



2025

CAQH Index[®] Report

Recovery by the Numbers: Administrative
Resilience After a Systemwide Disruption

FHIR + Interoperability
Chartbook Module

Thank You to Our
Thought Partner



Introduction

Healthcare is evolving at full speed. To stay ahead, organizations need clear, actionable intelligence. The new **CAQH Index Chartbook Modules** cut through the noise with concise, data-driven signals that reveal how the system is shifting and where opportunity is emerging.

Each chartbook module focuses on a topic reshaping operations today, ranging from HL7® International FHIR + Interoperability to emerging AI technologies. You'll understand which areas are gaining traction, what obstacles still slow progress, and how peers are improving efficiency and strengthening workflows across the system. Together, the chartbook modules deliver a sharper view of how the industry is adapting, so you can make decisions with greater clarity and confidence.

Grounded in trusted CAQH Index data, these insights make it easier to benchmark your approach, pinpoint administrative improvements, and uncover the next best move for your organization.

Clarity starts here. So does your next step.

CAQH Advisory Services

Advisory is your trusted partner in curbing inefficient administrative activities that drive up costs, contribute to burnout, and detract from patient care. Built on nearly three decades of commitment to simplifying healthcare, CAQH Advisory helps organizations navigate a complex landscape, balancing regulatory mandates with innovative, voluntary solutions to achieve meaningful efficiency.

We apply a data-centric approach that advances automation, interoperability, and data quality to empower transformation and accelerate value. We deliver through an ROI-focused model using research, actionable policy and requirements guidance, and standards-based design and optimization to support informed decision-making and effective implementation of our identified solutions. Whether your needs are large or small, let our tailored advisory services deliver results, contact advisory@caqh.org.

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Overview

Interoperability has been the industry’s goal for years. Now, it’s the foundation for everything that comes next.

As the Centers for Medicare & Medicaid Services (CMS) electronic prior authorization (ePA) January 2027 deadline under CMS-0057-F¹ approaches and Office of the National Coordinator for Health Information Technology (ONC)² requirements for FHIR-based APIs and standardized data exchange continue to shape priorities, many organizations are focused on checking the compliance box.

But compliance alone is just the starting point. The next step is translating regulatory capabilities into scalable workflows that deliver measurable gains in efficiency, cost, and experience. To move from compliance to true interoperability, the industry must align policy implementations with vendor readiness, provider engagement, and proof of return-on-investment (ROI).

The latest findings from the 2025 CAQH Index show that most organizations are stuck in mid-implementation, navigating technical complexity, operational hurdles, and inconsistent vendor support that continues to slow momentum. At the same time, expectations are rising fast. Health leaders are under pressure to demonstrate that digital interoperability investments, including FHIR-based ePA, are reducing administrative burden, saving money, and delivering measurable value.³

Based on data from medical health plans and providers and dental health plans, this chartbook module breaks down where the industry stands today and what to focus on next so you can move faster and turn interoperability into real results.

Ready to accelerate your progress? Let’s get started.

Industry at a Glance

FHIR + Interoperability



Compliance is driving action.

57% of medical plans and 100% of dental plans rank CMS and ONC requirements as their top interoperability priority.



Progress is underway, but uneven.

93% of medical plans are implementing while two-thirds of dental plans are still planning.



ROI is the next expectation.

71% of medical plans and 100% of dental plans say time and cost data is the most useful measure of FHIR effectiveness, helping drive interoperability.

ePA



Adoption is still in progress.

63% of medical plans are still developing FHIR-based ePA ahead of CMS-0057-F’s January 2027 deadline.



Provider readiness is lagging.

Adoption among providers is limited, with only 20% of providers currently under development. This could signal risk in achieving industry-wide interoperability.



Lack of FHIR knowledge is a challenge.

46% of medical providers cite limited FHIR expertise as a top implementation challenge.

FHIR + Interoperability

Detailed Findings



FHIR + Interoperability

Industry Context: Per CMS, interoperability refers to the timely and secure access, exchange, and use of electronic health information by patients, healthcare providers, and payers. Interoperability enables stakeholders to share standardized data, through APIs and data exchange requirements, to comply with regulations, improve care coordination, and support patient engagement.⁴

Findings are based on data from **medical and dental health plans**.

Interoperability Priorities

Compliance is driving interoperability, with 57% of **medical** and all **dental plans** prioritizing CMS^{5,6} and ONC⁷ policies ahead of the January 2027 CMS 0057-F deadline as of Summer 2025.⁸ Achieving true interoperability beyond compliance will require stronger vendor alignment, provider engagement, workflow integration, and clearer demonstration of operational and financial value across stakeholders.

