

# CAQH



**2014 IN REVIEW**



Creates shared initiatives to streamline the business of healthcare.

Accelerates the transformation of business processes.

Delivers value to healthcare providers, plans and patients.

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## Transformation through Constructive Innovation

“Disruptive innovation” has become a widely used phrase for change that completely transforms and improves industry operations and user expectations. Yet that change can be costly — providing helpful new information and better outcomes, but often at a considerable price.

CAQH offers a different model of change. We seek to transform the business of healthcare through “constructive innovation,” dramatically improving healthcare organization operations, while concurrently increasing industry-wide savings.

Constructive innovation relies on the utilization of forward-thinking technologies. Our vision of success also depends on the broad understanding that individual organizations can reap real benefits when they participate in collaborative initiatives to improve business operations.

This has been quite a paradigm shift for traditional competitors, but over the past decade many health plans and other healthcare organizations have come to appreciate that there is little advantage to individually addressing many routine administrative processes. The Patient Protection and Affordable Care Act created an even greater incentive for the healthcare industry to reduce these costs.

Now in its second decade, CAQH is a convener, collaborator and catalyst driving this needed transformation of the business of healthcare. CAQH believes that innovative, shared processes result in greater accuracy, speed, and savings, which in turn will benefit all stakeholders in the U.S. healthcare system: health plans, providers and patients alike.

Every participant in CAQH including members, leadership and staff — along with those organizations and providers participating in our initiatives — share this promising vision for the future, and are working together to make this vision a reality.

A handwritten signature in black ink that reads 'Robin J. Thomashauer'.

Robin J. Thomashauer

## 2014 in Review – Highlights

The second year of a multi-stage reorganization, 2014 marked significant change and growth for CAQH. The organization refreshed its Mission and Vision statements to align with its expanding role:

**CAQH Mission** To accelerate the transformation of business processes in healthcare through collaboration, innovation and a commitment to ensuring value across stakeholders.

**CAQH Vision** CAQH is the leader in creating shared solutions to streamline the business of healthcare.



The decision to move beyond activities that “simplify healthcare administration” to focus more wholly on streamlining the business of healthcare, initiated a year in which existing solutions and initiatives were carefully assessed, thoughtfully improved and gained broader participation. Examples include:

- More organizations made commitments to participate in the drive to streamline electronic transactions through the adoption of CAQH CORE Operating Rules: CAQH CORE® announced a milestone of 150 voluntary CORE Certifications.
- Work continued to develop an enhanced online source of self-reported provider information to be used for a wide range of administrative needs: CAQH ProView™, the next generation of the Universal Provider Datasource, was built on a completely new platform to enable ongoing innovation.
- CAQH demonstrated the potential for widespread collaboration to address common challenges with existing coordination of benefits processes: COB Smart® completed a rollout in all 50 states.
- Adoption increased for a solution to ease the provider enrollment process in EFT and ERA: 50,000 provider practices signed up to participate in EnrollHub™, and most national health plans chose to use this CAQH solution.
- CAQH presented the industry with a national benchmark to measure the progress and potential cost savings associated with transitioning from manual to electronic administrative transactions: The 2013 CAQH Index™ report was published, and work began on the 2014 report.

While CAQH continued to strengthen and refine its existing initiatives, it also focused on the future. Over the past year the organization worked with member health plans, its Provider Council and other industry stakeholders to identify and analyze potential initiatives, creating a promising direction for 2015 and beyond.

Reflecting the increased activities by CAQH, the organization moved to a new, dedicated office space to better meet its current and future needs. It restructured and grew to more actively serve organizations currently participating in solutions and initiatives, and to encourage even broader participation. To more effectively profile the work of CAQH, the brand was reimagined and refreshed through unique graphic imagery, a new CAQH logo and updated web site launching in Spring, 2015.

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**CATALYST** CAQH is a catalyst, working to promote healthcare industry standardization among disparate stakeholders. The organization helps identify common issues and concerns, then develops new ways to help organizations address them.

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**CAQH CORE®** Healthcare lags far behind other industries in meeting the critical need to share large quantities of data quickly and accurately. Technical standards and the supporting operating rules provide the direction needed to enable improved exchange of electronic data. As part of the Federal vision for health data interoperability, the Patient Protection and Affordable Care Act (ACA) mandated operating rules for HIPAA claims-related electronic transactions. When each party in a transaction follows the operating rules, the result is reduced paperwork and cost savings. Reaching this goal depends on the development of operating rules, as well as their widespread adoption. CAQH CORE has brought together a wide range of healthcare stakeholders over the past decade to achieve both.

CAQH CORE is the designated authoring entity by the Department of Health and Human Services (HHS) for the healthcare operating rules for HIPAA claims-related electronic transactions. The Phase I, II and III CAQH CORE Operating Rules are federally mandated for all HIPAA-covered entities. CAQH CORE offers a voluntary certification program so organizations can demonstrate that they have adopted and are adhering to those rules.

A multi-stakeholder, executive-level board leads CAQH CORE, which includes more than 140 participating organizations representing providers, health plans, vendors, government agencies and healthcare standard setting organizations.

In a January 2014 proposed rule, HHS recommended CAQH CORE as the administrator for HHS-required certification of health plans. Soon after, CAQH CORE initiated a transparent and collaborative industry-wide effort to develop forms designed to meet the needs of the proposed HIPAA Credential. Draft forms were created based upon industry feedback, surveys, and market testing.

Throughout the year CAQH CORE continued to collaborate with other healthcare stakeholders to build broader awareness of operating rules and the benefits associated with their adoption. Interactive educational sessions were held each month, reaching over 12,000 members of key audiences. Additional outreach included presentations at national conferences and development of informative online content, such as implementation resources.

