

The CAQH logo is rendered in a white, serif typeface. The letters 'C', 'A', and 'Q' are uppercase and feature a classic, slightly ornate design. The 'H' is also uppercase and maintains the same serif style. A thin, white, curved line sweeps under the 'Q' and 'H', ending under the 'H'. A small registered trademark symbol (®) is positioned to the right of the logo.

CAQH[®]

2012 IN REVIEW

SETTING THE COURSE TO ACCELERATE ADMINISTRATIVE EFFICIENCY

CAQH® proactively addresses inefficiencies in healthcare administration, which has led to measurable change for more than a decade. Its collaborative, consensus-building approach has helped bring administrative simplification to the forefront of dialogue on the future of healthcare. At the same time, CAQH solutions are actively streamlining business processes for health plans, providers, and other stakeholders, resulting in a better patient and caregiver experience.

In 2012 a rigorous evaluation of industry pain points purposefully assessed new areas where achievable, sustainable solutions will deliver a meaningful impact across stakeholder groups. Based on the findings and its experience, CAQH facilitated solutions for electronic funds transfer (EFT) enrollment and coordination of benefits (COB), and formulated several longer-term

strategies to advance administrative simplification. These efforts were supported by a diverse and growing group of stakeholders eager to collaborate and leverage technology as a means of improving efficiency.

CAQH also strengthened its established initiatives, continuing to engage more stakeholders and extend the scope of its activities. A Provider Council that includes leaders from a range of hospital and physician organizations was formed to help analyze and promote opportunities for administrative solutions. Open communication between CAQH and the Council helps ensure aligned efforts throughout the healthcare system.

The CAQH Committee on Operating Rules for Information Exchange® (CORE®) focused on supporting the

Patient Protection and Affordable Care Act (ACA) operating rule mandates, delivering operating rules adopted by the U.S. Department of Health and Human Services (HHS). By coordinating with partners across the industry to offer education sessions, conduct outreach and share resources, CAQH CORE helped facilitate implementation and support stakeholder compliance with the federal mandates.

Through unprecedented industry collaboration, in April 2012 the CAQH Universal Provider Datasource® (UPD®) reached one million registered healthcare providers participating in the service. This milestone positioned UPD as the trusted source for self-reported provider credentialing, demographic and professional information, with nearly

700 health plans, hospitals and other related organizations accessing the data. CAQH developed a comprehensive plan to expand the functionality of UPD to streamline other processes that require provider information.

The U.S. Healthcare Efficiency Index™ (Index) finalized its transition to CAQH ownership in 2012. Activities centered on preparation to update industry progress and potential cost savings in the shift from paper- and phone-based to electronic-based administrative transactions. The Index Advisory Council and CAQH developed a standardized data collection methodology for measuring the adoption of electronic claim submissions, eligibility and benefit verifications, claim status inquiries, claim payments and claim remittance advice transactions.



CAQH CORE continued to streamline the exchange of administrative information and create return on investment for health plans, providers, vendors and others.