Please **rank** your organization's **top 3** interoperability priorities, with "1" being your organization's top priority. (Medical and Dental Plans)

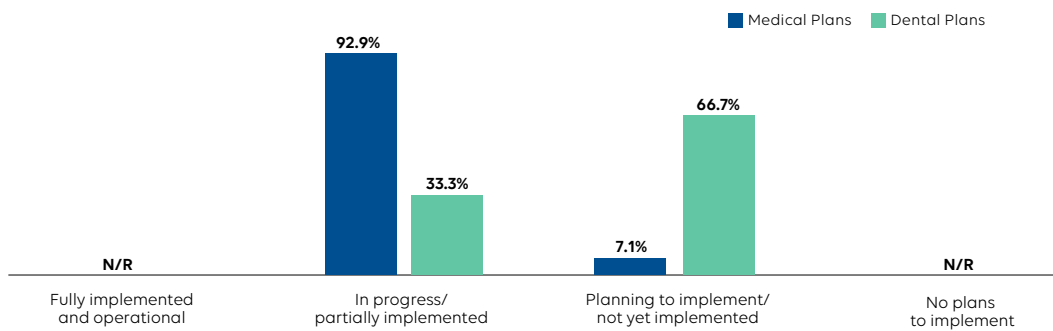
Interoperability Priorities	Health plans (%) who ranked option as					
	Priority 1		Priority 2		Priority 3	
	Medical	Dental	Medical	Dental	Medical	Dental
Improving real-time data exchange with providers/payers	28.6	N/R	28.6	66.7	7.1	N/R
Enabling patient access to health information	N/R	N/R	N/R	N/R	14.3	66.7
Automating administrative workflows (e.g., prior authorization, quality data reporting)	7.1	N/R	21.4	N/R	28.6	N/R
Identifying interoperability technology partners	N/R	N/R	7.1	N/R	N/R	N/R
Investing in training for staff	N/R	N/R	N/R	N/R	7.1	N/R
Compliance with CMS or ONC interoperability rules (e.g., prior authorization APIs, payer-to-payer data exchange)	57.1	100	7.1	N/R	14.3	N/R
Participating in TEFCA, QHINs, or HIEs	N/R	N/R	N/R	N/R	N/R	N/R
Upgrading technology and systems	N/R	N/R	14.3	33.3	21.4	33.3
I am unsure of the organization's interoperability priorities.	N/R	N/R	N/R	N/R	N/R	N/R
Other (please specify)	N/R	N/R	14.3	N/R	N/R	N/R

N/R = No plans ranked option as priority. Respondents were asked to rank 3 options. Medical percentages add up to 92.8% instead of 100% due to a missing response. "Other" responses: "Automating clinical workflows" and "Identifying our current interoperability."

FHIR Status

FHIR **adoption is progressing**. 93% of **medical plans** are implementing while two-thirds of **dental plans** are still **planning**. This gap reflects stronger CMS pressure on **medical plans**⁹, while dental adoption remains market driven amid fragmented exchange¹⁰ and evolving FHIR and dental implementation group standards.^{11,12}

Overall, what is the current status of FHIR implementation at your organization? (Medical and Dental Plans)

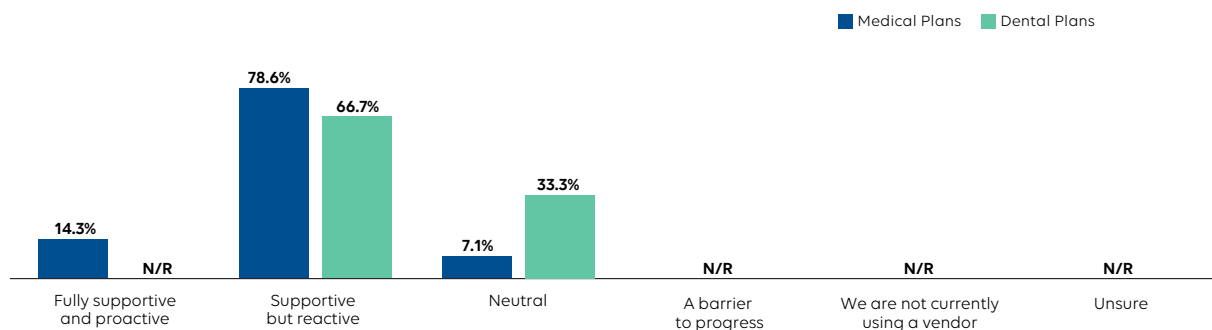


N/R = No responses

Vendor Support

Vendors are supportive with opportunities to be more proactive. Almost 80% of **medical** and two-thirds of **dental plans** describe vendor help as reactive, showing that payers are leading interoperability work as they navigate gaps in vendor-agnostic capabilities and inconsistent FHIR implementation across systems.^{13,14,15}

Overall, how would you rate your vendors' support for your interoperability goals? (Medical and Dental Plans)