The results of this outreach were evident when CAQH CORE reached an important milestone in 2014. More than 150 voluntary CORE Certifications were achieved. CORE Certification verifies that an organization or product operates in agreement with the operating rules and the underlying standards, and is doing so with their trading partners as well.

In other activities, CAQH CORE conducted research and listening sessions on Attachments to help inform the market about the status of adoption and determine appropriate timing for operating rules development. The organization also met its commitment to streamline and create standardization in the industry by conducting maintenance on the existing operating

rules for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA), with emphasis on those related to CARC/RARC (Claim Adjustment Reason Codes and Remittance Advice Remark Codes).

**FUTURE FORWARD:** Over half of CORE Certifications in 2015 are from organizations that are non-participants. CAQH CORE will continue to support the increasing number of certification applicants. CAQH CORE will also finalize a third set of ACA-required operating rules which address the HIPAA transactions for health care claims, enrollment and disenrollment in a health plan, premium payments, and prior authorization. Additionally, should HHS finalize its health plan certification regulation, CAQH CORE is prepared to serve as the document administrator.

As HHS adoption of claims attachments standard(s) is still pending, CAQH CORE will continue its ongoing attachment research by conducting a pilot to evaluate a range of potential operating rules, demonstrating the benefit of aligning clinical and administrative ehealth efforts. Finally, the multi-stakeholder board will use 2015 to outline, and seek input on, an updated vision. In 2016, voluntary operating rule writing will begin, aligning with the CAQH CORE mission to serve as a national private/public model for business-driven data exchange.

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**COLLABORATE** CAQH has a remarkable ability to solve problems through cross-organization collaboration — bringing stakeholders together to create and implement shared solutions. No one else is doing this, and it is what sets CAQH apart.

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**COBSmart®** Inefficiencies in benefits coordination cost more than \$800 million annually, creating unnecessary difficulties for providers and patients. Health plans often resort to “pay and chase,” paying claims and then trying to recoup those payments found to be incorrect. Providers must depend on patients to accurately understand and recall their family health coverage. Patients experience needless anxiety and time spent corresponding with their health plans to clarify primary and secondary coverage. COB Smart seeks to curb this friction and inefficiency through a collaborative solution in which plans contribute and share coverage information with each other, so that instances of overlapping coverage can be identified.

COB Smart enables health plans and providers to correctly identify which individuals have benefits that should be coordinated. This way, corresponding claims are processed correctly the first time. Participating health plans find that most records identified by COB Smart have not been previously detected in their system as having other insurance.

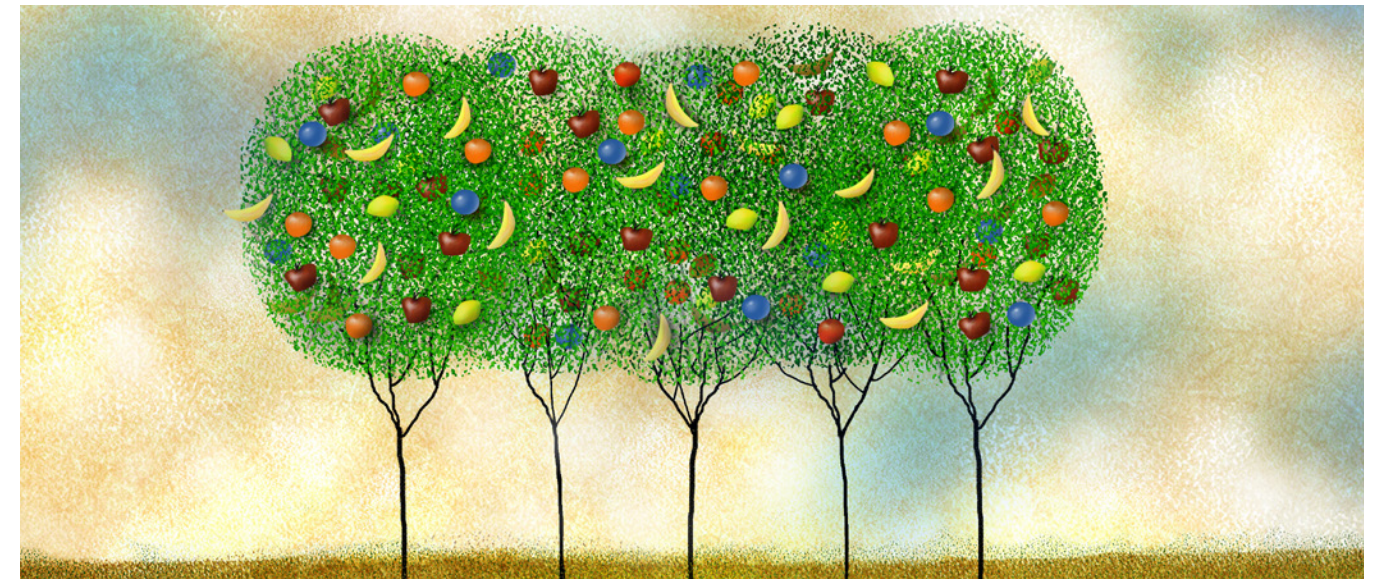
Health plans supply information to the registry each week, where it is compared with data from other plans to identify patients with overlapping coverage. After determining the correct order of primacy, the information is shared with all plans that insure the member. Participating clearinghouses will also make the data available to providers to help them route claims correctly.

Real-world use of the solution among health plans shows COB Smart to be highly successful in discovering unknown instances of overlapping insurance coverage. In 2014, a national insurer and early participant of COB Smart concluded that approximately four out of five records identified by COB Smart had not been previously detected as having other insurance in its eligibility system. As more health plans have joined this collaborative effort, and integrated coverage information for their members into the system, COB Smart has become an increasingly robust source of COB data.