- ▶ CAQH CORE was selected by HHS to author the third set of ACA-mandated operating rules governing claims encounter information, enrollment/disenrollment in a health plan, health plan premium payments, referral certification and authorization, and claims attachments. Research to support the development of these operating rules was initiated in 2012.
- ▶ HHS adopted the newly completed CAQH CORE Phase III Operating Rules for EFT and Electronic Remittance Advice (ERA) in an Interim Final Rule (IFR). Under the ACA, these rules will become mandatory on January 1, 2014 for all HIPAA-covered entities.
- ▶ CAQH CORE delivered on its commitment to finalize a new multi-stakeholder governance model, establishing the CORE Board. This model echoes the widespread collaboration that has always been a component of the rule-writing process.
- ▶ Industry outreach and publicly available tools from CAQH CORE helped drive market adoption of voluntary and federally mandated operating rules. CAQH CORE:
 - ▷ Presented at many industry events, including the 20th National HIPAA Summit and the World Congress Healthcare Payment and Connectivity Solutions Summit;
 - ▷ Participated in meetings with industry groups, such as the ONC Standards and Interoperability Framework and ASC X12; and
 - ▷ Produced education sessions with numerous partners, including the Centers for Medicare & Medicaid Services Office of E-Health Standards and Services and standards-development organizations such as NACHA - The Electronic Payments Association. Individuals representing more than 1,500 organizations, a 400% increase from 2011, attended live online CAQH CORE education events in 2012.
- ▶ Ten additional organizations became CORE participants in 2012. In total, more than 130 stakeholders participate and build industry-wide support and consensus for operating rules through the CAQH CORE rule-development process.
- ▶ New voluntary CORE certifications included Health Net and products from Dorado Systems, GE Healthcare and HealthFusion. Over 60 healthcare organizations and vendor products have achieved voluntary CAQH CORE Phase I Certification; more than half have achieved both Phase I and Phase II Certification.



CAQH completed a system audit and prepared to update the UPD platform to better serve the more than one million providers and nearly 700 participating organizations using the service.

- ▶ After registering one million providers in UPD, CAQH launched a campaign to recognize and promote the achievement of the industry working together to streamline data collection, reduce paperwork and lower costs through this initiative. The campaign included an advertisement in *The Wall Street Journal*, on WSJ.com, Google Ads and other print and digital trade publications.
- ▶ A Provider Satisfaction Survey conducted in 2012 found that a large majority of providers use UPD because it saves them time and money, eliminates paperwork and is an easy-to-use resource. Ninety-one percent of providers surveyed reported being satisfied with UPD and nearly nine-in-ten would recommend it to their peers.
- ▶ Following distribution of a report from its 2011 Summit on the Future of Provider Data, UPD formed a Provider Data Workgroup to research and document industry-wide efforts to address the provider administrative data burden. The findings are informing next steps to streamline the collection, maintenance and distribution of provider data.
- ▶ UPD introduced a weekly Directory Maintenance Report to help UPD participating organizations maintain accurate and timely provider directories. The succinct data file identifies critical data changes that impact consumer directories, such as practice locations, hospital affiliations and other pertinent contact and professional information.
- ▶ An additional 100,000 providers registered with UPD during 2012, with a total of 1,086,394 providers using the service at the end of the year.
- ▶ More than 60 new participating organizations began using UPD in 2012, including two associations, the Arizona Association of Health Plans and the North Carolina Behavioral Alliance, and their members.



CAQH encouraged industry stakeholders to track progress and potential cost savings associated with the transition from manual to electronic administrative transactions. Current benchmarks on the transactions measured by the Index will be issued in 2013.

- ▶ The Index Advisory Council was revitalized in 2012. Membership in the Council expanded to engage leaders from a range of stakeholder groups. Collectively, the Council offers a broad variety of perspectives to help direct the work of the Index.
- ▶ In July 2012 the transfer of ownership and management of the Index from Emdeon to CAQH was successfully finalized.
- ▶ CAQH collaborated with the Index Advisory Council to develop a *Reporting Standards and Data Submission Guide*. The guide standardizes the data collection methodology used to benchmark adoption of electronic administrative transactions.
- ▶ To increase the breadth and quality of its data set, the Index recruited additional participants to contribute data directly to the Index. A wide range of health plans collected data, representing approximately 1.3 billion claims processed across the healthcare industry, equivalent to a 300% increase over the number of claims represented in the most recent data collection in 2010.