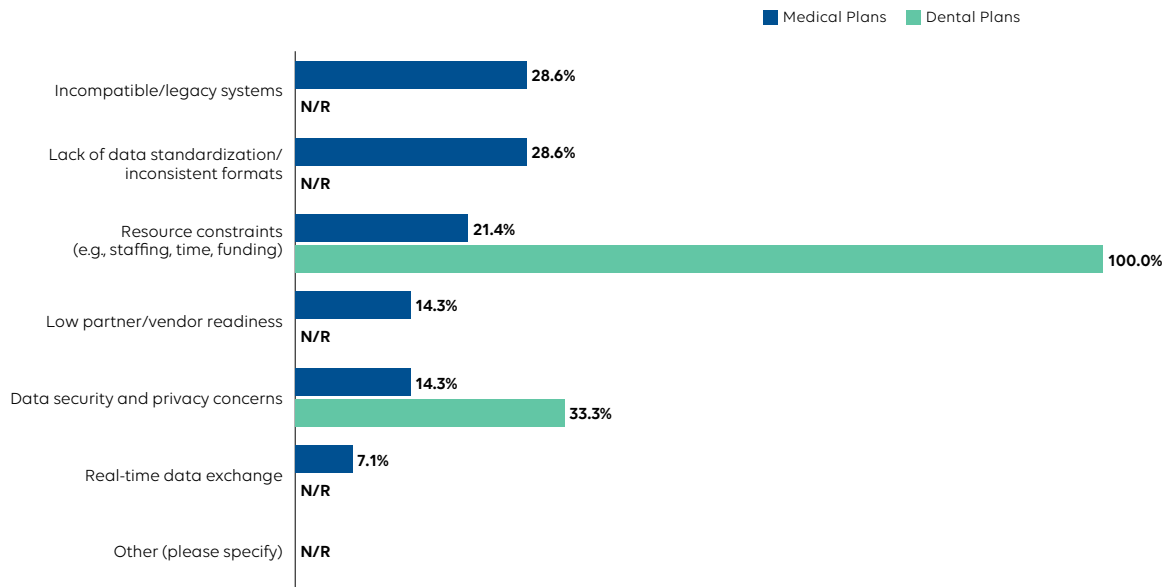


N/R = No responses

Interoperability Challenges

Resource constraints, legacy systems, and inconsistent data standards continue to **slow interoperability**. These challenges reflect broader infrastructure and alignment issues, especially in the dental industry, where smaller and less integrated systems lack the technical capacity to support scalable exchange.^{16,17,18}

Overall, what is the biggest challenge your organization faces related to interoperability? (Medical and Dental Plans)

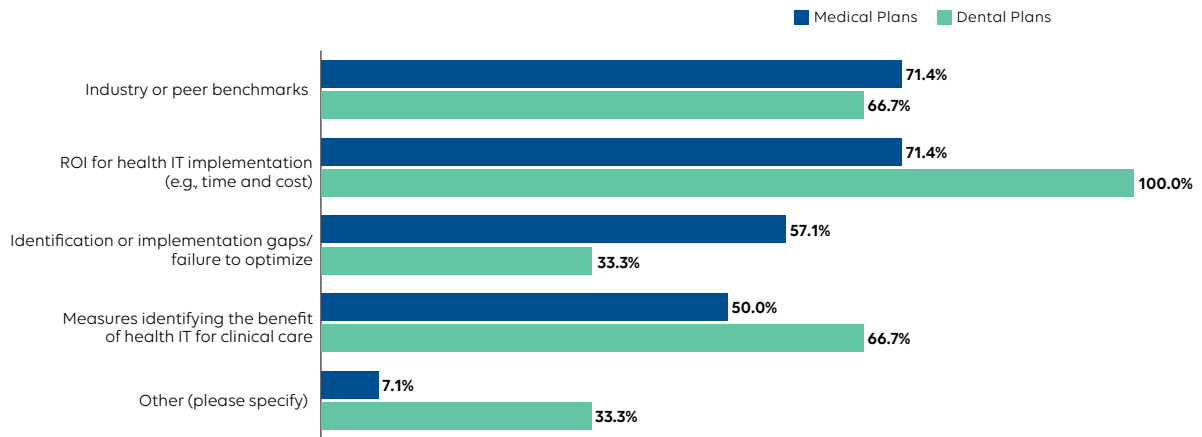


N/R = No responses. Percentages add up to more than 100% due to a duplicate response. "Other" responses: "Payers being able to bi-directionally exchange data with provider organizations using a National Network" and "Blank."