The nationwide rollout of COB Smart was completed in 2014. By mid-year, COB Smart included coverage information for 110 million individuals. CAQH also developed and launched a new “payer portal” enabling health plans to search and immediately identify instances where overlapping coverage exists for their members.

In 2014 CAQH began the process of building alliances with potential clearinghouse partners to integrate the information within COB Smart into provider systems. With this work model, providers will soon be able to access related coverage information as an integrated piece of their workflow, bringing new levels of efficiency to the claims process.

**FUTURE FORWARD:** As additional health plans participate in COB Smart, the member information within the solution expands as well, increasing the system identification of overlapping coverage. New partnerships with clearinghouses will help address the need of providers to readily access information on overlapping coverage, reducing the burden associated with coordinating patient benefits for all industry stakeholders.



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**STREAMLINE AND SIMPLIFY** CAQH solutions demonstrate that using the right tool to share critical information really can streamline and simplify many business processes in healthcare.

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**EnrollHub™** While Electronic Funds Transfer (EFT) saves time and money over paper checks, increasing provider adoption continues to be challenging for many health plans. Definitions of success vary dramatically, with some organizations devoting considerable resources to enrollment efforts, while others offer only limited information on their websites. The process of enrollment is so burdensome, requiring a separate application for each health plan, that those providers who participate do so with only a few plans. Still other providers are concerned about the safety of sharing their financial information. EnrollHub is making it simpler for providers to securely enroll in EFT, and therefore receive their payments more quickly. EnrollHub also enables health plans to motivate their providers to use electronic payments, reducing the

significant administrative costs associated with manual payments.

EnrollHub combines enrollment capabilities for EFT and electronic remittance advice (ERA), enabling providers to sign up online for electronic payments with multiple health plans at one time through a single process. EnrollHub then sends their enrollment information directly to each authorized participating health plan.

Available at no charge to providers, EnrollHub encourages greater EFT/ERA participation and satisfaction. There is no need for health plans to change their internal financial processes, and the solution verifies the provider-submitted data, giving additional reassurance to all participants.



With the EFT standards in place at the beginning of 2014, health plans were required to offer electronic payments to any provider requesting them. EnrollHub helps health plans meet those requirements. Utilizing the successful “one-to-many” model of UPD/CAQH ProView, EnrollHub has lifted a longstanding administrative barrier to broad use of electronic payments and electronic remittance in healthcare.

By the end of 2014, CAQH had successfully enrolled 50,000 provider practices in EnrollHub, with two dozen health plans using the tool, including many national plans. As the number of participating health plans grows, so too does the participation of healthcare providers. CAQH began an extensive provider outreach campaign to increase awareness of EnrollHub, as well as to overcome long-standing concerns of many about sharing financial information.

**FUTURE FORWARD:** As with other CAQH solutions, the greater the participation by health plans and providers in EnrollHub, the greater the resulting value for all participants. CAQH will continue to educate healthcare providers and health plans about the benefits of moving to EFT/ERA, and how EnrollHub can play an important role in this transition. Increasing engagement by health plans, and the inclusion of provider types such as dentists, promise to increase industry-wide transition to these electronic business transactions.

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**TRANSFORM** The work CAQH does is about eliminating problems within the business of healthcare: not just creating incremental improvement, but transformative change.

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**CAQH ProView™** The need for accurate, timely electronic data is driving a revolution in the healthcare system. Access to reliable, extensive provider data is critical for that success. For more than a decade, the Universal Provider Datasource® (UPD) has helped reduce this administrative burden, enabling providers to self-report their information, then share it with many healthcare organizations. CAQH continues its commitment to address these industry needs with the introduction of CAQH ProView, the next generation UPD. CAQH ProView establishes the necessary foundation to transform the way health plans, hospitals, provider groups and others obtain and use administrative provider data.

CAQH ProView is the trusted source and industry standard for collecting self-reported healthcare provider data. More than 1.3 million physicians and other providers enter and maintain a wide range of demographic and professional information in this easy to use, online database.

Providers create, at no charge, a comprehensive “provider profile” to share electronically with the organizations they choose. The result is complete, accurate and up-to-date provider information. This data can then be used by the nearly 800 authorized organizations for credentialing, network directories, claims administration and more.

In 2013, CAQH decided to upgrade and enhance UPD. The changes were extensive, grounded in keeping the best of UPD while building a new solution that enables continual updates and improvements to meet future needs. Additionally, it had to be easier and more intuitive to use, including menu-driven prompts and enhanced security features to protect provider data.

Substantial development work occurred throughout 2014, informed through a collaborative process including healthcare providers and health plans. CAQH also conducted extensive outreach to help prepare health plans and hospital systems for the transition to CAQH ProView in 2015.

New features make it easier for healthcare providers to make updates and submit information to the organizations that require it, and for those organizations to utilize that information. Designed to be a completely electronic solution, CAQH ProView will:

- Deliver the most complete, up-to-date set of information available from every type of healthcare provider delivering health and wellness services. The solution now includes additional types of provider relationships (e.g., non-participating and delegated providers) and ownership disclosure.
- Upload and store provider data electronically, eliminating the need for manual document submission and improving the timeliness of completed applications.

- Enable providers to complete and attest to multiple state credentialing applications through an intelligent workflow design.
- Perform real-time system validation of select provider data against industry sources.
- Support secure electronic exchange of roster and provider data files, with roster exception reporting, customizable extract reports, and flexibility in multiple formats: ASCII, XML or PDF.
- Grant designated organizations access to provider data through an application programming interface (API) using real-time web services.
- Offer a ‘bulk upload’ option for practice managers to maintain content on multiple locations and providers, then submit files with pre-populated data.

