Cooperative Exchange Clearinghouse Caucus

January 27, 2026
5:00pm PST

Hilton Portland

The Cooperative Exchange is committed to promote and advance electronic data exchange for the healthcare industry by improving efficiency, advocacy, and education to industry stakeholders and government entities.

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Clearinghouse Caucus Agenda
Tuesday, January 27, 2026

Pavillion Ballroom East
5:00 – 6:00pm

I. *Welcome and Introduction of Cooperative Exchange -*
Tina Greene, Board Treasurer, Cooperative Exchange and Regulatory and Industry Standards Director, Enlyte/Mitchell

II. *National Provider Directory Update -* Michelle Barry, Director, Expert Health Plan Provider Lifecycle Solutions, Availity

III. *CRISP- Electronic Healthcare Transactions Technical Submissions Guidance – Overview and CE comments –*
Tara Rose, Manager, Standards, Compliance, and Regulatory Strategy, OptumInsight

IV. **Meeting Wrap-Up -** Tina Greene, Board Treasurer, Cooperative Exchange and Regulatory and Industry Standards Director, Enlyte/Mitchell
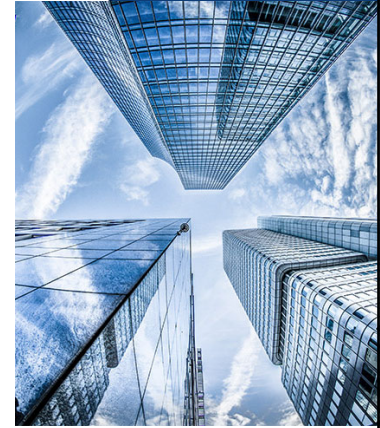
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Overview of Cooperative Exchange (CE)

- 20 Clearinghouse Member Companies
- Represent over 85% of the clearinghouse industry
- Over 750,000 submitting provider organizations
- Maintain over 8,000 Payer connections
- 1000 plus HIT vendor connections
- Process over 4 plus billion claims annually
- Value of transactions –over $1.1 Trillion
- Infrastructure framework supports BOTH administrative and clinical transactions

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Our Members

Availity

CLAIM·MD·

enlyte

Etactics

experian. health

FinThrive

HBMA
HEALTHCARE BUSINESS MANAGEMENT ASSOCIATION

InstaMed

JOPARI
SOLUTIONS, INC.

Office Ally

OPTUM

HIcure

PNC

SMARTDATA SOLUTIONS
TODAY'S INNOVATIONS | TOMORROW'S SOLUTIONS

SSI

stedi

TRIZETTO
Provider Solutions
A Cognizant Company

UHIN

veradigm.

WAYSTAR
REVENUE CYCLE TECHNOLOGY

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National Provider Directory (NPD)

Proof of Concept (PoC)

Michelle Barry

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Overview & Objectives

Purpose

- The Centers for Medicare and Medicaid Services (CMS) initiated the National Provider Directory (NPD) Proof of Concept (PoC) to prototype centralized,
  - transparent source of truth for provider information nationally-a leading foundational step toward the broader National Directory of Healthcare (NDH) envisioned by CMS and Department of Health and Human Services (HHS)

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Key Pilot Goals

- Evaluate feasibility of a nationally centralized and transparent provider directory
- Improve *data accuracy* while reducing "ghost networks, and easing administrative burdens on both the providers and patients
- Lay out solid groundwork, foundation for future transactions like X12, FHIR, etc.

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Awards & Participants

Awarded Contracts

- CMS issued symbolic $1 contracts to 4 companies to co-develop PoC platforms started September 2025-current January 2026,
  - Palantir Technologies
  - Availity, LLC
  - Council for Affordable Quality Healthcare, Inc. (CAQH)
  - Gainwell Technologies, LLC

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Technical & Strategic Scope

Technology Approach

- PoC emphasizes
  - Data standards for provider endpoint(s) discovery
  - Style resolution enabling seamless access via EDI, JSON/XML API, etc.
  - Transparent, modernized infrastructure to replace fragmented directory models
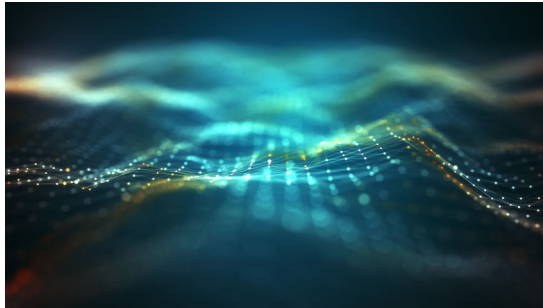
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Strategic Implications