Performance Evaluation

Over two-thirds of plans rely on ROI and benchmarking data to assess interoperability investments. This reflects a shift toward demonstrating measurable value, especially among dental plans, as the industry expects clear cost, efficiency, and comparative insights to guide health IT decisions.¹⁹

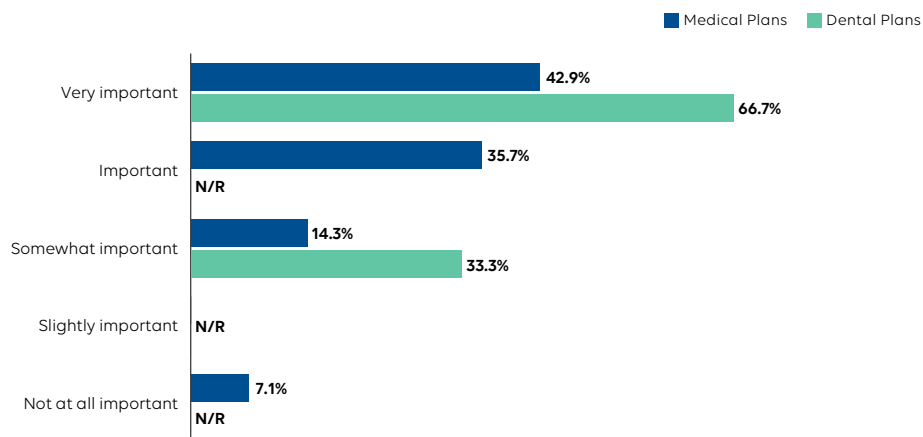
Thinking about your health IT investments, what data would be useful to your organization to evaluate the performance and effectiveness of your implementation? (Medical and Dental Plans)



Health IT investments include interoperability and data exchange infrastructure. Responses may add up to more than 100%, as respondents could select more than one option. "Other" responses: "Patient/provider adoption rate/EMR adoption rate" and "EMR adoption rate."

ROI Data

How important is return-on-investment (ROI) data in helping your organization prioritize interoperability? (Medical and Dental Plans)



N/R = No responses

Electronic Prior Authorization (ePA)

Industry Context: On February 8, 2024, CMS published in the Federal Register its Interoperability and Prior Authorization Final Rule, impacting Medicare Advantage, Medicaid, CHIP, and certain QHP plans.²⁰

By January 1, 2026, the regulation mandate requires that IMPACTED plans must adhere to specific prior authorization response timing requirements and publicly report specific metrics. By January 1, 2027, they must also implement HL7 FHIR-based APIs to handle electronic prior authorization (ePA) requests - covering requirements, documentation, and decision outcomes.

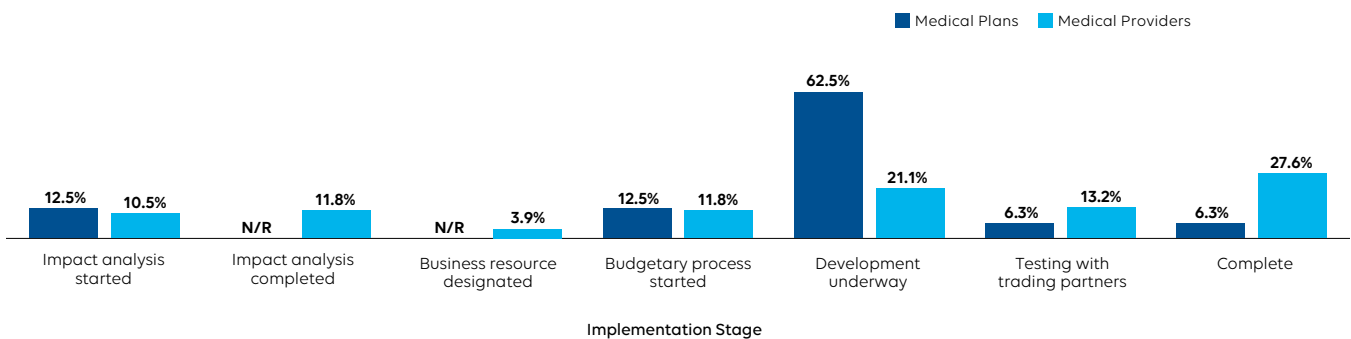
Note that the final rule requirements for prior authorization APIs and processes do not mandate the inclusion drugs in the ePA API, including drugs currently covered by impacted payers under the medical benefits policy. CMS 0057 did not address drug prior authorization. In April 2026, CMS proposed addressing this gap through the CMS-0063 rule, which extends interoperability and decision-timeframe requirements to drug coverage to reduce burden and streamline patient access.

Findings are based on data from **medical health plans and providers**.

ePA Implementation

Almost 63% of **medical plans** are **developing** a FHIR-based prior authorization API ahead of the January 2027 CMS 0057-F deadline²¹, while **provider** readiness remains in **early stages**. Continued support and investment will be essential to achieve efficient, meaningful adoption.^{22,23}

Thinking about the implementation of a FHIR-based electronic prior authorization (**ePA**) API, please mark where your organization is in the **implementation process**. (Medical Plans and Providers)