Designed to seamlessly integrate with CAQH ProView, **SanctionsTrack®** is an automated, continuous sanctions monitoring solution that enhances the value of provider data. It continuously monitors more than 500 state licensing boards and other sources for sanctions and disciplinary actions. This solution can be used for credentialing network providers as well as fraud and abuse detection programs.

**FUTURE FORWARD:** CAQH ProView and SanctionsTrack establish the foundation for a transformation in the way the healthcare industry shares and utilizes provider data. CAQH is currently engaged with an industry work group to unlock the many ways this data can be useful to health plans and other healthcare organizations. The results will be the basis for ongoing system enhancements.

Additionally CAQH is pursuing development of a solution for Primary Source Verification (PSV) as an adjunct to CAQH ProView. The goal is to eliminate the costly, duplicative process of every health plan and healthcare organization separately verifying provider data. The CAQH PSV solution would enable these organizations to share one set of verification information for each provider.



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**IMPACT** CAQH is having a real and lasting impact on the healthcare industry, and is successfully driving adoption of solutions that address ongoing sources of friction between health plans, providers and patients.

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**CAQH Index™** Moving towards greater use of electronic healthcare transactions requires monitoring and reporting industry progress. This is easier said than done. There are several hundred health plans, thousands of hospitals, and healthcare provider practices numbering in the hundreds of thousands. Some are moving more quickly than others to embrace electronic business transactions. The CAQH Index is a critical resource for all players in the healthcare industry, acting as a mirror to reflect where progress has been made, and where it remains elusive. It also quantifies the issue, demonstrating the potential savings if and when all healthcare stakeholders fully utilize electronic business transactions.

The CAQH Index tracks the progress in the shift from manual (e.g., via phone, fax or mail) to industry standardized

(HIPAA) electronic business transactions between health plans and healthcare providers. The research and analysis, conducted annually, details adoption rates and potential savings, helping the industry assess remaining gaps in this transition. The CAQH Index Advisory Council, composed of industry experts in claim-related transactions and business processes, helps guide its measurement strategy.

The previous CAQH Index studied six common transactions: claim submission, eligibility and benefit verification, prior authorization, claim status inquiries, claim payment, and remittance advice transactions. The 2014 CAQH Index added two transactions for the first time: claims attachments and prior authorization attachments.



Measuring the progress of the transition from manual to electronic business transactions is key to understanding those areas in which considerable progress has been made, as well as those that will require greater efforts by health plans, providers and policymakers. Estimating the potential cost savings, which accrue to both individual organizations as well as to the larger healthcare system, can act as a strong incentive to encourage even greater progress. The CAQH Index illustrates, in concrete ways, how various stakeholders can play an important role in permanently eliminating wasteful administrative spending in healthcare.

Also importantly, the CAQH Index report represents a collaboration between healthcare providers and health plans. The greater the amount of information shared by both parties on their transactions with each other, the more accurate the analysis.

The 2013 CAQH Index report was released in early 2014, with findings indicating a potential savings of \$8 billion for the healthcare industry from a move to fully electronic transactions. The full report was posted on the CAQH website, and the findings were disseminated to thought leader audiences through conference presentations, webinars and social media. CAQH also developed an on-line “savings calculator” in which health plans and healthcare facilities may enter their own transaction volumes to determine the potential amount of savings their own organization could realize in the transition from manual to electronic business transactions.

For the 2014 CAQH Index, the organization made a concerted effort to increase participation by both health

plans and providers. The data collection process was improved to make it easier to submit needed information. As a result, health plans representing 112 million enrollees — almost 45 percent of the privately insured U.S. population — joined the effort. In addition, more healthcare facilities and provider practices participated in a data collection process conducted on behalf of CAQH by Milliman, Inc. This greater number of participants allowed additional segmentation and analysis of the data, such as adoption rate by size of health plan. Since many participants in 2013 also participated in 2014, this second year of data collection also enabled, for the first time, direct year-over-year comparisons of progress made. The findings from the 2014 CAQH Index were released in early 2015.

**FUTURE FORWARD:** [CAQH is committed to continuing to measure and monitor the move towards electronic business transactions, providing the benchmarks for industry progress. In 2015 and beyond, CAQH will utilize trade media and conferences to broaden awareness of the CAQH Index and its industry significance. More health plans and providers will be engaged to participate, with a goal of enabling more finely tuned analysis; for example, the differences in progress between different size plans and/or healthcare practices. Additionally, the CAQH Index will continue to add new transactions to those it currently studies.](#)

## CAQH Future Forward

The need to streamline the business of healthcare is universal and urgent. All stakeholders are aligned around the imperative to reduce cost, and more efficient business processes are a fundamental way to address this need. CAQH has a unique perspective in how best to achieve this goal: through the integration of technology-driven initiatives, electronically-shared information, and industry-wide collaboration.

CAQH has set itself a high bar of achievement that can only be reached by ever-greater improvement and utilization of existing solutions and initiatives, as well as the development and launch of new endeavors. The organization, through its targeted growth and sharpened vision in 2014, has positioned itself well to accomplish these goals in 2015 and beyond.



# List of Members and Participating Organizations

CAQH Member organizations in bold.

