



CAQH CORE Update eSolutions Xchange

August 27, 2025

Erin Weber, Chief Policy & Research Officer, CAQH



eSolutions Xchange
2025 Conference

August 2025

CAQH and CORE Overview

State of the Industry: 2024 CAQH Index®

CORE Operating Rule Update

- Claim Status Operating Rule Development
- Eligibility & Benefit Operating Rule Update
- CORE Code Combinations Market Based Review

Call to Action

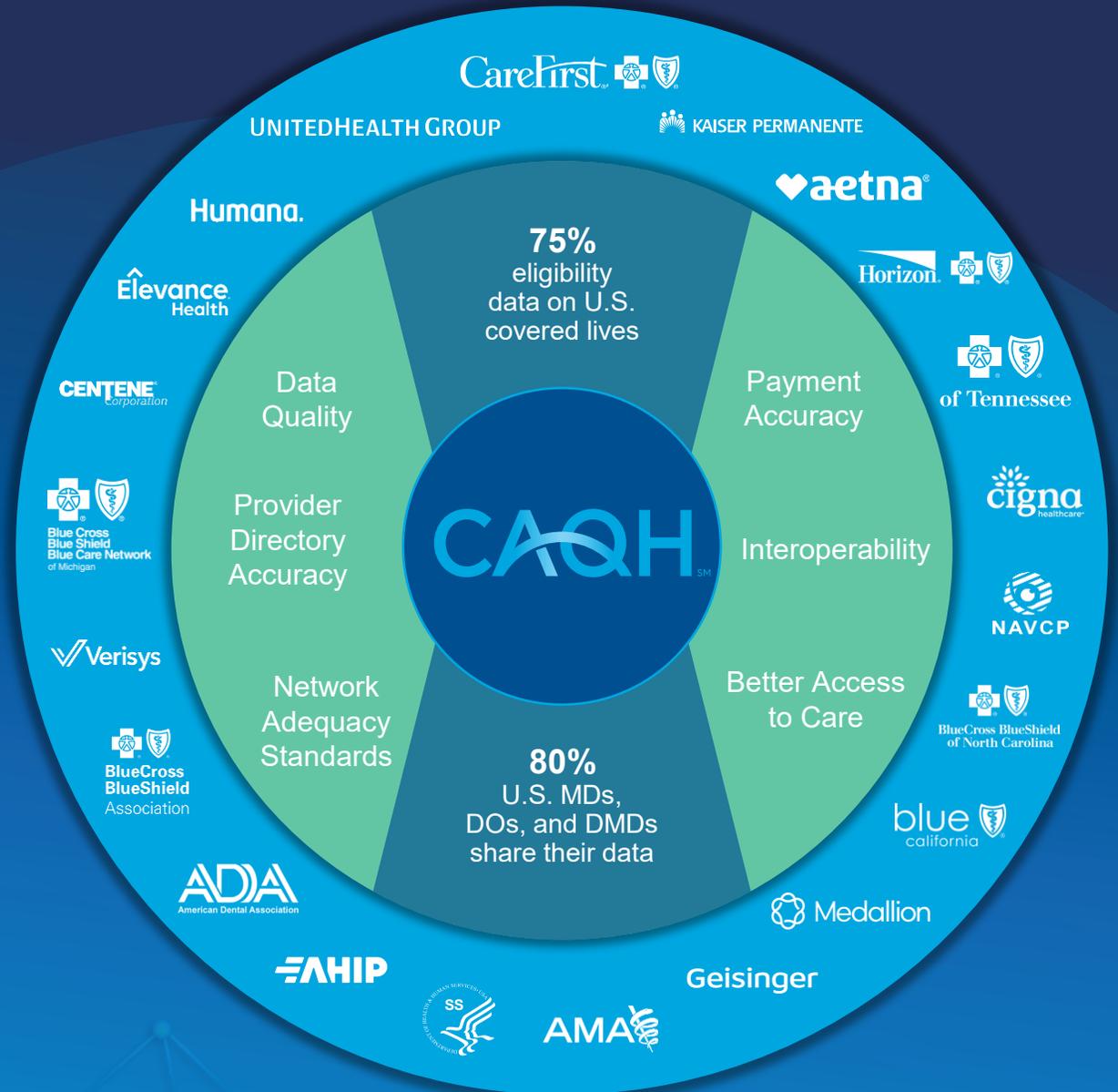
Audience Q&A

CAQH and CORE Overview



We power the business of healthcare

For 25 years, our work has eliminated billions of dollars in waste and inefficiencies earning the trust of health plans, providers, associations, and even our competitors



Making healthcare work better, together



Mission

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



Vision

To align the healthcare ecosystem around essential solutions that power a more connected, less costly experience for all



Value

We offer the most comprehensive provider and member data in the U.S. and are trusted by stakeholders from across the healthcare ecosystem to make healthcare work better.

