For Immediate Release   **Contact: Chris McNamara, (202) 778-3271**

Blue Cross Plans in North Carolina and Tennessee, U.S. Department of Veterans Affairs, VisionShare Join Industry Leaders in National Initiative to Improve Electronic Insurance Coverage Verification

CAQH CORE-certified Entities Now Cover One-third of Americans with Health Insurance

Washington, DC – (July 18, 2007) − CAQH announced today that Blue Cross and Blue Shield of North Carolina (BCBSNC), Blue Cross Blue Shield of Tennessee, the U.S. Department of Veterans Affairs and secure connectivity solutions provider VisionShare are now certified to exchange or access consistent eligibility and benefits information required to verify patient health insurance coverage.

Those organizations recently completed a testing process that ensures their compliance with new standard business rules developed by the CAQH Committee on Operating Rules for Information Exchange (CORE).

Provider practice staffs often spend hours researching and making follow-up calls at significant cost to obtain and verify insurance information. The CORE rules, which build on the HIPAA eligibility (X12 270/271) transaction, make electronic administrative data communications seamless, streamlined and predictable, regardless of the technology – in many cases eliminating the need for practice staff phone calls.

According to a recent CAQH study, providers may reduce labor costs associated with verifying insurance coverage as much as 50 percent by moving from labor-intensive verification methods (web, fax and phone) to automated HIPAA transactions. Health plans also could achieve significant labor savings, as the study showed that average labor costs per phone call are $1.38 vs. $0.00 for an automated transaction.

"The CAQH CORE initiative is transforming the way health plans and providers are communicating," said Harry L. Reynolds, CORE chair and BCBSNC Vice President. "These certifications are further indication that adopting the CORE rules make bottom-line business sense for our industry.

"We encourage all organizations with an interest in enhancing insurance verification to pursue CORE certification as soon as possible."

Nearly 25 healthcare organizations, covering approximately 65 million or one-third of U.S. commercially insured lives, are now CAQH CORE-certified. Availity, LLC and GE Healthcare are committed to completing certification testing and CORE rules compliance by no later than Sept. 30, 2007. Over 20 other healthcare associations, accrediting bodies, networks and business have endorsed the rules.

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"Now that the Department of Veterans Affairs has completed CORE certification, we have taken one more important step in participating, along with others in the health care industry, in the creation and implementation of standards that will support enhanced interoperability between providers and payers," said Gary M. Baker, Veterans Health Administration acting Chief Business Officer. "As a CORE participant, VA looks forward to continuing our support of national collaborative efforts to streamline healthcare administrative transactions."

CAQH launched CORE to simplify eligibility and benefits data transactions, promote better health plan/provider interoperability and improve provider access to administrative information. CORE's vision is provider access to eligibility and benefits information before or at the time of service using the electronic system of their choice for any patient or health plan, effectively reducing administrative burden and costs. To date, the voluntary industry-wide CAQH initiative has brought together nearly 100 industry stakeholders – health plans, providers, vendors, CMS and other government agencies, associations, regional entities, standard-setting organizations and other healthcare entities – to collaborate on the rules.

CORE participants collectively cover more than 130 million lives, or more than 75 percent of the commercially insured plus Medicare and state-based Medicaid beneficiaries.

The Initiative's second set of rules, expected to be announced early in 2008, will address additional eligibility components (X12 270/271) and claims status (X12 276/277), both of which are addressed under HIPAA.

About CAQH

CAQH is a catalyst for healthcare industry collaboration on initiatives that simplify and streamline healthcare administration. CAQH solutions help promote quality interactions between plans, providers and other stakeholders, reduce costs and frustrations associated with healthcare administration, facilitate administrative healthcare information exchange and encourage administrative and clinical data integration. Visit www.caqh.org for more information.

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