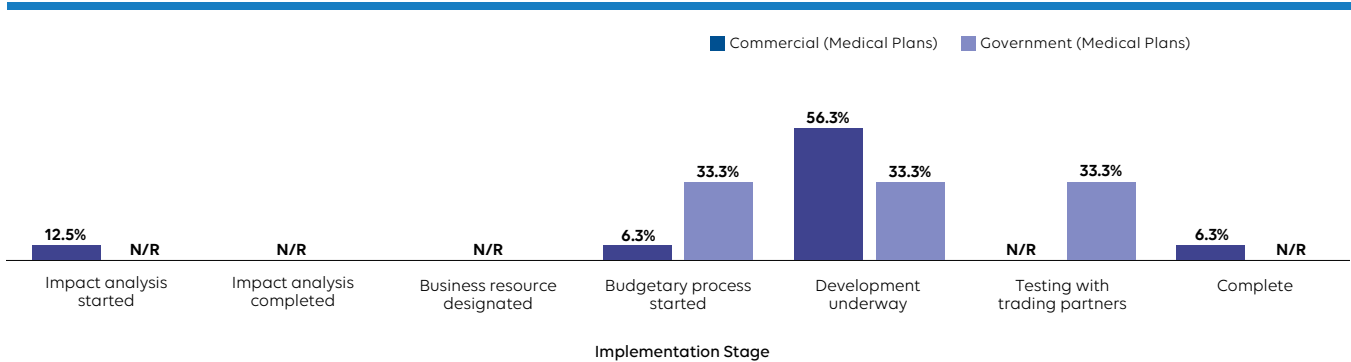
N/R = No responses. Responses are combined from the 2025 CAQH Index Supplemental data and the pilot FHIR adoption survey conducted with HL7 in 2025. The data reflects only providers who reported progress; over 100 providers indicated they have not begun implementation or are unsure of their status, while no plans selected those responses.

ePA Implementation (Medical Commercial and Government Plans)

Commercial plans are further along in ePA implementation, with 56% in development compared to 33% of **government** plans. This gap reflects greater operational complexity and resource constraints in programs like Medicaid, which can slow technology adoption.^{24,25}

Thinking about the implementation of a FHIR-based electronic prior authorization (**ePA**) API, please mark where your organization is in the **implementation process**. (Medical Commercial and Government Plans)

Commercial includes any plan that selected "commercial". Government includes any plan that ONLY selected a "government" line (no "commercial").

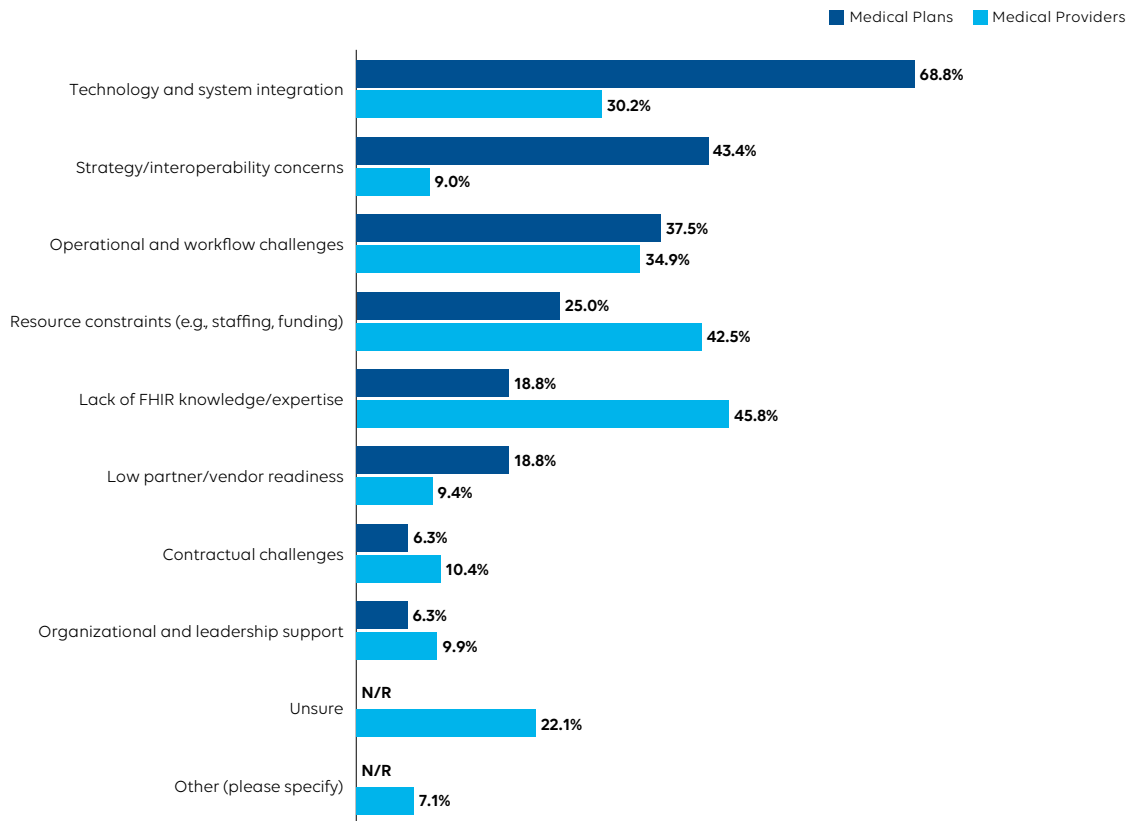


N/R = No responses. Responses are combined from the 2025 CAQH Index Supplemental data and the pilot FHIR adoption survey conducted with HL7 in 2025.

