health reform. NCVHS looked to CORE for its experience with operating rules.
- CAQH maintained a strong presence at industry events by exhibiting and/or presenting at conferences including the AHIP Institute, the Blue National Summit, HIMSS11, the Medicaid Congress and the MMIS Conference.

Growing Recognition

- The Workgroup for Electronic Data Interchange (WEDI) honored CAQH with its Leadership in Technology Award for work leading to the advancement of electronic information delivery and eCommerce technology in healthcare.
- A study, published in the August 2011 Health Affairs, highlighted work by CAQH as an example of ongoing projects that are substantially helping to reduce administrative healthcare costs in the United States. The study stated that “progress is being made,” and referenced work by UPD to reduce the cost and time providers spend on credentialing and efforts by CAQH to improve the efficiency of transactions between providers and health plans.
- Two prominent healthcare technology organizations elected CAQH executives to serve as members of their boards of directors. Robin Thomashauer, CAQH executive director, was elected to serve a three-year term as a member of the National eHealth Collaborative (NeHC) board of directors. Gwendolyn Lohse, CAQH deputy director and CORE managing director, was elected to a one-year term on the WEDI board of directors.
The CAQH Committee on Operating Rules for Information Exchange® (CORE®) was well positioned to extend its reach in 2011, gaining momentum and seeking new roles as mandated operating rules began to take shape. Complementing its ability to serve in a leadership role, CAQH CORE continued to increase multi-stakeholder participation in its rule-writing process. CAQH CORE also forged new alliances with groups such as the National Council for Prescription Drug Programs to help align operating rules and standards that simplify administrative processes. Finally, ongoing education and outreach programs earned important recognition for the initiative.
HHS adopted the CAQH CORE operating rules supporting eligibility and claim status transactions. These rules will become mandatory on January 1, 2013 for all HIPAA-covered entities under the Patient Protection and Affordable Care Act (ACA).

The NCVHS recommended that HHS name CAQH CORE, in collaboration with NACHA – The Electronic Payments Association, the authoring entity for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) operating rules. NCVHS also suggested that HHS adopt the five draft CAQH CORE EFT and ERA operating rules that were created by CAQH CORE in 2011.

CAQH CORE welcomed many new participants in 2011, including MasterCard Worldwide; NYU Langone Medical Center; Tufts Health Plan; the U.S. Department of Treasury Financial Management Services; and VISA, Inc.

New CORE certifications included United HealthCare, Health Net, and Montefiore Medical Center, as well as products from Passport Health Communications, OptumInsight and GE Healthcare. Several organizations that have achieved voluntary CORE-certification began tracking metrics to quantify the value of implementing the CAQH CORE Phase II operating rules.

The CORE Transition Committee drafted a governance model calling for a CORE Board with multi-stakeholder leadership. The Committee developed a plan for feedback and began requesting input on the proposed model. The Committee also agreed that over the next year it will explore additional sources of funding for CAQH CORE; finalize the new governance model based upon industry outreach; and as committed by CAQH, transition to the new governance.

CAQH CORE education efforts reached more than 800 unique industry stakeholders through more than 40 events in 2011. Updates on activities were offered during regular public Town Hall calls. In partnerships with entities such as the American Medical Association, Edifecs, FIS Global, NACHA and WEDI, CAQH was able to provide education on CORE to wide-ranging audiences. Furthermore, the initiative broadened its educational impact by presenting CORE at a range of conferences including the HIPAA Summit and the World Congress Healthcare Payment and Connectivity Solutions Summit, and participating in other industry initiatives, such as the ONC Standards and Interoperability Framework and ASC X12.
The CAQH Universal Provider Datasource® (UPD®) made important advancements in 2011, identifying and preparing to serve emergent provider data needs beyond credentialing to support healthcare organizations and initiatives across the nation. UPD gained increased attention as the industry standard for self-reported provider data collection, distribution and maintenance, which supported more organizations searching for resources to address their administrative provider data requirements. Adoption kept up a steady pace and approached the milestone of one million providers reporting their data through UPD.
UPD launched system enhancements and refined an ongoing development process to proactively identify and implement enhancements necessary in the future. The UPD team also hired new technical staff to develop and manage expanded system functionality.