- Streamline experience
- Optimize operations
- Reduce industry costs
- Keep care at the center

Powering healthcare with scalable solutions



Member Data

Revolutionizes payment integrity by managing health plan eligibility records to streamline coordination of benefits



Provider Data

Serves as the industry's front door and central source of provider confirmed data



CORE & Insights

HHS designated entity that collaboratively drives billions in healthcare cost avoidance through interoperability and automation rules

We make data more accessible and easier to share across the healthcare ecosystem

CORE drives healthcare interoperability through collaboration, implementation, and certification



- Established in 2005, facilitates consensus across 100+ healthcare stakeholders to set national business rules governing the exchange of healthcare data – from patient encounter to payment
- Designated by the Department of Health and Human Services (HHS) as the National Operating Rules Author under HIPAA

CORE is a proven, federally recognized model for scalable data exchange

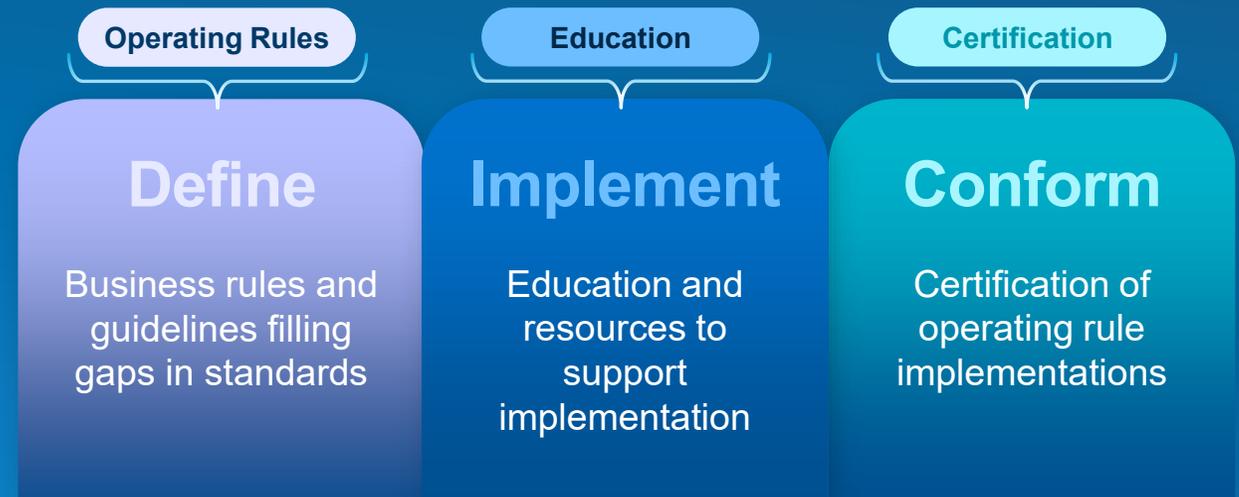
84%

U.S. Covered Lives

Represented by
CORE Participants
and Certified Entities

- 25 Operating Rules
- 400+ Certifications
- \$57 Billion Avoided

Industry-led Output



An interrelated set of resources and products that promote an interoperable landscape

CORE PARTICIPATION

Powered by 100+ leading organizations across the healthcare ecosystem

17 Government Agencies

Ensure rules align with public programs



20 Health Plans, IDNs & Associations

Turn complexity into national consistency



35 Vendors & Clearinghouses

Operationalize and test rules at scale



17 Providers & Associations

Shape rules that ease burden and reflect clinical workflow



19 Additional Organizations

Align rules with national standards



State of the Industry: 2024 CAQH Index[®]

FLAGSHIP RESEARCH

The CAQH Annual Index Report



Premier National Benchmarking Survey

- Trends adoption of fully electronic administrative workflows
- Estimates partially electronic portal use and fully manual use
- Estimates cost and time savings opportunities
- Estimates national cost avoided and spend



A Tool to Track and Monitor Industry Progress

- Tracks industry progress in the ongoing transition from manual to electronic administrative transactions
- 89% of CAQH Index readers use the report to advance key business objectives, including ROI measurement, workflow integration, and policy research and planning



A Collaborative Initiative

Guided by the CAQH Index Advisory Council which is:

- Comprised of experts in administrative transactions, data analysis and healthcare management
- Represents providers, health plans, SDOs, vendors and other industry partners

2024 CAQH INDEX REPORT KEY FINDINGS

\$20B industry savings opportunity remains

The healthcare industry:



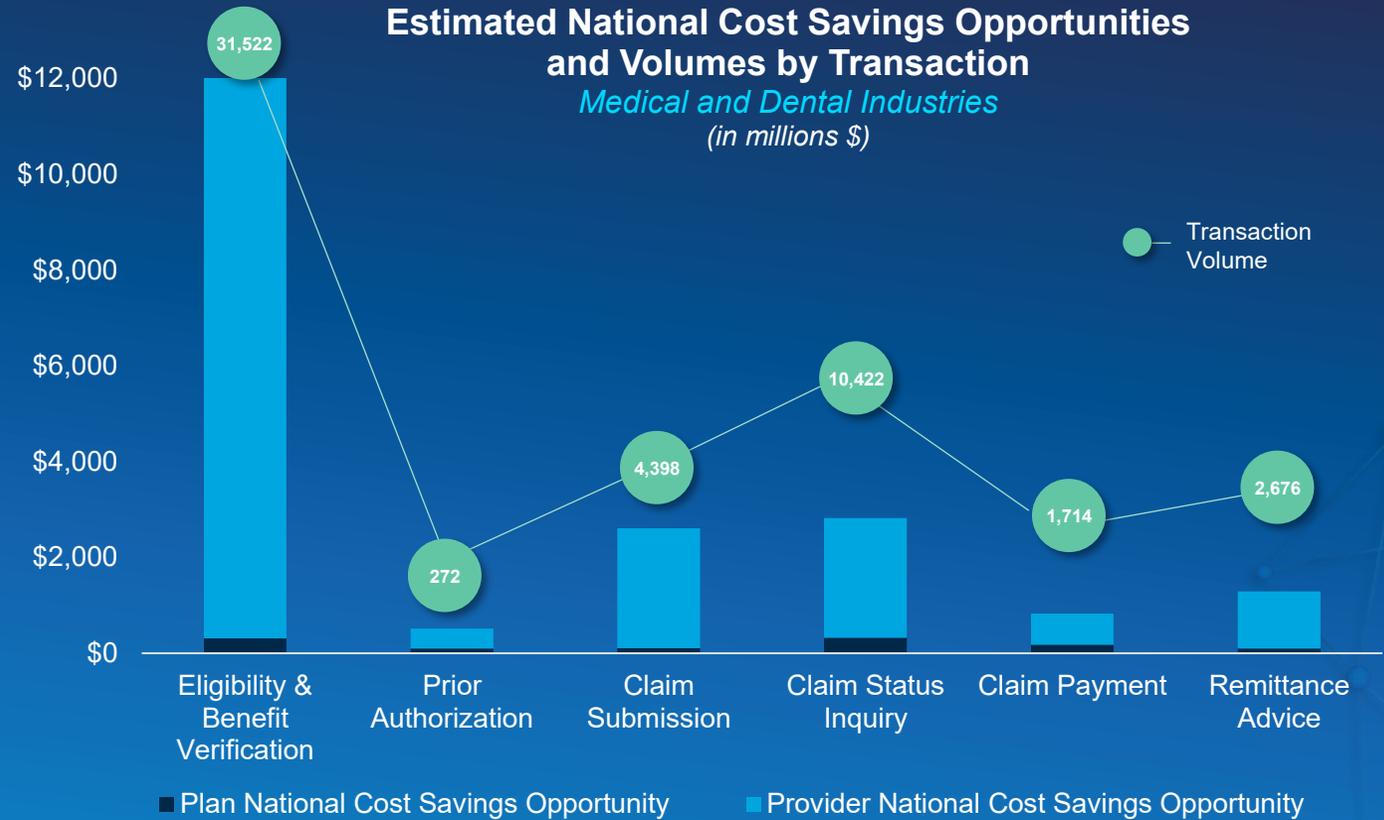
Spent
\$90 billion
on administrative tasks



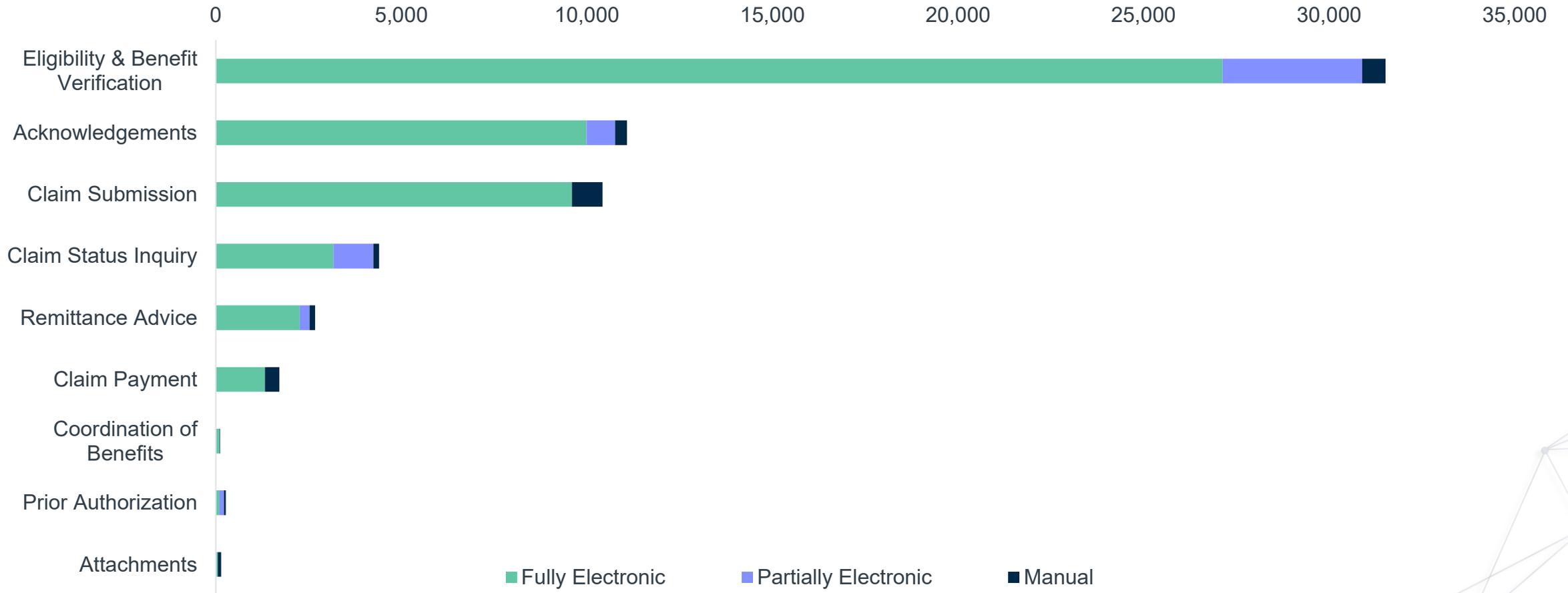
Avoided spending
\$222 billion
on administrative tasks through automation



