

*simplifying healthcare administration*

CAQH<sup>®</sup>

2010 IN REVIEW



# 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.



## Transitioning to a Mandated Operating Rules Environment

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.

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More than 120 organizations are participating in CORE

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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.

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CORE-certified health plans cover approximately 1 in 3 commercially insured lives.

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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 Evolving Role of UPD as the Trusted Data Source

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.

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3 in 5 practicing and  
licensed physicians  
are using UPD.


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UPD data is  
93.9% accurate

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UPD has been widely adopted by the provider community through adherence to five key principles: access, accountability, trust, transparency and not-for-profit.

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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  
Advantica Eyecare  
Adventist HealthCare, Inc.  
Adventist Health Network  
**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 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  
Arcadian Health Plans  
Arizona Health Care Cost Containment System  
ASC X12  
athenahealth, Inc.  
Atlantis Health Plan  
**AultCare**  
Avality 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  
Bridgeway 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  
Cenpatco 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  
Corinthia Medical IPA  
Cornerstone Alliance, Inc. (A PHO)  
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  
Detroit Medical Centers  
Devon Healthcare  
Driscoll Childrens Health Plan  
DST Health Solutions  
DuPage Valley Physicians

## E

East Georgia Physician Group  
Edifecs  
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  
Enclarity, Inc.  
eServices Group, Inc.  
Excellus Blue Cross Blue Shield  
Excellus 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 (GNHYA)  
Greater Rochester IPA (GRIPA)  
Group Health Insurance of New  
York (GHI)  
Guardian Healthcare, Inc.

**H**

Harvard Pilgrim Health Care  
HCA Shared Services  
HCCO  
Health Alliance of the South  
Health Alliance Plan  
Health Care Service Corporation  
Health First, Inc.  
Health Level 7 (HL7)  
**Health Net, Inc.**

Health Net Federal Services, LLC  
Health New England  
Health One Alliance / Alliant  
Health  
Health Options, Inc.  
Health Partners  
Health Plan of Michigan  
Health Plus 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)  
IPA 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  
Microsoft Corporation  
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. Ascunty 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 (NCQA)

National Council for Prescription  
Drug Programs (NCPDP)  
National eHealth Collaborative  
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 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.

## CAQH Members and Participating Organizations (continued)

### P

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  
Pediatrix  
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  
Psychcare

### R

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

### S

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

### T

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  
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 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)

### V

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

Visiting Nurse Service of New York / VNS Choice  
Vohra Health Services

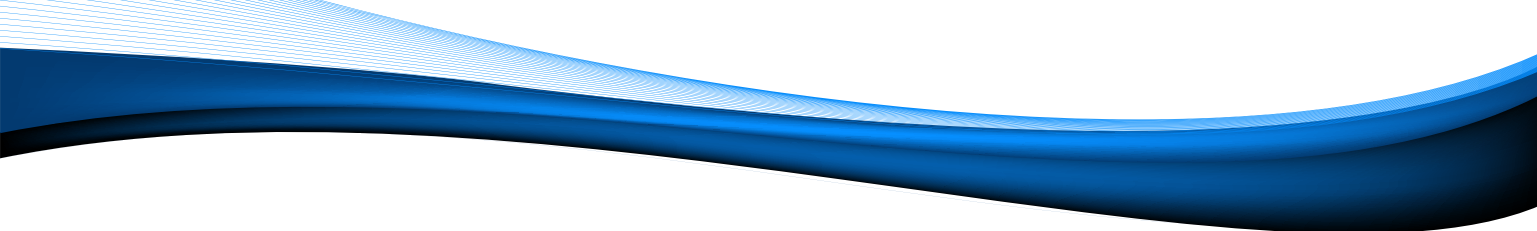
### W

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

### XYZ

ZirMed

\*CAQH Member Organizations in Bold



Through its efforts, CAQH continues to identify—and increasingly, quantify—the substantive costs that can be eliminated from the healthcare system without affecting the quality of care.