VISION FOR THE FUTURE

There is consensus throughout the industry that lower costs and streamlined processes will improve the healthcare system. CAQH will continue to build awareness of its initiatives and is committed to bringing the industry together to develop solutions for shared administrative challenges. In the future, CAQH is positioned to offer a full portfolio of initiatives and tools to help standardize interactions between providers and health plans, while easing administrative burdens. In 2013 CAQH will:

- ▶ Streamline the coordination of benefits (COB) process. Through a unique industry collaboration, CAQH will design and launch a tool to help ensure provider claims are paid correctly the first time.
- ▶ Develop and deliver CAQH CORE Operating Rules supporting ACA requirements, specifically the third set of federally mandated operating rules.
- ▶ Begin upgrading the UPD system platform to UPD 2.0. The enhanced system will serve current and future users more effectively by supporting higher-quality data and enabling a smoother, faster and more intuitive process.
- ▶ Increase provider and participating organization adoption of the universal CAQH EFT enrollment tool.
- ▶ Issue an updated Index National Progress Report on Healthcare Efficiency. Augmenting plans for annual data collection, CAQH will explore opportunities to add other metrics and extend data contribution to include providers and clearinghouses.
- ▶ Create a cohesive CAQH brand identity that reflects the complete portfolio of initiatives and will help shape a redesigned website, toolkits and other materials.
- ▶ Leverage experience gained through the development and management of CAQH initiatives to introduce new solutions to take complexity and cost out of the healthcare system.

CAQH MEMBERS

AND PARTICIPATING ORGANIZATIONS*

1199 SEIU National Benefit Fund

A

Absolute Total Care
Accenture
Adena Health System
Advantica Eyecare
Adventist HealthCare, Inc.
Adventist Health Network
Adventist Health System
Aetna, Inc.
Affiliated Chiropractic Network
Affiliated Healthcare, Inc.
Affinity Health Plan
Agewell New York, LLC / Parker Jewish Institute
Akron General PHO
Alliance Behavioral Healthcare
Alliance Health, Incorporated
Alliance Health Partners
Allscripts
Alpha Care Medical Group
Always Care Benefits
America's Health Insurance Plans
America's Health Medical Services
American Academy of Family Physicians
American Association of Preferred Provider Organizations
American Care, Inc.
American College of Physicians
American Health Information Management Association
American Health Network of Indiana
American Hospital Association
American Medical Association
American Specialty Health Network
AmeriChoice

Amerigroup Corporation
AmeriHealth Mercy
AmeriHealth New Jersey
Amida Care
Angeles IPA
Anthem Blue Cross and Blue Shield
Anthem Blue Cross of California
Anthem Blue Cross of Colorado
Anthem Blue Cross of Connecticut
Anthem Blue Cross of Indiana
Anthem Blue Cross of Kentucky
Anthem Blue Cross of Maine
Anthem Blue Cross of Missouri
Anthem Blue Cross of Nevada
Anthem Blue Cross of New Hampshire
Anthem Blue Cross of Ohio
Anthem Blue Cross of Virginia
Anthem Blue Cross of Wisconsin
Apple Care Medical Management
Arbor Health Plan
Arizona Health Advantage / Arizona Priority Care Plus
Arizona Health Care Cost Containment System
ASC X12
AspenPointe
athenahealth, Inc.
Atlantic Integrated Health / The Beacon Company
Atlantis Health Plan
AultCare
Avaality LLC
Avalon Healthcare
Avesis Third Party Administrators
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
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 Nebraska
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
Bridgeway of Arizona
Buckeye Community Health Plan, Inc.