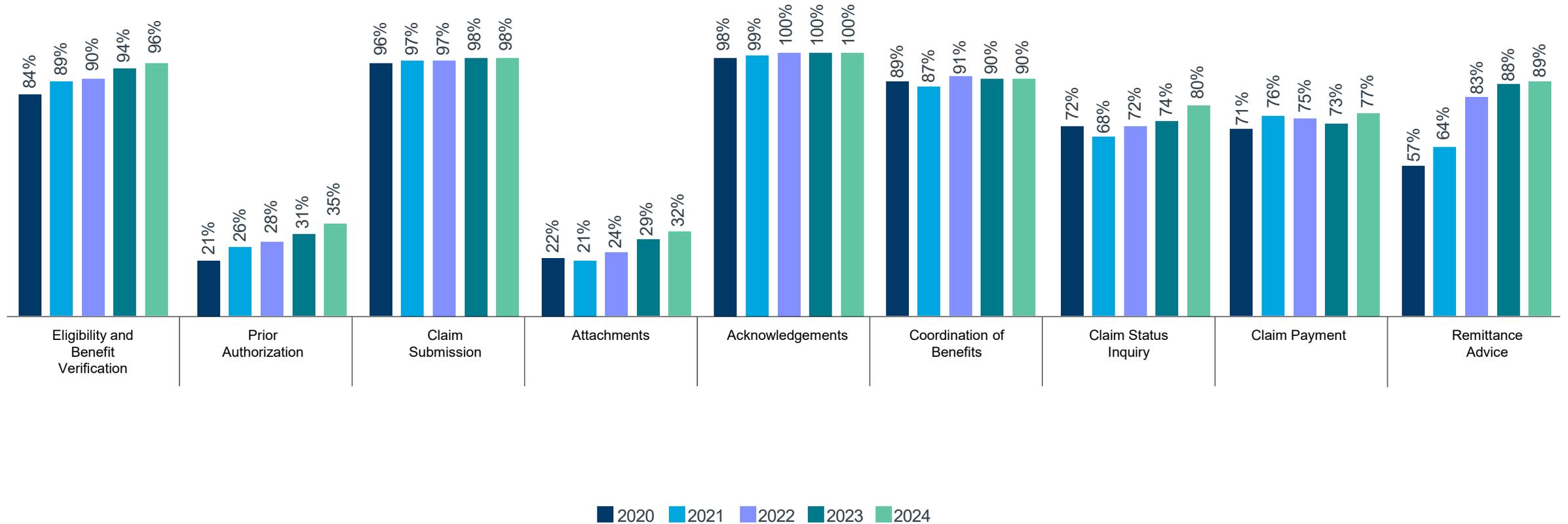
Can save an additional
\$20 billion
annually through automation



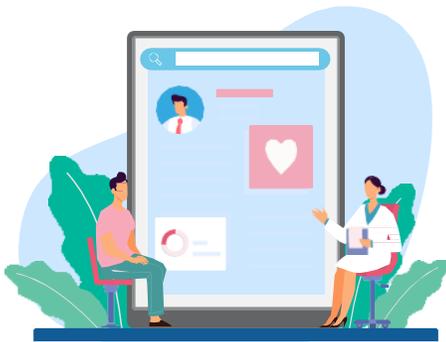
Estimated medical national volumes by transaction (millions)