1199 SEIU  
1st Medical Network

## A

Absolute Total Care  
Accenture  
Adena Health System  
Advantica  
Adventist Health System  
Adventist Health System, Illinois  
Adventist Health Systems West  
Adventist HealthCare (Maryland)  
**Aetna, Inc.**  
Affiliated Chiropractic Network  
Affiliated Healthcare, Inc. (AHI)  
Affinity Health Plan  
Agewell New York, LLC/  
Parker Jewish Institute  
AGMCA (Akron General PHO)  
AIDS Healthcare Foundation  
Alegent Creighton Health  
Alegeus Technologies  
Alliance Behavioral Healthcare  
Alliance Health Incorporated  
Alliance Health Partners  
Allscripts  
Alpha Care Medical Group  
Always Care Benefits  
Ambay Health Network  
**America's Health Insurance Plans (AHIP)**  
American Academy of Family Physicians  
American Behavioral  
American Care, Inc.  
American Health Network of Indiana  
American Hospital Association  
American Medical Association (AMA)  
American Specialty Health  
American Well Corporation/  
Online Care Network  
America's Health Medical Services  
AmeriChoice  
Amerigroup Corporation  
Amerigroup Kansas  
AmeriHealth Mercy

AmeriHealth Mercy of Indiana  
AmeriHealth New Jersey  
Ameritas  
Amida Care  
Angeles IPA  
Anthem Blue Cross of California  
Anthem Blue Cross of Colorado  
Anthem Blue Cross of Connecticut  
Anthem Blue Cross of Kentucky  
Anthem Blue Cross of Maine  
Anthem Blue Cross of Missouri  
Anthem Blue Cross of Ohio  
Anthem Blue Cross of Virginia  
Anthem Blue Cross of Wisconsin  
**Anthem, Inc.**  
Apogee Health Partners  
AppleCare Medical Management  
Arbor Health Plan  
Arcadian Health Plans  
ArchCare  
Argus Dental and Vision  
Arizona Health Advantage/AZ Priority  
Care Plus  
Arizona Health Care Cost Containment  
System  
Arnett Clinic, LLC  
ASC X12  
AspenPointe  
Association of Primary Care Physicians  
Athena Health  
athenahealth, Inc.  
Atlantic Integrated Health/  
The Beacon Company  
Atlantis Health Plan  
**AultCare**  
Automated HealthCare Solutions  
Avality LLC  
Averde Health  
Avesis Third Party Administrators  
AvMed Health Plans

## B

Bakersfield Family Medical Group  
Bank of America Merrill Lynch  
Baptist Health South Florida  
Beacon Health Network  
Beacon Health Solutions  
Beacon Health Strategies  
BeHealthy America  
Beth Israel Deaconess Provider Organization  
Block Vision  
Blue Care Network  
**Blue Cross Blue Shield Association**  
Blue Cross Blue Shield of Alabama  
Blue Cross Blue Shield of Arizona  
Blue Cross Blue Shield of Florida  
Blue Cross Blue Shield of Georgia  
Blue Cross Blue Shield of Illinois  
Blue Cross Blue Shield of Kansas  
Blue Cross Blue Shield of Kansas City  
Blue Cross Blue Shield of Louisiana  
Blue Cross Blue Shield of Massachusetts  
**Blue Cross Blue Shield of Michigan**  
Blue Cross Blue Shield of Missouri  
Blue Cross Blue Shield of Nebraska  
Blue Cross Blue Shield of New Mexico  
**Blue Cross Blue Shield of North Carolina**  
Blue Cross Blue Shield of Oklahoma  
Blue Cross Blue Shield of Rhode Island  
**Blue Cross Blue Shield of Tennessee**  
Blue Cross Blue Shield of Texas  
Blue Cross Blue Shield of Vermont  
Blue Cross Blue Shield of Western New York  
Blue Cross Blue Shield of Wisconsin  
Blue Cross of California  
Blue Cross of Northeastern Pennsylvania  
Blue Cross Blue Shield of Tennessee  
Boston Medical Center HealthNet Plan  
Brattleboro Memorial Hospital  
Brattleboro Retreat  
Bravo Healthcare  
Bridgeway of Arizona  
Bronx United IPA  
Buckeye Community Health Plan

## C

CAAP - Coalition of Athens Area Physicians  
California Department of Health Care  
Services  
Cambria Solutions, Inc.  
Cameron Memorial Community Hospital  
CAP Management  
Capella Healthcare  
Capital District Physicians' Health Plan  
Care Access Health Plans  
Care Improvement Plus  
Care Ohio/Cardinal Health Partners  
Care to Care  
Care1st of Arizona  
CareCentrix  
**CareFirst BlueCross BlueShield**  
Caremore  
CareSource Management Group  
Carolina Care Plan  
Cedars-Sinai Health System  
CeltiCare Family Health Plan  
Cenpatico Behavioral Health  
Centene Corporation  
Center Care Health Benefit Programs  
CenterLight Healthcare  
CenterPoint Human Services  
CentMass  
Centura Health  
Centurion Tennessee  
Century PHO  
Ceridian Corporation  
Children's Hospital Medical Center  
(Cincinnati)  
Childrens Medical Center Health Plan  
Children's Mercy Family Health Partners  
Children's National Medical Center  
Christiana Care Quality Partners  
CHRISTUS Health  
CHS America  
CIGNA Behavioral Health  
**Cigna**  
Citrus Valley Physicians Group  
ClaimRemedi  
Cleveland Clinic Community  
Physician Partnership  
Clinical Practice Organization  
CMDP  
CoastalCare  
Cognizant  
Cognosante

CollabHealth Plan Services, Inc.  
Colonial Cooperative Care  
Colorado Access  
Colorado Choice Health Plans  
Community Care IPA  
Community Care Physicians  
Community Choice Michigan  
Community Eye Care  
Community Family Care Medical Group  
Community Health Alliance  
Community Health and Immunization  
Services, LLC  
Community Health Care Network  
Community Health Center Network (CHCN)  
Community Health Choice, Inc.  
Community Health Network of Connecticut  
Community Health System Professional  
Services Corporation  
Community Health Systems  
Community Partners of Southern Arizona  
Compass Health  
Compass IPA  
ComplexCare Solutions, Inc.  
Comprehensive Health Services Inc.  
ComPsych  
Computer Sciences Corporation  
Concordia Behavioral Health  
Confluence Health  
Connecticare  
Consumers Choice  
Consumers Mutual of Michigan  
Continuum Health  
Copley Hospital  
Corinthian Medical IPA  
Cornerstone Alliance, Inc. (a PHO)  
Corvel  
Coventry Health Care  
Coventry Health Care/First Health  
Crown City Medical Group  
CSG Government Solutions