Implementation Challenges

Technology and system integration remain top barriers for **plans**, while **providers** more often cite **resource constraints** and **lack of FHIR expertise**. This pattern reflects broader industry challenges, with plans tackling legacy modernization and providers facing workforce and capability gaps that limit scalable FHIR adoption.^{26,27}

What are the **top 2 challenges** your organization faces/faced when implementing a HL7 FHIR based API for prior authorization? (Medical Plans and Providers)



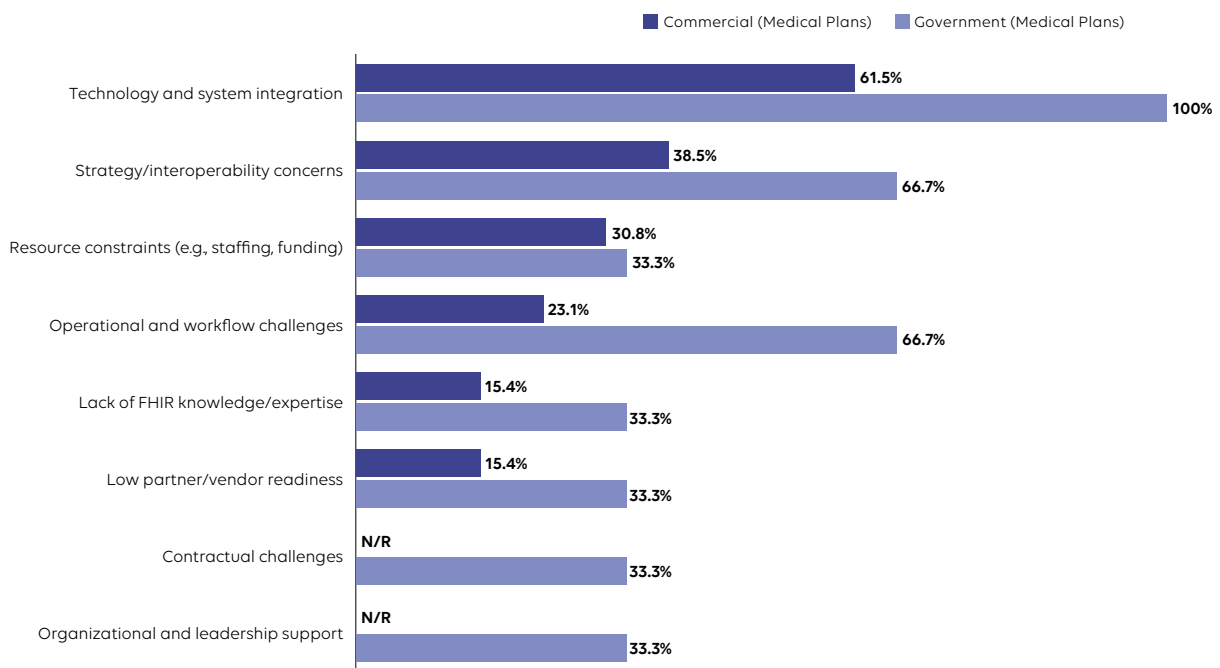
NR = No responses. Percentages may add up to more than 100%, as respondents could select more than one response. Responses are combined from the 2025 CAQH Index Supplemental data and the pilot FHIR adoption survey conducted with HL7 in 2025.

Implementation Challenges (Medical Commercial and Government Plans)

Technology challenges and **strategy concerns** are **top barriers** across **plan types**, with government plans reporting rates almost 30% higher than commercial, on average. This reflects the greater complexity of public program requirements, legacy systems, and multi-stakeholder coordination that slows scalable FHIR adoption.^{28,29}

What are the top 2 challenges your organization faces/faced when implementing a HL7 FHIR based API for prior authorization? (Medical Commercial and Government Plans)

Commercial includes any plan that selected "commercial". Government includes any plan that ONLY selected a "government" line (no "commercial").



N/R = No responses. Responses are combined from the 2025 CAQH Index Supplemental data and the pilot FHIR adoption survey conducted with HL7 in 2025. Percentages may add up to more than 100%, as respondents could select more than one response.