- PoC findings inform:
  - Future phased inclusion of demographic and operational provider details (e.g., addresses, affiliations, languages spoken by practitioner by organization, etc.)
  - Streamlining operations like credentialing, provider enrollment, referrals and health plan enrollments via standardized directories
  - Streamlining provider data roster files to from manual processes to automation

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Pilot Extension

- State level Qualified Health Plan (QHP) pilot in Oklahoma (OK) was concurrently undertaken to assess localized implementation of directory models

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Early Outcomes & Impacts

Industry Demonstrations

- CMS Connectathon in late 2025, early NPD prototype functionality was showcased
  - Medicare beneficiary lookup
  - Free data standards access to provider data

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Ecosystem Encouragement

- CMS is fostering participation through:
  - Public toolkits, GitHub repositories and cross-industry engagement
  - Collaboration with EHR vendors and standards organizations to implementation

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Strategic Significance
for Providers & Health Plans

For Providers

- Encourages ownership and verification of directory data

- Integrates authentication capabilities critical for transparency

For Health Plans & Payers

- Offers more reliable provider data sources
- Reduces costs and errors in provider enrollment and network management
- Enables health plans to adapt infrastructure for standardized repository consumption

Summary of
Value Delivered

Benefit	Description
Data Integrity	Legitimizes provider info via authoritative, centralized source
Operational Efficiency	Cuts administrative layers and eliminates redundant directories
Transparency	Advances use of data standards endpoints and directory
Policy Readiness	Prepares the healthcare technology marketplace for Cures Act transparent and timely mandates

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Closing Remarks

The National Provider Directory (NPD) Proof of Concept (PoC) marks a pivotal move toward a unified, scalable architecture for provider data-sharing The Centers for Medicare and Medicaid Services' (CMS) evolving national transparency vision and setting the stage for next-generation directory, credentialing, and provider enrollment services

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Electronic Health Care Transactions Technical Submission Guidance

CRISP Request for Comments

Tara Rose
Industry Affairs Committee Co-Chair

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Background

The Chesapeake Regional Information System for our Patients (CRISP) is Maryland's state-designated Health Information Exchange (HIE). CRISP is responsible for collecting and using health care data to support public health, interoperability, and care coordination across the state.

COMAR 10.25.07 – Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses

This is the Maryland regulation governing how the MHCC certifies EHNs and medical care electronic claims clearinghouses operating in Maryland. Under this regulation, any entity that facilitates electronic health care transactions (such as claims, eligibility inquiries, and related administrative health transactions) in Maryland must be MHCC-certified to operate. Maryland health insurances payers are legally required to accept electronic transactions only from MHCC-certified networks. Certification ensures that these networks meet standards for privacy, security, technical performance, and regulatory compliance.

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CE Member Comments

Clearinghouse CE Comments CRISP Electronic Health Care Transactions Technical   Submission Guidance FINAL

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2026 Membership Meeting Calls

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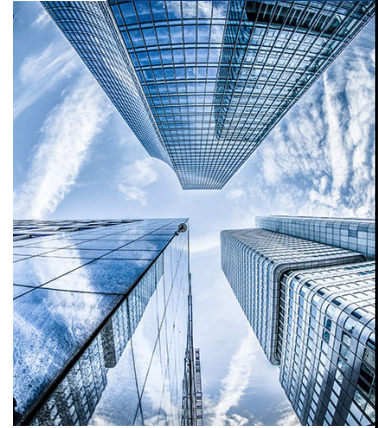|	
January 16, 2026	July 17, 2026
February 20, 2026	August 21, 2026
March 20, 2026	September 18, 2026
April 17, 2026	October 16, 2026
May 15, 2026	November 20, 2026
June 19, 2026	December – no meeting

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Thank You for Attending!

Cooperative Exchange Contact Information

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