C

California Department of Health Care Services
CalRHIO
Cameron Memorial Community Hospital
CAP Management
Capario
Capella Healthcare
Capital District Physicians' Health Plan
Care1st of Arizona
Care Access Health Plans
CareFirst BlueCross BlueShield
Care Improvement Plus
Care Ohio / Cardinal Health Partners
Caremore
CarePoint
CareSource Indiana
CareSource Ohio
Care to Care
Carolina Care Plan
Carolina Crescent Health Plan
Cedars-Sinai Health System
Cenpatco Behavioral Health, LLC
Centene Corporation
Center Care (Commonwealth Health Corp.)
Center Care Health Benefit Programs
Center for Health Transformation
Center Light Healthcare
CenterPoint Human Services
Centers for Medicare and Medicaid Services
CentMass
Central Vermont Medical Center
Century PHO
Ceridian Corporation
Childrens Hospital Medical Center (Cincinnati)
Childrens Mercy Family Health Partners / CHS America
Childrens Mercy Health Network
Childrens National Medical Center
CHRISTUS Health
Cigna Behavioral Health
Cigna
Claredi (an Ingenix Division)
Clarian Health Partners / Indiana University Physicians
Cleveland Clinic Community Physician Partnership
Clinical Practice Organization
CMDP
Coalition of Athens Area Physicians
CoastalCare
Cognizant
Cognosante
Colorado Access
Commonwealth Family Health Plan
Community Care Physicians
Community Eye Care
Community Family Care Medical Group
Community Health Alliance
Community Health Group San Diego
Community Health Network of Connecticut
CompCare, Inc.
Comprehensive Health Services, Inc.

Many thanks to CAQH members and participating organizations for your commitment to streamlining healthcare administration. Since CAQH began focusing on this area more than a decade ago, working together has fostered measurable progress in administrative simplification, reducing costs and improving interoperability across the healthcare system.

ComPsych
 Concentra
 Concordia Behavioral Health
 Connecticutcare
 Consumers Choice Health Plan
 Continuum Health
 Coordinated Care
 Copley Hospital
 Corinthian Medical IPA
 Cornerstone Alliance, Inc. (A PHO)
 Corvel Corporation
 Coventry Health Care
 Creoks 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
 Dentaquest
 DesPeres Hospital
 Detroit Medical Centers
 Devon Healthcare
 Dignity Health
 Dorado Systems, LLC
 Driscoll Childrens Health Plan
 DST Health Solutions
 DuPage Valley Physicians

E

East Carolina Behavioral Health
 East Georgia Physician Group

Edifecs
 Educators Mutual / EMI Health
 eHealth Initiative
 Elderplan, Inc.
 Electronic Healthcare Network
 Accreditation Commission
 EmblemHealth
 Emdeon
 EmergingHealth
 eMids Technologies, Inc.
 Empire Blue Cross Blue Shield
 Employee Health Systems
 Enclarity, Inc.
 Epic
 eServices Group, Inc.
 E & W Health Resources, LLC
 Excellus Blue Cross Blue Shield
 Excellus Health Plans
 Eye Chartered Network
 EyeMed Vision Care

F

Fairfax Falls Church Community Service
 Board
 Fairpay Select Health
 Fallon Community Health Plan
 Family Health Network
 Federal Reserve Bank of Atlanta
 FEI Behavioral Health
 Fidelis Care New York
 Fidelis Secure Care
 Fifth Third Bank
 First Care
 First Choice PHO
 1st Medical Network
 FIS Global
 Fletcher Allen Healthcare

Florida Healthcare Plus / Gold Coast
 Health Plan
 Florida True Health
 Freedom Healthcare
 FrontPath Health Coalition

G

Gateway EDI
 Gateway Health Alliance, Virginia
 GEHA
 GE Healthcare
 Geisinger Health Plan
 General Vision Services
 Genesis Healthcare
 George Washington University Medical
 Faculty Practice
 Georgetown University Hospital
 Gifford Medical Center
 Gold Coast Health Plan of Ventura
 Gordon PHO
 Goshen Health
 Granite State Health Plan
 Great Lakes Health Plan
 Great-West Healthcare
 Greater New York Hospital Association
 Greater Rochester IPA
 Group Health Incorporated

H

Hartford PHO
 Harvard Pilgrim Health Care
 HCA Shared Services
 Health Alliance Medical Plan
 Health Alliance of the South
 Health Alliance Plan
 Health Care Service Corporation
 Health Choice Utah