Medical plan adoption of fully electronic transactions

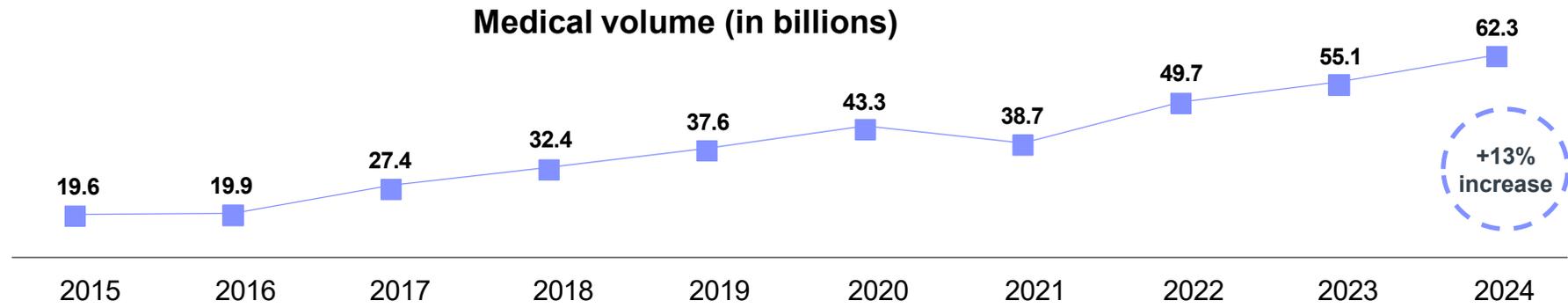


Overall transaction volume continues to rise in recent years



Patient Impact:

As demand for healthcare grows, streamlined processes help improve access to care.



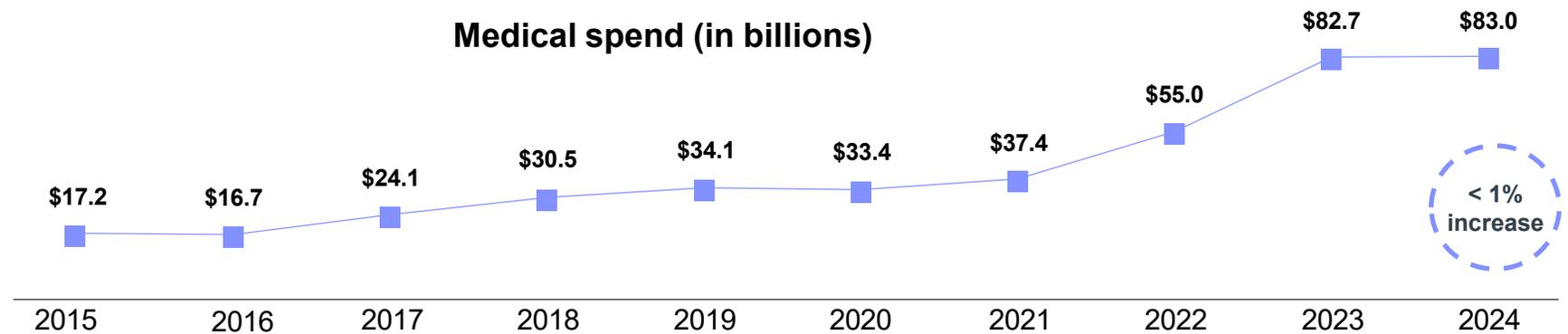
May not be drawn to scale.

Medical spend remained flat



Patient Impact:

Stable spending helps healthcare providers manage costs without passing on additional expenses to patients.



May not be drawn to scale.

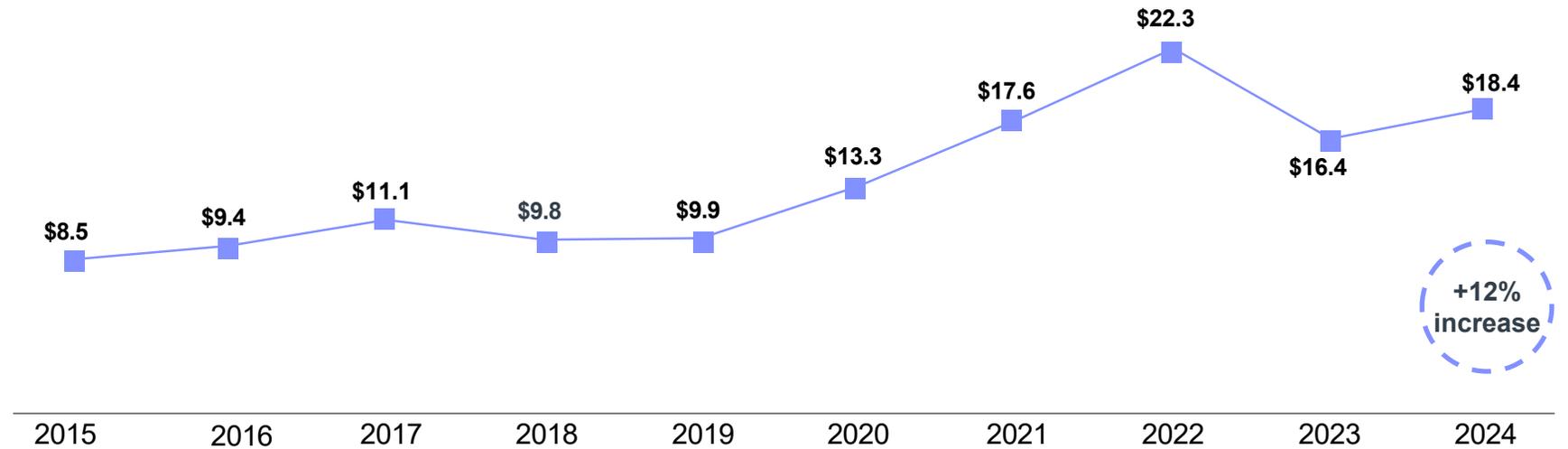
Cost savings opportunities increased for medical industries



Patient Impact:

Administrative costs savings for providers could lead to an opportunity to pass savings on to patients.