## D

Davis Vision  
DC Chartered Health Plan, Inc.  
Deaconess Health Plans  
Deloitte Consulting LLP  
Delta Dental Plans Association  
Dental Partners of Georgia, LLC  
Dentaquest  
DesPeres Hospital

Detroit Medical Centers  
Devon Healthcare  
Dignity Health  
Doctors Hospital  
Doctors Hospital Nelsonville  
Driscoll Children's Health Plan  
DST Health Solutions  
Dublin Methodist

## E

East Carolina Behavioral Health  
East Georgia Physician Group  
Easy Choice Health Plan  
Eden Health Plans  
Edifecs  
Elderplan  
EmblemHealth  
EmblemHealth (GHI and HIP)  
Emdeon  
EMI Health  
Empire Blue Cross Blue Shield  
Employee Health Systems  
Epic  
Eskenazi Medical Group  
ESPRIT Medical Care  
Evergreen Health Cooperative Inc.  
ExamOne  
Excellus Blue Cross Blue Shield  
Excellus Health Plans  
Eye Associates Network  
EyeMed Vision Care

## F

Fallon Community Health Plan  
Family Health America  
Family Health Network  
Federal Reserve Bank of Atlanta  
FEI Behavioral Health  
Fidelis Care New York (New York State  
Catholic Health Plan, Inc.)  
Fidelis Secure Care  
Fifth Third Bank  
First Care Health Plans  
First Choice PHO  
First Community Health  
FirstCommunity Health Plan Inc.  
Florida Healthcare Plus/Gold Coast  
Health Plan  
Florida True Health

Freedom Healthcare  
FrontPath Health Coalition

## G

Gateway Health Alliance, Virginia  
GE Healthcare  
GEHA  
Geisinger Health Plan  
Gemini (Region under Magellan)  
General Vision Services  
George Washington University  
Medical Faculty Associates  
Georgetown University Hospital  
Gifford Medical Center  
Global TPA, LLC (Freedom Health)  
Gold Coast Health Plan of Ventura County  
Gordon PHO  
Goshen General Hospital/Indiana Lakes MCO  
Government Management Services  
Grady Memorial Hospital  
Grant Medical Center  
Greater New York Hospital Association  
Great-West Healthcare  
GRIPA  
Group Health Incorporated  
Guardian Healthcare, Inc.

## H

Hap Midwest Health Plan  
Hardin Memorial Hospital  
Harding Hospital  
Hartford PHO  
Harvard Pilgrim Health Care  
HCA Shared Services  
Health Alliance Medical Plan  
Health Alliance of the South  
Health Care Service Corporation  
Health First Health Plans  
Health First Network, Inc. Florida  
Health First, Inc.  
Health Level 7 (HL7)  
**Health Net, Inc.**  
Health New England  
Health One Alliance LLC  
Health Options, Inc.  
Health Partners  
Health Plan of San Mateo  
Health Plus PHSP  
Health Services for Children with  
Special Needs

Healthcare Billing and Management  
Association  
Healthcare Financial Management  
Association  
Healthcare Information & Management  
Systems Society  
HealthCare Partners IPA  
Healthcare Partners Medical Group  
Healthcare Partners of California  
HEALTHeNET  
HealthLink, Inc.  
HealthNet Federal Services, LLC  
HealthNow New York, Inc.  
HealthPlan of Michigan  
HealthPlus of Michigan  
HealthSmart Preferred Care (Parker Group)  
HealthSpan  
HealthyCT  
Henry Ford Health System  
Heritage Vision Plan  
HHH Choices Health Plan  
Higher Ground IPA  
Highmark, Inc.  
Hillcrest Family Health Services  
HIP Health Plan of New York  
HMS  
Holzer Health System

## Horizon Blue Cross Blue Shield of New Jersey

Hospital for Sick Children  
HP Enterprise Services, LLC  
HSC Health Plan  
Hudson Health Plan, Inc.  
Humana / ChoiceCare Network  
Humana Dental  
Humana Inc.  
Humana Specialty Benefits  
Humana Vision

## I

iCare Health Options/Florida Optometric  
Physicians Network  
Imagine Health  
Independence Blue Cross  
Independent Health  
Independent Living Systems LLC  
Independent Practice Association of  
Georgia, Inc.  
Indiana ProHealth Network  
Industry Buying Group  
Informed, LLC

Inland IPA  
Innovative Health Network  
Inova Health System  
Inspiris  
InstaMed  
Institute for Family Health  
InteCare, Inc.  
Integra Managed Care  
IntegraNet  
Integrated Solutions Health Network  
Interplan Health (Parker Group)  
INTotal Health  
IPN  
IU Health South Central Region Medical  
Staff Services

## J

J.P. Morgan Chase  
JAI Medical Systems Managed Care  
Organization, Inc.  
James Cancer Hospital and Solove  
Research Institute  
Johns Hopkins Healthcare  
Johns Hopkins Medicine  
JSA

## K

Kaiser Foundation Health Plan of the  
Mid-Atlantic States  
**Kaiser Permanente**  
Kansas Department of Health & Environment  
Kent County Health Services  
Kentucky Division of Medicaid Services  
Kentucky Health Cooperative Inc.  
Kentucky Medical Services Foundation, Inc.  
Kentucky Orthopedic Rehab Team, LLC  
Kentucky Primary Care Association  
Key Medical Group  
Keystone Mercy Health Plan  
Kingman Regional Medical Center  
KnightMD  
KORT