Health First, Inc.
 Health First Health Plans (Florida)
 Health Level 7
Health Net, Inc.
 Health Net Federal Services, LC
 Health New England
 Health One Alliance / Alliant Health
 Health Options, Inc.
 Health Partners
 Health Plus PHSP
 Healthcare Billing and Management
 Association
 Healthcare Financial Management
 Association
 Healthcare Information and Management
 Systems Society
 Healthcare Partners Medical Group
 Healthcare Partners of California
 HEALTHeNET
 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
 Heritage Vision Plan
 HHH Choices Health Plan
 Highmark, Inc.
 Hillcrest Family Health Services
 HIP Health Plan of New York
 HIPAA QA
 HMS
 Holzer Health System

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

I

Iasis Healthcare
 Illini Care Health Plan Incorporated
 Imagine Health
 Independence Blue Cross
 Independent Health
 Independent Living Systems
 Industry Buying Group
 Informed, LLC
 Innovative Health Network
 Inova Health System
 Inspiris
 InstaMed
 IntegraNet
 Integrated Health Plan
 Integrated Solutions Health Network
 Interplan Health (The Parker Group)
 IPA of Georgia (EHS)
 IVANS

J

Johns Hopkins Healthcare
 Johns Hopkins Medicine

CAQH MEMBERS

AND PARTICIPATING ORGANIZATIONS*

K

Kaiser Foundation Health Plan of Ohio
Kaiser Foundation Health Plan of the Mid-Atlantic States
Kaiser Health Foundation of Georgia
Kaiser Permanente
Kaiser Permanente – Colorado
Kent County Health Services
Kentucky Division 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

Laboratory Corporation of America
LACare Louisiana
Lakewood IPA
LaSalle Medical Associates
Lewis – Gale Clinic, LLC
Linked IPA
Logistics Healthcare
Louisiana Health Care Connections Inc.
Louisiana Medicaid – Unisys
Louisiana Office of Group Benefits
Lovelace Health Plan
Loxogon, Inc.

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
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 Present Value
Medigold / Mt. Carmel Health Plan
Merck & Co., Inc.
Mercy Care Plan
Mercy Health Plans
Mercy Health System PHO (Ohio)
Mercy Physicians Medical Group
Meriden – Wallingford IPA
Meridian Health Plan
Methodical
Metroplus Health Plan
MHN Specialty Services, Inc.
Michigan Department of Community Health
Michigan Public Health Institute
Micron Health Partners Network
Microsoft Corporation
MindGent Healthcare Clinics, LLC
Minnesota Department of Health
Minnesota Department of Human Services

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. Ascutney Hospital
Mt. Carmel Health System
Mt. Kisco Medical Group
Multicultural Primary Care Medical Group
MultiPlan, Inc.
Musculoskeletal Imaging Consultants
MVP Health Plan, Inc.

N

NACHA – The Electronic Payments Association
NASW Risk Retention Group
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
Nationwide Childrens Hospital
NaviNet
Neighborhood Health Plan
Netwerkes
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 Dakota Medicaid
North Shore Long Island Jewish Health System
North Texas Specialty Physicians
Northwest Georgia Physicians Association
Northwestern Medical Center
NYU Langone Medical Center

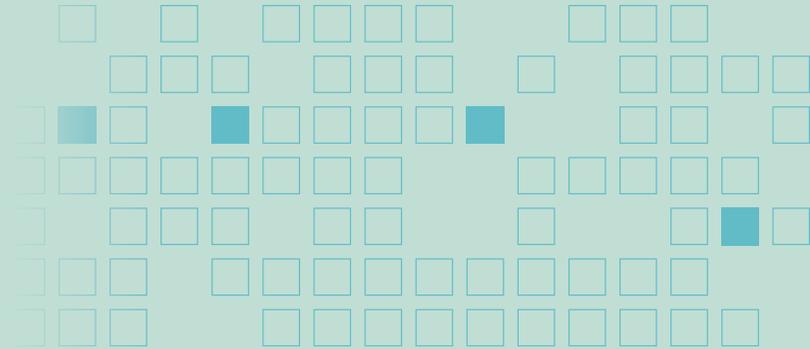
O

Occupational Managed Care Alliance / Provider Net
Office Ally
Ohio State University Health System
OhioHealth Group, Ltd.
Old Pueblo Medical Management
OneHealthPort
OptiCare Eye Health Network
Optum Physical Health
Optum Vision
OptumHealth
OptumHealth Financial Services
OptumInsight
Oregon Department of Human Resources
OrthoNet
Ortho NorthEast (ONE)

