## 2008 HIGHLIGHTS: STEADY GROWTH, MEASURABLE RESULTS, LASTING CONTRIBUTIONS

For nearly a decade CAQH® has consistently demonstrated that industry ingenuity can contribute meaningful solutions to improve the U.S. healthcare system. We started with highly regarded national education programs that communicated the appropriate use of antibiotics and the critical role that beta-blockers play in preventing future heart attacks. We developed and implemented a centralized approach to data collection that has now forever changed provider credentialing. We introduced an innovative e-prescribing initiative. Most recently, we launched a multi-stakeholder collaboration that is advancing system interoperability and driving consistent information exchange between health plans and providers. Through each, CAQH has created lasting impact.

Our work in 2008 further positioned CAQH as a nonprofit alliance that achieves what it sets out to accomplish. Both the Committee on Operating Rules for Information Exchange® (CORE) and the Universal Provider Datasource® (UPD) reached important milestones last year. CAQH solutions generated heightened interest and support from stakeholders throughout the industry. As a result, we were able to increase momentum toward realizing our vision of a healthcare system in which administrative processes are efficient and easily understood by patients, caregivers and providers.

**CORE** CORE effectively moved beyond the proof-of-concept stage when it finalized the Phase II rules in September. In addition to offering connectivity and other data-exchange infrastructure standards, the Phase II rules address information critical to the healthcare revenue cycle. These data elements include more robust patient eligibility and benefits information, and year-to-date patient financial liability. Over 25 organizations committed to complete Phase II certification by the end of 2009 or Q1 2010. Another 20 organizations committed to endorsing the rules. The American Medical Association and the American Academy of Family Physicians endorsed the Phase II rules by year end.

Initiative momentum also spurred significant state and national interest in CORE last year, a testament to the real need for uniform electronic communication protocols. In 2008, state-sponsored, multi-stakeholder committees in Ohio and Texas recommended their respective legislatures consider adopting the CORE Phase I rules for exchanging electronic eligibility information between providers and payers. By the end of the year, CORE rules were being considered for use in national interoperability standards. The entire set of CORE Phase I rules, as well as three Phase II rules specific to eligibility, for example, were incorporated into the Healthcare Information Technology Standards Panel (HITSP) Patient Generic Health Plan Eligibility Verification Transaction. In addition, the joint WEDI/X12 Real-time Adjudication Communications Workgroup acknowledged the CORE Phase II connectivity rule as a potential national standard.

CORE experienced growth in both Phase I rules certification and endorsement in 2008. Of particular note, RxHub, now Surescripts, was the first e-prescribing entity to complete CORE certification. This achievement represents a necessary step toward synchronizing interoperability efforts throughout the healthcare marketplace. CORE rules certification last year also enabled a select number of electronic medical record (EMR) vendors to ensure that consistent patient administrative data can be integrated with clinical information into electronic records. That integration creates a more complete, robust picture of the patient for physicians and other healthcare professionals at the point of care.

We believe that the CORE rules have only begun to demonstrate their potential as a component of a successful national HIT strategy. The current healthcare reform efforts view information technology solutions as essential to achieving a more efficient industry. Within that framework and with the introduction of the Phase III rules in 2009, we anticipate industry adoption of CORE to accelerate at an even faster pace.

**UPD** An additional 90 health plans, hospitals and other healthcare organizations signed on to streamline provider data collection through the UPD service in 2008—a 26 percent increase over 2007. On the provider side, more than 688,000 physicians and allied health professionals were using UPD to securely maintain their data and cut costs—107,000 more than the previous year. CAQH estimates that the online service was saving more than \$76.5 million annually and had eliminated nearly 2 million legacy paper applications to date by the end of 2008.

We broadened that base of participation through a first-in-the-nation agreement between CAQH and a state hospital association. The Vermont Association of Hospitals and Health Systems (VAHHS) agreement makes it easier for its member hospitals to participate in the service and, therefore, more efficiently obtain provider information. CAQH is promoting the arrangement as a model approach to other hospital associations.