Future FHIR Prior Authorizations

Expectations for FHIR-based prior authorization adoption **range** from under 10% to 100%, with many anticipating low near-term uptake and uncertainty. The variation reflects shifting timelines, readiness, and operational complexity. Targeted guidance and support will be key to move organizations from planning to confident execution.^{30,31}

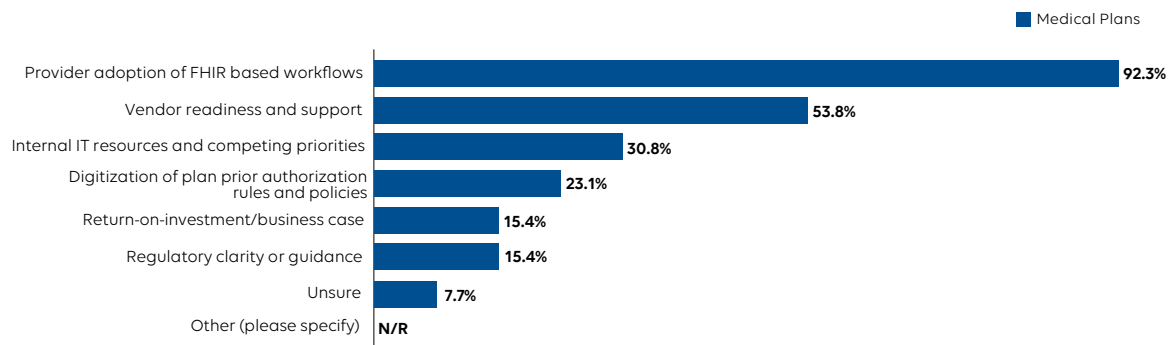
Looking ahead, what percent of your total prior authorizations do you expect to conduct using HL7 FHIR in the following years? (Medical Plans and Providers)

Year	Medical	Average Expected ePAs (%)
2026	Plans	26.0*
	Providers	23.3
2027	Plans	60.0*
	Providers	33.4
2028	Plans	72.0*
	Providers	41.4

Prior Authorizations are from request to determination. *Plan averages estimated from numeric responses; "Don't Know" values were excluded.

Factors Increasing FHIR Prior Authorizations (Medical Plans)

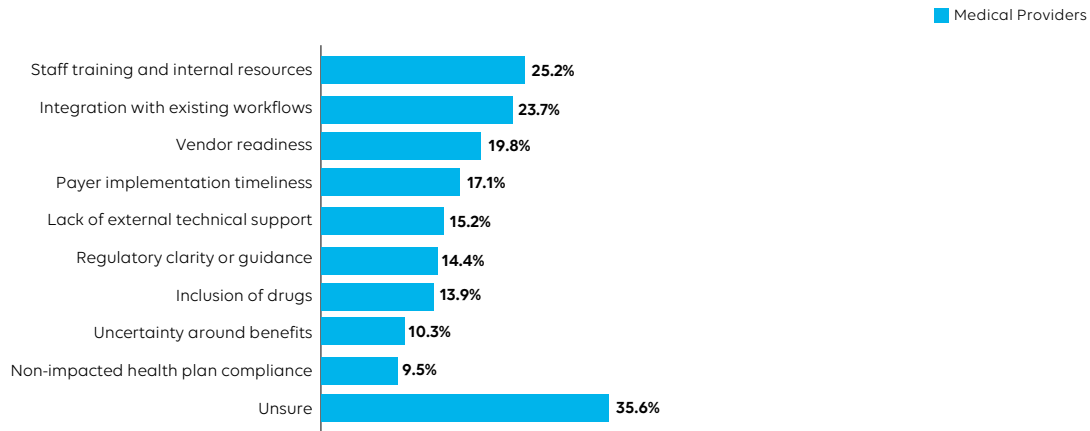
What factors do you expect will **impact** your organization's **ability to increase** the percent of prior authorizations conducted via HL7 FHIR APIs over the **next two years?** (Medical Plans)



N/R = No responses. Percentages may add up to more than 100%, as respondents could select more than one response.

Factors Increasing FHIR Prior Authorizations (Medical Providers)

What factors do you expect will **impact** your organization’s **ability to increase** the percent of prior authorizations conducted via HL7 FHIR APIs over the **next two years?** (Medical Providers)

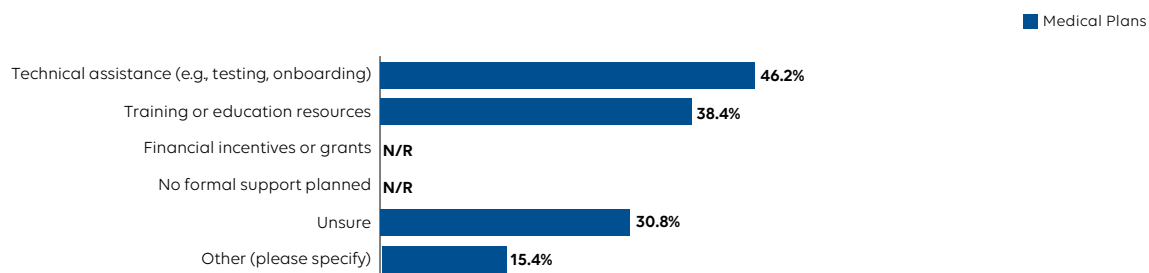


Percentages may add up to more than 100%, as respondents could select more than one response.