OSS Orthopedic Hospital
Otis 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
Payformance
PBH Solutions
Peach State Health Plan
People's Health
Phoenix Health Plan / Abrazo Health Plan
Physician Associates of Middle Georgia
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
Pinehurst Medical Clinic
Pinnacle Health
PIP Personal Injury Provider Network
Porter Hospital
PNC Bank
Post-N-Track
PPC Health Plan Management LLC
Palmetto Physicians
Practice Insight
Preferred Care Partners (Florida)



Preferred Health Plan
Preferred Health Professionals
Premier Eye Care
Premier Health Alliance
Prestige Health Choice
PricewaterhouseCoopers LLP
Primary Partner Care Network
Prime Health Services
Priority Health
Prism Health
Private Sector Technology Group
Psychcare
Prestige Health Choice
PricewaterhouseCoopers LLP
Primary Care of California
Principal Financial Group
Priority Health
Prism Health
Private Sector Technology Group
Psychcare

Q

Qualadix
QualCare

R

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

S

Saint Barnabas – Metrowest IPA
Salubris, Inc.
SCAN Health Plan
Schaller Anderson
Scion Dental
SecureEDI / Immediata
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
Smart Card Alliance Council
Smart Data Solutions
Smokey Mountain Center
Solstas Lab Partners Group, LLC
Solstice Benefits
South Georgia Physicians Association, LLC
South Shore Rockaways IPA
Southern California Childrens Health Network
Southwest Network
Southwestern Vermont Medical Center
Spectera, Inc.
Springfield Hospital Vermont
St. Francis Health Network
St. John Mercy PHO
St. Mary's of Michigan PHO
Stark Regional PHO
State of Connecticut Judicial Branch

State of Pennsylvania Department of Public Welfare
Sterling Life Insurance
Steward Medical Group
Stormont Vail Health System
SummaCare
Summit Medical Group
Sunflower State Health Plan
Sunshine State Health Plan
Surescripts

T

Tampa General Hospital
Tenet Health System DBA St. Louis University Hospital
TennCare, State of Tennessee Medicaid
Texas Medical Association
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

UniCare
Unified 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

UnitedHealth Group

UnitedHealthcare Vision
Unity Healthcare
Univera
Universal American
Universal Health Care
University Health Plans Inc.
University Hospitals
University Medicine Foundation
University of Arizona Health Plans
University of Maryland Faculty Physicians, Inc.
University of Missouri – University Health
University of Toledo Physicians LLC
University Physicians Associates Louisville
University Physicians Network (NYU Langone Medical Center)
UNMC Physicians
US Family Healthplan / St. Vincent Catholic Medical Centers
Utah Health Information Network
Utilization Review Accreditation Commission

V

Valley Baptist Health Plan
Valley Health
Valley Health Plan Santa Clara County
Vantage Oncology
Ventanex
Virginia Health Exchange Network

Virginia Premier
VISA, Inc.
VisionShare, Inc.
Visiting Nurse Service of New York / VNS Choice
Vohra Health Services

W

Wake Forest University Health Sciences
Washington State Bureau of Industry and Labor
Washington State Office of the Insurance Commissioner
WellCare
WellChoice
Wellmed
WellPoint, Inc.
Western Highlands Network
Windsor Health Plan
Wisconsin Medical Society
Wisconsin Physicians Service
Work Group for Electronic Data Interchange

XYZ

Xerox
ZirMed

***CAQH Member Organizations in Bold**

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