A study to explore the use of UPD beyond its original vision to simplify credentialing was conducted by The Robert E. Nolan Company. Working with several member organizations, the study examined and evaluated new uses for UPD to meet the provider data needs in directory maintenance and claims administration. The research assessed key processes and interactions to acquire, manage and use provider data in health plan operations and analyzed potential savings that health plans could achieve through expanded use of UPD data.

An additional 100,000+ providers registered in the UPD system over the course of 2011.

Over 650 health plans, hospitals and healthcare organizations were accessing provider data in UPD. Blue Cross and Blue Shield of Nebraska and Multiplan, the largest provider of independent PPO networks in the United States, were among the 47 additional organizations that began participating in UPD in 2011.

TennCare, the Tennessee Medicaid agency, selected UPD to collect healthcare provider data for credentialing purposes, the fourth state Medicaid agency to do so. TennCare also became one of more than 60 organizations currently using UPD SanctionsTrack™ to monitor comprehensive sanctions and disciplinary actions data for its healthcare professionals.

To address the lack of uniformity in delegated credentialing arrangements, a Delegation Work Group, facilitated by UPD senior leadership, proposed a recommended list of elements to serve as a universal delegation profile. A common delegation profile would ensure a single format for provider data collection in delegated arrangements and help eliminate missing data and multiple reporting formats. The Work Group began to gather public comments in 2011 and is expected to finalize and propose the profile for industry use in 2012.
CAQH Outlook

An enduring commitment to a multi-stakeholder collaborative development process coupled with the ability to execute on ideas stemming from that process has earned CAQH the trust and respect of a wide group of stakeholders, including federal and state governments. Taking on new roles to serve the industry, CAQH activities are complementing administrative simplification objectives set forth by the healthcare reform law. In 2012:

- CAQH CORE will apply to serve as the operating rules author for the third set of mandated transactions outlined by the ACA. Outreach efforts to educate stakeholders on the federally mandated operating rules and encourage voluntary CORE-certification will increase.

- UPD will continue to address the collective need for provider data coordination across the healthcare system. It will be adding service offerings to streamline the use of provider data for a broader range of needs, without increasing costs.

- USHEI will finalize its transition to CAQH and establish data conventions to support the long-term growth of this benchmarking tool. Planning and developments with the Index during 2012 will lay a foundation to open the expanded data collection and reporting to all payers and providers in 2013.

CAQH will also continue to explore future opportunities to simplify administrative processes in healthcare and build relationships while complementing broader industry direction. CAQH consistently works to anticipate the needs of the market and deliver solutions that drive cost out of the system and ultimately support delivery of care.
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CAQH Members and Participating Organizations*

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Kaiser Foundation Health Plan of Ohio
Kaiser Foundation Health Plan of the Mid-Atlantic States
Kaiser Foundation Health Plan of Northern California
Kaiser Foundation Health Plan of the West
Kaiser Permanente
Kent County Health Services
Kentucky Divison of Medicaid Services
Kentucky Independent Physical Therapy Network
Kentucky Medical Services Foundation, Inc.
Kentucky Orthopedic Rehab Team, LLC
Kentucky Spirit Health Plan
Keystone Mercy Health Plan
Kingman Regional Medical Center
KnightMD

L
LACare Louisiana
Lakewood IPA
Lasalle Medical Associates
Lewis – Gale Clinic, LLC
Linked IPA
Logistics Healthcare
Louisiana Health Care Connections Inc.
Louisiana Medicaid – Unysis
Louisiana Office of Group Benefits
Lovelace Health Plan

M
Magellan Health Care, Inc.
MagNexcare Health Plan
MammoCare HealthPlan
MAMSI Health Plans
MagnaCare Health Plan
Magellan Healthcare
Magnet Health Plan
Man Plus
ManPlus IPA
Managed Health Network
Marchman Healthy Care
MasterCard Worldwide
Mayo Clinic
McLaren Health Plans
MDI
MD On-Line, Inc.
MDwise Care Select
MedCost
Medical Care at Home
Medical Group Management Association
Medical Informatics Engineering, Inc.
Medical Mutual of Ohio
Medical Reserve Corporation
Medigold / Mt. Carmel Health Plan
Merk & Co., Inc.
Mercy Care Plan
Mercy Health Plans