Two additional states, Maryland and Ohio, simplified the provider data-collection process by moving from their state form to the CAQH Standard Provider Credentialing Application as their required form. Those moves extended a trend in state adoption, increasing the total number of states mandating or designating the form for use by managed care organizations to 11.

In 2008 CAQH witnessed a jump in SanctionsTrack participation. A significant number of health plans signed on to the service that centralizes access to continuously monitored provider sanctions information from more than 400 national and state primary sources. CAQH will drive further adoption of the service in 2009 through a focused outreach effort promoting SanctionsTrack as a comprehensive tool for easily identifying sanctioned providers.

CAQH ensured that UPD growth in the future will be effectively supported when we transitioned management of the initiative to Affiliated Computer Services, Inc. (ACS) last summer. The respected Fortune 500 technology company is now providing all business processes, information technology, and customer care activities related to UPD. CAQH will work with ACS to modernize and enhance the service in 2009. In addition, we will introduce system functionality that enables providers to opt-in to participate in volunteer emergency response efforts, receive liability insurance quotes and access other programs to streamline practice management.

CAQH also took steps in 2008 to evaluate the quality of data entered into the UPD. We convened the Data Quality Task Force group to specifically assess the integrity, timeliness and accuracy of the information obtained through the service. CAQH will use the anticipated results to generate broader understanding about how UPD can reduce administrative costs related to provider directories, claims administration, network management and more.

**LOOKING FORWARD** The national dialogue about a more efficient healthcare system has focused increased interest in simplifying healthcare administration. Leading industry organizations have issued thoughtful recommendations for reducing costs and improving productivity during the past several months. When examined closely, those recommendations point to approaches consistent with our mission and specific improvements that CAQH is already addressing—confirming that we have been on the right track for some time.

CORE and UPD are targeting real business issues. They are producing real results in the marketplace today—results that can be tracked across a wide range of stakeholders. They have helped provider practices operate more efficiently and spend more time treating patients. Most importantly, our initiatives have demonstrated that cross-industry, public-private collaboration can contribute positive, lasting change.

We will take every opportunity to extend their impact in 2009. CAQH will continue to work closely with federal and state agencies, provider organizations, standards-setting bodies, and other leading healthcare entities to more broadly implement meaningful solutions that leverage the success of our initiatives.

Your leadership has been critical to the success that CAQH has achieved in moving the industry toward a significant reduction in the cost and frustration associated with healthcare administration. Given the current national discussion on healthcare reform, your leadership has never been more important. We look forward to working together to further position the CAQH initiatives as important solutions for achieving reform goals.

Robin J. Thomashauer
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**Executive Director** 