Medical cost savings opportunity (in billions)



Medical providers can save over an hour per patient through automation

Provider average time savings opportunity (in minutes) by switching from manual to fully electronic transactions

	Medical
Patient Requiring All Transactions	70
Claim Status Inquiry	18
Prior Authorization	14
Eligibility & Benefit Verification	12

Transactions with the highest cost savings opportunity

HL7 FHIR Pilot Survey

This summer, the CAQH Insights team launched a pilot survey to better understand health plan implementation of HL7 FHIR based APIs, with a focus on electronic prior authorization (ePA)



Specific FHIR Use Cases

Status of current implementation, anticipated completion date, and required resources



ePA Volume

Anticipated volume, impact on time to conduct tasks, and implementation challenges



Value

Return on investment associated with FHIR implementation

Goal:

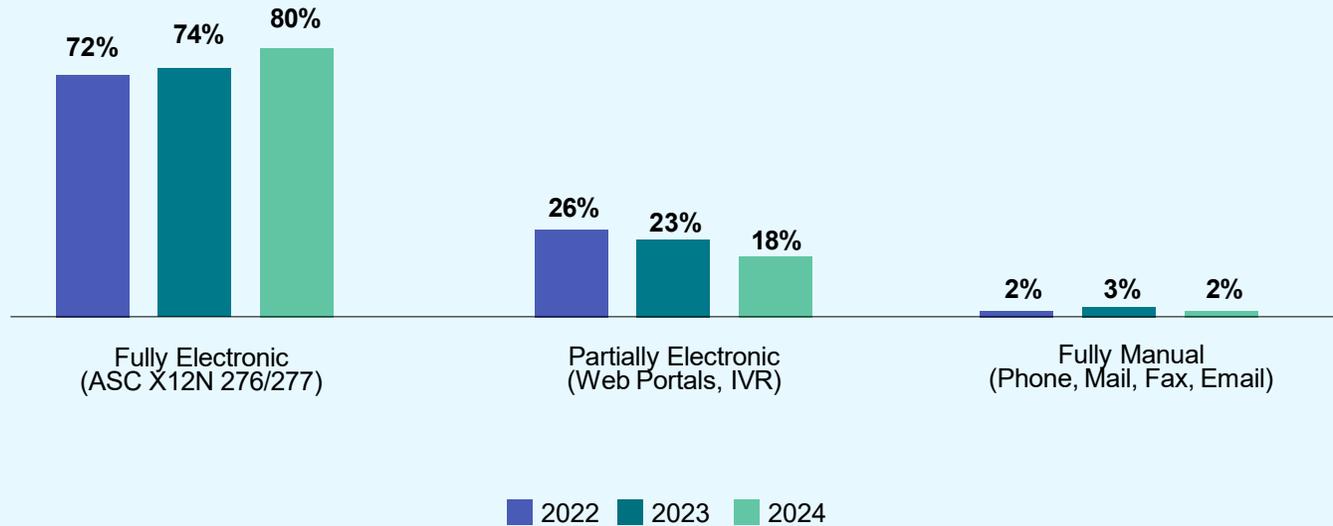
To collect volume, time, and cost data to trend and highlight efficiencies/opportunities associated with FHIR adoption

CORE Operating Rule Update: Claim Status Operating Rule Development

STATE OF THE INDUSTRY

Claim Status – 2024 CAQH Index®

MEDICAL ADOPTION



Patient Impact:

Automating claim status inquiries could save the healthcare system billions, reducing administrative costs and freeing up resources to improve patient care and streamline the billing process.

Medical Industry Cost Savings Opportunity from switching to electronic claim status transactions, rather than doing them manually or through a portal:

\$2.4 Billion



CLAIM STATUS

Industry challenges with current claim status reporting

The results of CORE's environmental scan showed challenges with claim status for all parties involved:



**Confusing &
Contradictory
Responses**



**Increased
Administrative
Burden**



**Lack
of
Standardization**



**Delayed Claim
Processing &
Payments**



**Lack of Clear
Mapping to
Business Scenarios**



**Duplicate
Claim
Submissions**

Why Standardization Matters



Fewer Claim Inquiries: Providers spend less time contacting payers for clarification inquiries and follow-ups

Improved Data Accuracy: Standardized code combinations ensure all parties interpret claim statuses consistently

Faster Resolutions: Clear claim statuses allow for **immediate next steps**, reducing delays

Enhanced Automation: Systems can process claims efficiently without, or at least minimal, manual intervention

Reduced Administrative Costs: Less staff time required to manage claim inquiries and follow-ups

Claim status operating rule development is underway

Focused on identifying data content requirements for **claim status inquiry transactions, claim status responses, and claim status reporting** to help avoid unnecessary denials and costly downstream resubmissions and appeals.