Mercy Health System PHO (Ohio)
Mercy – Allina IPA
Meriden – Whitingford IPA
Meridian Health Plan
Methodical
MHN Specialty Services, Inc.
Michigan Department of Community Health
Michigan Public Health Institute
Micron Health Partners Network
Microsoft Corporation
MindGet 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
Mt. Ascotney Healthcare
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
National Capital Preferred Provider Organization
National Committee for Quality Assurance
National Council for Prescription Drug Programs
National eHealth Collaborative
National Medicaid EDI Healthcare Work Group / NMEH
National Rehabilitation Hospital
National Vision
National Children’s Hospital
Navinet
Neighborhood Health Plan Network
Netwerks
Network Health Plan
New Avenues, Inc.
New Directions Behavioral Health
New England Physician Alliance
New Era Manufacturers Insurance Company
New York Presbyterian Hospital
New York State Department of Health
NextGen Healthcare Information Systems, Inc.
NJ Shore (WED/SNIP NY Affilot)
NoMoreClipboard.com
North Country Health System
North Shore Long Island Jewish Health System
North Texas Specialty Physicians
Northwest Georgia Physicians Association
Northwestern Medical Center
NYU Langone Medical Center

O
Office Ally
Ohio State University Health System
OhioHealth Group, Ltd.
OneHealthPort
OptiCare Eye Health Network
Optum Physical Health
Optum Vision
OptumHealth
OptumHealth Financial Services
OptumInsight
Oregon Department of Human Resources
OrthoNet
OSS Orthopedic Hospital
Ons Health Care Center / Grace Cottage
Owensboro Community Health Network
Oxford Health Plans, Inc.

P
Paragon Health Network
Paramount Health
Parkview Health Plan Services
PartnerCare Health Plan, Inc.
Passport Health Communications
Passport Health Plan
Payformore
Peach State Health Plan
People’s Health
Physician Associates of Middle Georgia
Physician Healthcare Network, PC
Physician Organized Healthcare System
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Physicicians of Coastal Georgia
Physicians United, Inc.
Piedmont Community Health Plan
Pillsbury Winthrop Shaw Pittman LLP
Pineland Medical Clinic
Pinnacle Health
Porter Hospital
Planned Parenthood of Metropolitan Washington, DC, Inc.
Platinum Physician Services
PNC Bank
Post-N-Tack
Practice Insight
Preferred Care Partners (Florida)
Preferred Health Plan
Preferred Health Professionals
Premier Eye Care
PreStige Health Choice
Price-Wyeth Cooper’s LLP
Primary Care of California
Primary Care of Northern Ohio
Prime Health Services
Priority Health
Prism Health
Private Sector Technology Group
Psycare

Q
Qualaxi
QualCare

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

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Salubris, Inc.
SCAN Health Plan
Schlager Anderson
Scion Dental
SecureEDI / Immediate
Secure EDI Health Group, LLC
Secure Health Plans of Georgia
Select Health
Sendero Health Plan
Senior Whole Health, LLC
Sentara Healthcare
Siemens / HDX
SIHO Insurance Services
Simply Healthcare

T
Tenet Health System DBA St. Louis University Hospital
TenCare, State of Tennessee Medicaid
Texas Professional Healthcare Alliance
The Clearing House
The First Health Network / CCN Network
The Health Plan, Inc.
The SSI Group, Inc.
The Superior Plan
The TriZetto Group, Inc.
TIBCO Software, Inc.
Total Health Care Online
TransUnion Healthcare, LLC
TRIAD Healthcare, Inc.
TRICARE
TriState Health Partners
Tufts Health Plan

U
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United Physicians Network
Unison Health Plan
United Behavioral Health
United Physicians
United States Army National Guard
United States Department of Treasury
Financial Management Services
United States Department of Veterans Affairs

V
Valley Baptist Health Plan
Valley Health
Valley Health Network
Vantage Oncology
Virginia Health Exchange Network
Virginia Premier
VISA, Inc.
Visiting Nurse Service of New York / VNS Choice
Yohra Health Services

W
Wake Forest University Health Sciences
Washington State Office of the Insurance Commissioner
WellCare
WellCare
WellChoice
WellMed
WellPoint, Inc.
Windsor Health Plan
Wisconsin Medical Society
Wisconsin Physicians Service
Wire Provider Network
Women and Infants PHO
Work Group for Electronic Data Interchange (WEDI)

XYZ
*CAQH Member Organizations in Bold

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