## **CAQH MEMBERS AND PARTICIPATING ORGANIZATIONS\***

CareFirst BlueCross BlueShield Absolute Total Care Care Improvement Plus GE Healthcare CareMedic Systems, Inc. Space Center IPA CareSource Ohio General Vision Services (GVS) ActivHealthCare George Washington University Medical Carolina Care Plan Faculty Associates Adventist Health System, Illinois Catholic Healthcare West Gifford Medical Center Gordon PHO Aetna, Inc. Cedars-Sinai Health System Goshen General Hospital / Indiana Northwestern Medical Center St. Louis University Hospital Stark Regional PHO **Grace Cottage Hospital** Center Care Health Benefit Programs LaSalle Medical Associates **Grady Memorial Hospital** Alliance Health Partners Center for Health Transformation Grant Medical Center SummaCare OhioHealth Group, Ltd. Services (CMS) Network Omega Technology Solutions CentMass America's Health Insurance Plans LINXUS (initiative of GNYHA) OptumHealth Care Solutions -Great-West Healthcare Group Health, Inc. Magellan Health Care, Inc. Group Health Insurance of New York Childrens National Medical Center CIGNA Rehavioral Health American Health Information CIGNA HealthCare MAMSI Health Plans the Midwest Managed Health Network Harding Hospital The First Health Network / American Medical Association (AMA) Clarian Ambulatory Care Management Health Alliance of the South Palladian Muscular Skeletal Health Amerigroup Corporation Health Alliance Plan Parkview Health Plan Services AmeriHealth Mercy Health Care Service Corporation Mayo Clinic Colonial Cooperative Care AmeriHealth New Jersey Health Level 7 (HL7) Health Net, Inc. MD On-Line, Inc. Commonwealth Family Health Plan Community Care Physicians Tufts Health Plan Arcadian Health Plans Health One Alliance / Alliant Health MedData Peach State Health Plan Arnett Clinic, LLC Health Options, Inc. Community Family Care Medical Group **Pediatrix** ASC X12 Community Health Care Network People's Health Health New England Atlantis Health Plan Healthcare Administration **AultCare Copley Hospital** Healthcare Association of New Mercy Health Plans United States Army National Guard Physicians Health Plan of Mid Michigan United States Department of Veterans Affairs Meriden - Wallingford IPA Averde Health Creoks Behavioral Health Services, Inc. Indiana, Inc. UnitedHealth Group Healthcare Financial Management Culpeper PHO Pillsbury Winthrop Shaw Pittman LLP Healthcare Information and Management Systems Society (HIMSS) BlueCare Network Microsoft Corporation Porter Hospital Planned Parenthood of Metropolitan Washington DC, Inc. **Blue Cross and Blue Shield** DaVita Village Health Universal Health Care Association (BCBSA) Healthcare Partners Medical Group DC Chartered Health Plan, Inc. Deaconess Health Plans PNC Bank HealthLink, Inc. University Physicians Associates Louisville Mobility Medical, Inc. Dental Partners of Georgia, LLC Blue Cross and Blue Shield of Kansas University Physicians, Inc. (University of Maryland) Preferred Health Professionals Devon Healthcare Blue Cross and Blue Shield of HealthPlus of Michigan HealthRight Kansas City US Family Healthplan / St. Vincent Catholic Medical Centers HealthSmart Preferred Care (The Parker Group) Molina Healthcare of Utah **DuPage Valley Physicians** Prism Health Molina Healthcare of Washington Utah Health Information Network (UHIN) Blue Cross Blue Shield of Private Sector Technology Group Utilization Review Accreditation Commission (URAC) Michigan Montefiore Medical Center of New York HIP Health Plan of New York mPay Gateway Edifecs, Inc. Blue Cross and Blue Shield of eHealth Initiative **North Carolina Multicultural Primary Care** Horizon Blue Cross Blue Shield of Medical Group New Jersey Island MultiPlan, Inc Virginia Health Exchange Network BlueCross BlueShield of MVP Health Plan, Inc. Tennessee RelayHealth Humana Inc. / ChoiceCare Network **New York Humana Vision River District Hospital Empire HealthChoice** River Valley Health Alliance Employee Health Systems Riverside Methodist Hospital WellCare Independence Blue Cross Independent Health National Committee for Quality Rocky Mountain Health Plans WellPoint Behavioral Health **EyeMed Vision Care Rutland Regional Medical Center** WellPoint, Inc. Brattleboro Memorial Hospital Georgia, Inc. Wise Provider Networks National eHealth Collaborative Fallon Community Health Plan Women and Infants PHO of Rhode Island Bridgeway of Arizona NaviNet FEI Behavioral Health Secure EDI Health Group, LLC **Industry Buying Group** Brighton Hospital Fidelis Secure Care Interchange (WEDI) Buckeye Community Health Plan, Inc. **Workers Compensation Trust** InstaMed

New York Presbyterian System Select Health \*CAQH member organizations

in bold

Interplan Health (The Parker Group)

Research Institute

CalRHIO

Care1st of Arizona

1st Medical Network

FrontPath Health Coalition





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