CAQH is a non-profit alliance of health plans and related associations working together to achieve the shared goal of streamlining the business of healthcare.

The ongoing need to reduce healthcare costs—especially administrative expenses—while concurrently increasing information accuracy is at the heart of CAQH activities. In concert with a wide range of healthcare stakeholders, CAQH develops and implements shared, industry-wide initiatives to eliminate long-term business inefficiencies, producing meaningful, concrete benefits for healthcare providers, health plans and patients.

CAQH initiatives are fundamentally changing the direction of healthcare: re-defining how the industry does business today and in the future.

In healthcare, electronically sharing large quantities of data quickly and accurately is a critical need.

CAQH CORE® (Committee on Operating Rules for Information Exchange) is an industry-wide collaboration committed to the development and adoption of national operating rules for electronic business transactions. Technical standards and the supporting operating rules specify the business actions required for each party to ensure a high volume of reliable electronic transactions.

CAQH CORE is governed by a multi-stakeholder board to address the interests of more than 130 participating organizations.

In 2012, CAQH CORE was named by the Secretary of the U.S. Department of Health and Human Services as the author of three phases of operating rules for HIPAA-mandated standards for electronic transactions.

Not only does CAQH CORE develop operating rules, it offers a voluntary certification program so organizations can demonstrate their adoption of and adherence to those rules. Organizations that create, use or transmit administrative healthcare data (such as plans, providers and vendors) can earn CORE certification. To date, more than 300 CORE certifications have been awarded.

Moving towards greater use of electronic healthcare transactions requires measuring and reporting industry progress.

The CAQH Index® tracks the progress in the shift from manual (e.g., via phone, fax or mail) to electronic business transactions between health plans and providers. This annual report details adoption rates and potential savings, helping the industry assess remaining gaps in the transition. The CAQH Index is a critical resource for all players in the healthcare industry, showing where progress has been made, and where it remains elusive.

Access to accurate, timely, electronic provider data is critical for the U.S. healthcare system.

CAQH ProView® is a web-based solution used by more than 1.6 million providers to self-report and share a wide range of demographic and professional information with more than 1,000 participating health plans, hospitals, health systems and provider groups. This data is then used for credentialing, network directories, claims administration and more.

CAQH ProView for Groups streamlines the roster sharing process between health plans and delegated groups. Provider groups submit a single roster of their delegated providers through a centralized portal, giving plans access to standardized, updated files in one convenient location. In addition to simplifying the process, CAQH ProView for Groups delivers better quality data by requiring that all rosters satisfy over 120 quality checks.

Maintaining accurate, timely provider directories has long been a challenge for health plans. An increase in federal and state requirements have heightened the urgency to find an effective solution.

DirectAssure® reduces costly, redundant requests providers receive from each of their plans for the same information. The solution works in concert with CAQH ProView, enabling providers to regularly update their directory information in one place and share it with the participating plans they authorize.

CAQH ProView has a successful track record with providers in supplying their professional and practice data, which means that DirectAssure also receives a high response rate from providers. To date, over half a million providers have updated and attested to their directory information.

Developed in collaboration with health plans, the suite of CAQH provider data management solutions improves data accuracy, streamlines business processes and reduces administrative costs.

NCQA requires health plans to re-credential providers at least once every three years, a time-consuming, duplicative process for providers who contract with multiple plans.

VeriFide™ improves the speed, integrity and quality of the credentialing verification process—eliminating overlapping, non-differentiating business processes. It leverages the data within CAQH ProView and deploys advanced automated technologies to compare each provider's information against primary sources for accuracy. Eliminating manual processes reduces both time and human error.

Comprehensive and timely monitoring of sanctions is critical to maintaining a network of safe, capable healthcare providers.

SanctionsTrack® is an automated, continuous sanctions monitoring solution designed to seamlessly integrate with CAQH ProView and enhance the value of provider data. It constantly scans nearly 500 state licensing boards as well as federal sources for sanctions and disciplinary actions. SanctionsTrack can be used for credentialing network providers, network claims validation, and fraud and abuse programs.

A national source of truth for validated FHIR-endpoints and third-party apps.

CAQH Endpoint Directory® is a centralized directory that securely publishes validated FHIR endpoints, simplifying how healthcare organizations and third-party apps find and share endpoint information. A national source of truth, the CAQH Endpoint Directory reduces the administrative burden for users by automating manual processes and enables compliance with federal regulations.

Inefficiencies in benefits coordination cost more than $800 million annually, creating unnecessary difficulties for providers and patients.

COB Smart® enables plans and providers to correctly identify individuals with overlapping benefits from more than one plan. Corresponding claims are processed correctly the first time. Providers receive claim payments more quickly and patients have fewer worries about payments.

Visit www.caqh.org for more information.