## L

Lab Corporation of America  
LACare  
Lakewood IPA  
Land of Lincoln Healthcare  
LaSalle Medical Associates

Leon Medical Centers Health Plans  
Lewis-Gale Clinic, LLC  
LifePrint IPA  
Lifespan/New England Physician Network  
Linked IPA  
Logistics Health  
Lonestar Circle of Care  
Louisiana Health Cooperative, Inc.  
Louisiana Medicaid – Unisys  
Louisiana Office of Group Benefits  
Lovelace Health Plan and Lovelace  
Insurance Company

## M

Magellan FL  
Magellan Health Services  
MagnaCare Health Plan  
Magnolia Health Plan (Centene)  
Maine Network for Health  
MAMSI Health Plans  
Managed Health Care Administration, Inc.  
Managed Health Network  
Managed Health Service  
MAPFRE  
March Vision Care  
Marion General Hospital  
Maverick Medical Group  
Mayo Clinic  
MCCI Medical Group  
Mclaren Health Plans  
MDI  
MDwise, Inc.  
MedCost, LLC  
Medical Electronic Attachment  
Medical Group Management  
Association (MGMA)  
Medical Mutual of Ohio  
Medicochoice IPA  
MEDNAX Services, Inc.  
MedTranDirect, Inc.  
Memorial Hospital of Rhode Island  
Mercy Care Health System of Southeastern PA  
Mercy Care Plan  
Mercy Health Plans  
Mercy Health System PHO  
Mercy Maricopa Integrated Care  
Mercy Physicians Medical Group  
Meridian Health Plan  
Merit Independent Physicians Association, LLC  
MET Healthcare Solutions

Metroplex Pathology Associates  
MetroPlus Health Plan  
MHC Partners  
Michigan Department of Community Health  
Michigan Public Health Institute  
Micron Health Partners Network  
MidCounty IPA  
Minnesota Department of Health  
Minnesota Department of Human Services  
Missouri HealthNet Division  
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  
Mount Kisco Medical Group, PC  
Mountain State Health Alliance  
Mt Carmel Health System  
Mt. Carmel Health Plan/Medigold  
Multicultural Primary Care Medical Group  
Multiplan  
MVP Health Plan, Inc.

## N

NACHA – The Electronic  
Payments Association  
NASW Risk Retention Group  
National Capital Preferred Provider Org.  
National Committee for Quality Assurance  
National Council for Prescription  
Drug Programs  
National Medicaid EDI Healthcare  
Work Group  
National Vision  
Nationwide Childrens Hospital  
Nationwide Vision  
NaviNet  
Neighborhood Health Plan of Massachusetts  
Neighborhood Health Plan Royal Health  
Network Health Plan  
Network Solutions, IPA  
New Avenues, Inc./MBHN  
New Directions Behavioral Health  
New Haven Community Medical Group, Inc.  
New Jersey Manufacturers Insurance  
Company  
New Mexico Health Connections

New York-Presbyterian Hospital  
NextGen Healthcare Information Systems, Inc.  
NJ Shore (WEDI/SNIP NY Affiliate)  
North Country Health System  
North Dakota Medicaid  
North Shore LIJ Health System  
North Shores Hospital  
Northeast Alabama Physicians  
Northeast Alabama Primary Healthcare  
Northeastern Vermont Regional Hospital  
NorthWest Georgia Physicians Association  
Northwestern Medical Center, Inc  
Norton Health Care  
NYU Langone Medical Center

## O

Occupational Managed Care Alliance/  
Provider Net  
Ohio State University Hospital East  
OhioHealth Group, Ltd.  
Oklahoma Employees Group Insurance  
Division  
Old Pueblo Medical Management  
OneHealthPort  
OptiCare Managed Vision  
OptumHealth Care Solutions –  
Physical Health  
OptumHealth Financial Services  
OptumInsight  
Oregon Department of Human Resources  
Oregon Health Authority  
Ortho NorthEast (ONE)  
Orthonet  
Oscar Insurance Corporation  
OSS Orthopedic Hospital  
Otis Health Care Center / Grace Cottage  
Owensboro Community Health Network  
Oxford Health Plans, Inc

## P

Palladian Muscular Skeletal Health  
Palmetto GBA  
Paragon Healthcare Network  
Paramount Health  
Parkview Health Plan Services  
PartnerCare Health Plan, Inc.  
Passport Health Communications  
Passport Health Plan  
PaySpan, Inc.

PBH Solutions  
 PCA Medical Group  
 Peace River Center  
 Peach State Health Plan  
 Pennsylvania Department of Public Welfare  
 People's Health  
 Phoenix Children's Hospital  
 Phoenix Health Group  
 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 of Southwest Washington, LLC  
 Physicians United Plan, Inc.  
 Piedmont Community Health Plan  
 Pinehurst Medical Clinic  
 Pinnacle Health  
 PIPN Personal Injury Provider Network  
 Planned Parenthood of Metropolitan  
 Washington DC, Inc.  
 Planned Parenthood of Wisconsin  
 Platinum Physician Services  
 PNC Bank  
 Porter Hospital  
 Post-N-Track  
 PPC Health Plan Management LLC Palmetto  
 Physicians  
 Preferred Care Partners (Florida)  
 Preferred Health Plan  
 Preferred Health Professionals  
 Preferred IPA of California  
 Preferred Medical Plan, Inc.  
 Premera Blue Cross  
 Premier Eye Care  
 Premier Health Plan  
 Premier Healthcare, Inc.  
 Premier Physician Support Services  
 Presence Health Partners  
 Prestige Health Choice  
 PricewaterhouseCoopers LLP  
 PrimaHealth IPA  
 Primary Care Associates Medical Group  
 Primary Care Association LLC  
 Primary Care of California  
 Primary Care of Northern Ohio  
 Primary Partner Care Network  
 Prime Community Care of Central Valley