Opportunities for Standardization

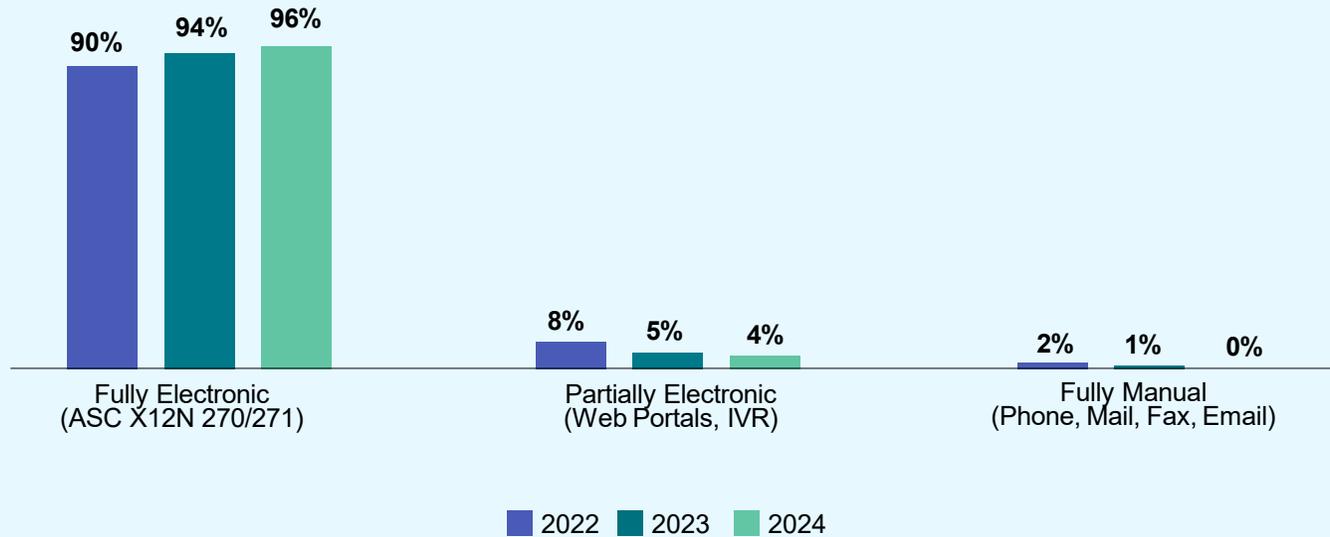
- ✓ Data harmonization between health plans
- ✓ Standardized error code reporting
- ✓ Advancement of real-time claim status

CORE Operating Rule Update: Updated CORE Eligibility & Benefits Rule

STATE OF THE INDUSTRY

Eligibility & Benefits – 2024 CAQH Index[®]

MEDICAL ADOPTION



Patient Impact:

Fully adopting electronic eligibility and benefits checks can give patients clarity on coverage prior to and at the time of service, reduce surprise bills, and empower them to make informed healthcare decisions.

Medical Industry Cost Savings Opportunity from switching to electronic eligibility and benefits checks, rather than doing them manually or through a portal:

\$11.7 Billion

Industry Reach

51 organizations across all CORE stakeholder types actively engaged to drive the development of critical operating rule requirements to further streamline eligibility & benefit verification workflows

Member Impact

13 leading health plans representing **62% of covered lives**, including national plans, regional Blues, state Medicaid, and federal healthcare programs

Provider Engagement

13 Provider organizations, including associations representing over 270,000 providers, 160,000 dentists, 43,000 practice administrators and 5,000 hospitals

Vendor Support

17 technology vendors from electronic health records, clearinghouses, integration platforms, and revenue cycle solutions to boost adoption rate

Industry Coordination

8 standards development organizations and advisory bodies provided critical guidance to align rule development with industry standards to maximize chance of adoption

Rule developed in collaboration with:



Work group co-chaired by:

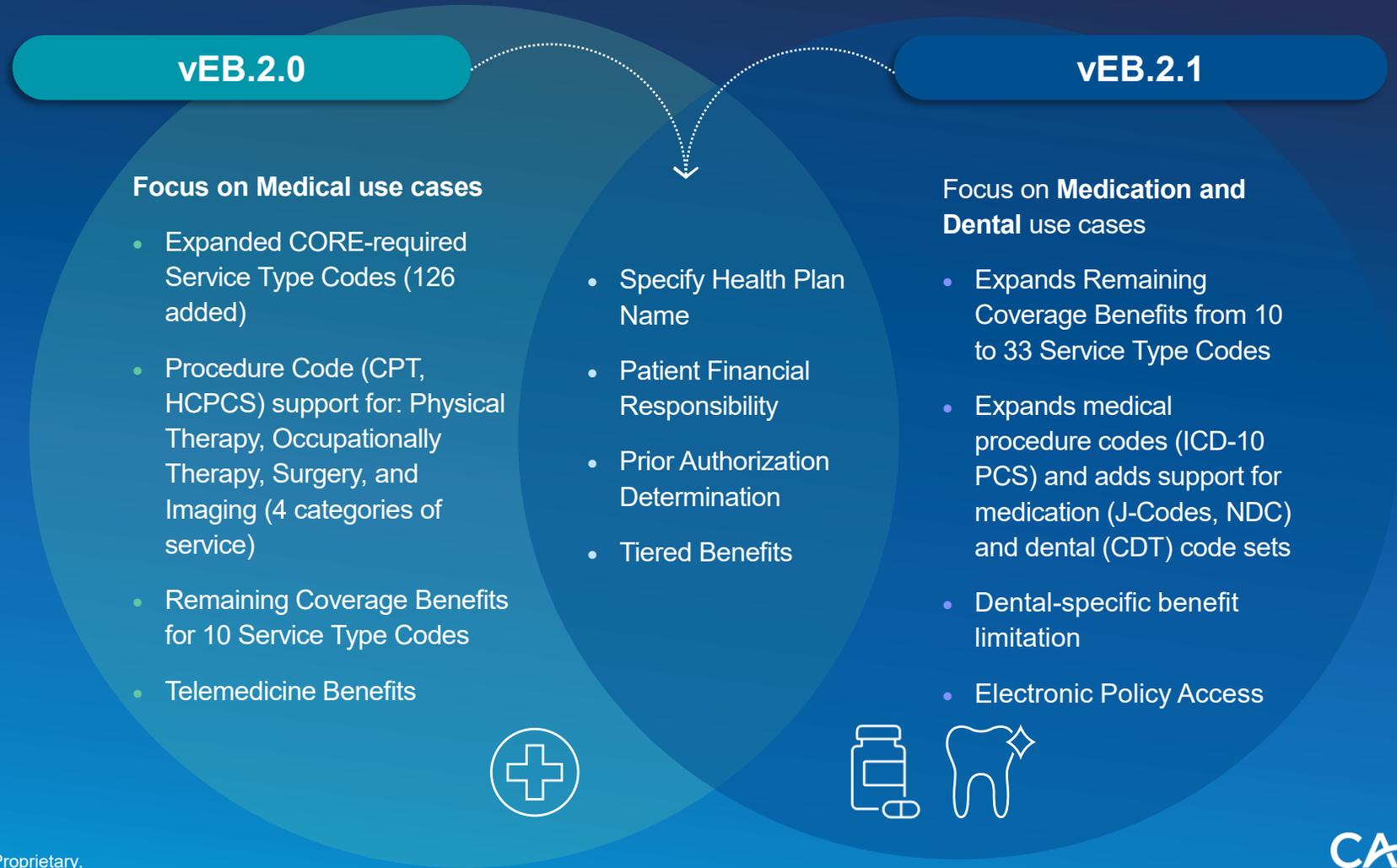


Key changes in rule update

The CORE Eligibility & Benefits Data Content Rule vEB.2.1 is now available for adoption on our [Operating Rules Webpage](#).

The updated rule builds upon the Eligibility & Benefits Rule vE.B.2.0 that is published to industry and recommended for federal adoption by NCVHS*

*National Committee on Vital and Health Statistics



Summary of Requirements



Greater Coverage Transparency

Increases Maximum & Remaining Coverage Benefits reporting from 10 to 33 CORE-required Service Type Codes (STCs), including pharmacy, experimental drug therapy, orthodontics, various dental services, emergency services, anesthesia, etc.



Enhanced Treatment Support

Broadens procedure code types to include HCPCS (with J-Codes), National Drug Codes (NDCs), Current Dental Terminology (CDT), and ICD-10-PCS, in addition to existing HCPCS and CPT



Improved Care Coordination

Expands procedure code-level response requirements from 4 to 33 Categories of Service (COS), including support of medication and dental benefits, such as oncology, pain management, radiology, preventative care, specialty procedures, internal medicine, maternal health, and more



Clearer Dental Coverage Details

For dental-related COS, required responses must detail frequency limitations, waiting periods, age restrictions, and maximum & remaining coverage benefits



Expanded Policy Accessibility

Includes the requirement for health plans to make eligibility and benefits information readily available online in an easily accessible location

CORE Operating Rule Update: Code Combinations Market Based Review

Industry-wide market-based review underway

The **2025 CORE Market-based Review (MBR)** of the HIPAA-required CORE Code Combinations is officially underway **and your organization's feedback is essential!**

The MBR process allows participants to suggest:

Adding, relocating, or removing CARC and/or CARC/RARC code combinations used for payment adjustments in the CORE-defined Business Scenarios

and

New in 2025: Updates to the CORE-required Error Code Combinations (CSCC/CSC) used to communicate claim rejections on the X12 v5010 277CA transaction

To get involved, email us at core@caqh.org.

Call to Action

Get involved with CORE!



Become a CORE Participant

Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability



Get CORE Certified

Does your organization use standard transactions on a day-to-day basis?
Demonstrate conformance and commitment to streamlining administrative data exchange



Participate in Pilot Initiatives

Work with CORE to measure the impact of operating rules and corresponding standards on organizations' efficiency metrics



Be an Advocate

Stay up to date on new policy initiatives and send in comment letters to provide support and feedback.



E-mail core@caqh.org

Audience Q & A
