



# The Computerworld Honors Program

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## Final Copy of Case Study

**Year:**

2013

**Status:**

Laureate

**Organization Name:**

CAQH

**Organization URL:**

[www.caqh.org](http://www.caqh.org)

**Project Name:**

Universal Provider Datasource (UPD)

**Please select the category in which you are submitting your entry.**

Collaboration

**Please provide an overview of the nominated project. Describe the problem it was intended to solve, the technology or approach used, how it was innovative and any technical or other challenges that had to be overcome for successful implementation and adoption. (In 300 words or less.)**

CAQH, the Council for Affordable Quality Healthcare, a nonprofit coalition of health plans and trade associations, has developed its Universal Provider Datasource (UPD) program as an industry-wide collaboration that uses technology to eliminate administrative redundancy in the provision of health care coverage. Specifically, the UPD initiative implements a web-based, centralized, national database to streamline the process of health care provider (MD, PNP, RN, etc.) credentialing. Under industry guidelines, each health plan with which a healthcare provider participates, and each hospital at which a provider has privileges, is required to verify the provider's credentials (e.g., licensure, education, sanctions) on a recurring cycle (every two to three years, depending

on organization type). Before the UPD, each health plan and hospital issued a long questionnaire to the provider (typically hard copy). Each questionnaire was slightly different, but all collected the same basic set of information. Providers typically completed 12-15 separate applications, one for each organization with which they participated. By coming together through CAQH, the industry has created a single, consolidated, online database to which a provider can submit his or her data once (with periodic updates to keep data current), allowing each health plan or hospital that participates to pull down the data as needed on its own cycle. Rather than having redundant sets of information, with potential for inconsistent responses, there is now a single, continuously updated source of credentialing data, from which all participating organizations draw. The UPD currently has over 1 million providers and over 680 participating organizations benefiting from the system. CAQH estimates that the UPD, by eliminating redundant application forms, saves 4.6 million hours of administrative time for providers and more than \$142 million annually. Similarly, participating organizations experience decreased processing time for credentialing, and material reductions in costs for provider outreach.

**When was this project implemented or last updated? (Please specify month and year.) Has it incorporated new technologies and/or other innovations since its initial deployment? (In 300 words or less.)**

The UPD was initially launched in 2002 and underwent a migration and upgrade exercise in 2008. CAQH is currently looking to fully re-platform the UPD to enable extensions of functionality to further leverage its successful model (such as new credentialing requirements for Medicaid and use of provider data to support health information exchanges under the Affordable Care Act). CAQH is considering various options for leveraging current technologies to streamline the UPD, however, the nature of those options is currently confidential as CAQH undergoes negotiations with possible partners for this re-platforming exercise.

**Is implementation of the project complete? If no, please describe the project's phases and which phase the project is now in. (In 300 words or less.)**

As indicated in the response to Section 5, the UPD is up and running. However, as noted in Section 6, CAQH is currently in the process of a re-platforming exercise. Specifically, CAQH is in an RFP process working with potential suppliers to determine the best technological and operational approaches to (i) protect the value the UPD is generating for the health care industry; (ii) increase the ease with which the UPD can be maintained or modified in light of changes in the industry and applicable regulation; and (iii) increase flexibility in extending the UPD to additional uses that leverage the connectivity between providers and participating organizations while respecting the privacy concerns of all



participants. Following this RFP process, CAQH will engage with one or more partners to develop the new system and migrate to it. Thereafter, CAQH will continue to develop related service offerings to enhance industry collaboration through the UPD technology and operational platform.

**Please provide at least one example of how the technology project has benefited a specific individual or organization. Feel free to include personal quotes from individuals who have directly benefited from the work. (In 300 words or less.)**

As noted above, CAQH estimates that the UPD, by eliminating redundant application forms, saves 4.6 million hours of administrative time for providers and more than \$142 million annually. When CAQH recently commissioned a user satisfaction survey for providers, the response rate was approximately three times the industry average for user satisfaction surveys and the results showed that over 91% of providers were satisfied with the UPD (with nearly half "very satisfied"). Similarly, nearly nine of ten providers would recommend to others that they use the UPD. As noted by one medical practice, in describing why the practice is satisfied with the UPD: "It is such an easy [and] fast way to keep physician records updated. It also gives the opportunity to be able to inform insurance carriers where our office locations are, business hours, accepting new patients as well as updating all of my licenses/certificates. It is . . . a one source place to obtain a lot of information about the physician." The overwhelming voluntary adoption by the health plan community speaks volumes to the value the UPD brings the payer side of the health care industry. Health plans do pay to participate in the UPD, but they too are benefitting from significant administrative savings and improved provider relations through use of the UPD. From CAQH's perspective, there is also significant benefit to the health plans in UPD data that, to date, has been largely untapped. As CAQH re-platforms the UPD, CAQH will be working to further expose those incremental uses of the data to further streamline health plan operations.

**Would this project be considered an innovation, a best practice or other notable advancement that could be adopted by or tailored for other organizations and uses? If yes, please describe that here. (In 300 words or less.)**

We believe that the UPD has become the industry best practice for efficient and quality collection of credentials in the healthcare industry. To that end, the benefit could be extended by qualified organizations that do not yet participate in the UPD joining in and further reducing cost and saving time in the administration of health care.