Prime Health Services  
 PrimeCare Medical Network, Inc.  
 Priority Health  
 Prism Health  
 Private Sector Technology Group  
 Privia Health  
 Proactive Care IPA  
 ProCare Health  
 Professional Health Choice  
 Prospect Medical Group  
 Providence Health Plan  
 Provider Groups  
 Provider Network Alliance Minuteman Health  
 Prudent Medical Group  
 Psychcare  
 Purchase Health Partners

#### Q

QualCare  
 Quality Care Partners/Genesis  
 HealthCare System

#### R

Rayn Healthcare Alliance  
 RealMed, an Availity Company  
 Recondo Technology, Inc.  
 RelayHealth  
 River District Hospital  
 Riverside Health  
 Riverside Methodist Hospital  
 Rochester Community IPA, Inc. (RCIPA)  
 Rocky Mountain Health Plans  
 Rutland Regional Medical Center

#### S

Saint Barnabas/MetroWest IPA  
 Salisbury Health Group, LLC  
 Salubris, Inc.  
 SCAN Health Plan  
 Schaller Anderson  
 Secure EDI Health Group, LLC  
 Secure Health Plans of Georgia  
 SecureCare, Inc.  
 Select Health of South Carolina  
 Sendero Health Plan  
 Senior Whole Health, LLC  
 Sentara Healthcare  
 Siemens / HDX  
 Sightcare

SIHO Insurance Services  
 Simply Healthcare  
 Smoky Mountain Center  
 Solstice Benefits  
 Sound Family Medicine  
 South Florida Vision 2020 EyCare Plan  
 South Georgia Physician Network, LLC  
 South Georgia Physicians Association, LLC  
 South Shore Rockaways IPA  
 Southwest Network  
 Southwestern Vermont Medical Center  
 Sovereign Phoenix IPA  
 Space Center IPA  
 Special Care Management, LLC  
 Spectera Eyecare Networks  
 Springfield Hospital Vermont  
 St Francis HealthCare Partners  
 St Louis University Hospital  
 St. Francis Health Network  
 St. John's Mercy Health Network  
 St. Mary's of Michigan PHO  
 St. Vincent IPA Medical Corporation  
 Stark Regional PHO  
 State of Connecticut Judicial Branch  
 Steward Medical Group  
 Suburban Health Organization  
 SummaCare  
 Sunflower State Health Plan  
 Sunshine State Health Plan  
 Superior Health Plan - Texas  
 Sutter Medical Foundation

#### T

Tampa General Hospital  
 Target Clinics  
 Tenet Health  
 TennCare - State of Tennessee Medicaid  
 Texas Professional Healthcare Alliance  
 The Clearing House  
 The Health Plan, Inc.  
 The Physicians Network  
 The SSI Group, Inc.  
 The Superior Plan (Centene)  
 The TriZetto Group, Inc.  
 The University of Vermont Medical Center  
 TIBCO Software, Inc.  
 Total Health Care Online  
 Touchstone Health HMO, Inc.  
 TransUnion Healthcare, LLC  
 TRIAD Healthcare, Inc.

TRICARE  
 TriState Health Partners  
 TriWest Healthcare Alliance  
 TriZetto Provider Solutions  
 Tufts Health Plan

#### U

Ultimate Health Plans, Inc.  
 Unicare  
 Unified Physicians Network, Inc.  
 Union Health Plan  
 United Behavioral Health/US Behavioral  
 Health Plan  
 United Physicians  
 United States Army National Guard  
 United States Retina LLC  
**UnitedHealthcare Group**  
 Unity Healthcare  
 Univera  
 Universal American  
 University Healthcare Associates, 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 Medical Center  
 University Physicians Associates Louisville  
 University Physicians NYU Medical  
 Langone Center

UNMC Physicians  
 US Centers for Medicare and  
 Medicaid Services (CMS)  
 US Department of Treasury Financial  
 Management Service  
 US Department of Veterans Affairs  
 US Family Healthplan/St Vincent Catholic  
 Medical Centers  
 US Physical Therapy  
 US Vision  
 Utah Health Information Network  
 Utilization Review Accreditation Commission

#### V

Valley Baptist Health Plans  
 Valley Health  
 Valley Health Plan  
 Value Options  
 Vanderbilt University  
 Vantage Health Plans  
 Vantage Oncology  
 Ventanex  
 Vermont Health Co-op  
 Vermont Managed Care  
 Vicinitas Cancer Care, LLC  
 VIDA Physician Network  
 VillageCareMAX  
 Virginia Mason Medical Center  
 Virginia Premier Health Plan  
 VISA, Inc.  
 Vision Service Plan

Vision Source Texas IPA, PLLC  
 Visiting Nurse Service of New York/  
 VNS Choice  
 VitalMD Group Holdings, LLC  
 VNSNY CHOICE  
 Vohra Health Services

#### W

Washington State Office of the  
 Insurance Commissioner  
 WellCare  
 WellChoice  
 Wellmed  
 Western Highlands Network  
 Windsor Health Plan  
 WinFertility  
 Wipro Infocrossing  
 Wise Provider Networks  
 Women and Infants PHO of Rhode Island  
 Work Group for Electronic Data  
 Interchange (WEDI)  
 Workers Compensation Trust

#### X

Xerox

#### Z

ZirMed, Inc.





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