Support for Provider Adoption

On average, 46% of **plans expect** to offer **technical assistance** and training to **providers**, while nearly one-third remain unsure. This uncertainty reflects an industry-wide need for aligned plan and provider support to guide education, onboarding, and consistent implementation.^{32,33}

How is your organization **planning to support provider adoption** of FHIR-based prior authorization? (Medical Plans)



N/R = No responses. Percentages may add up to more than 100%, as respondents could select more than one response. "Other" responses: "Contractual supports" and "Blank."

Methodology

Data are from supplemental questions included in the 2025 CAQH Index survey for medical and dental health plans and providers. Sample sizes vary by topic. Unless otherwise noted, responses reflect the current state at the time of data collection (Summer 2025).

These supplemental modules are designed to explore emerging and high-priority topics shaping healthcare administration, providing deeper insight into areas not fully captured in trended Index data. Topics were selected based on areas of significant industry focus, including interoperability, automation, and emerging technologies. Findings are directional and reflect respondent-reported perspectives and expectations.

Question development for this module was informed in collaboration with HL7 and the CAQH Index Advisory Council.

Acknowledgements

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- CAQH Index Advisory Council for their ongoing guidance and support of the CAQH Index research.
- HL7 for their partnership in developing a pilot FHIR adoption survey.

2025 CAQH Index Advisory Council Roster

2025 CAQH Index Advisory Council Member	Organization
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Suzanne Lestina	University of Chicago Medical Center (UChicago Medicine)
Tab Harris	Florida Blue
Terrence Cunningham	American Hospital Association (AHA)
Tom Mort	Vyne Dental
Viet Nguyen	HL7

Endnotes

Introduction

- ¹ CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) | [CMS](#).
- ² Federal Register: 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program | [ONC](#).
- ³ Does Interoperability Have an ROI? NextGen Says the Answer is Hiding in Plain Sight | [Healthcare IT Today](#).

Detailed Findings

FHIR + Interoperability

- ⁴ CMS Interoperability. | [CMS](#).
- ⁵ CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) | [CMS](#).
- ⁶ CMS Interoperability and Patient Access Final Rule (CMS-9115-F) | [CMS](#).
- ⁷ Federal Register: 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program | [ONC](#).
- ⁸ Federal Register: Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid Agencies, Children's Health Insurance Program (CHIP) Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges, Merit-Based Incentive Payment System (MIPS) Eligible Clinicians, and Eligible Hospitals and Critical Access Hospitals in the Medicare Promoting Interoperability Program | CMS.
- ⁹ CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) | [CMS](#).
- ¹⁰ ADA Comments to HHS on CMS RFI Health Technology | [ADA](#).
- ¹¹ HL7 International FHIR Release History | [HL7](#).
- ¹² HL7 FHIR Dental Data Exchange | [HL7](#).
- ¹³ Most health systems lack tools for vendor-agnostic interoperability: Survey | [Becker's Health IT](#).
- ¹⁴ A national survey of digital health company experiences with electronic health record application programming interfaces | [PMC](#).
- ¹⁵ FHIR Implementation Challenges Across Different Healthcare Systems and EHR Vendors | [ResearchGate](#).
- ¹⁶ ONC Reports 6 Barriers to Interoperability in Healthcare Information Data Exchange | [Stoltenberg consulting inc.](#)
- ¹⁷ ADA calls for improved interoperability standards for dental imaging | [ADANews](#).
- ¹⁸ The Next Frontier of Interoperability: Additional Clinical Data Sources – Dentistry Devices, Social Care, and More | [MedCity News](#).
- ¹⁹ Does Interoperability Have an ROI? NextGen Says the Answer is Hiding in Plain Sight | [Healthcare IT Today](#).

Electronic Prior Authorization (ePA)

- ²⁰ Federal Register: Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid Agencies, Children’s Health Insurance Program (CHIP) Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges, Merit-Based Incentive Payment System (MIPS) Eligible Clinicians, and Eligible Hospitals and Critical Access Hospitals in the Medicare Promoting Interoperability Program | [CMS](#).
- ²¹ CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) | [CMS](#).
- ²² 2024 AMA prior authorization physician survey | [AMA](#).
- ²³ Why Interoperability Matters | [AHA](#).
- ²⁴ Enhance Medicaid Program Management with Advanced Payment Integrity | [HealthEdge](#).
- ²⁵ Opportunities and Challenges for Medicaid Managed Care Organizations, Community Health Centers and Their Partners in Addressing Social Determinants of Health in Five States | [AcademyHealth](#).
- ²⁶ State-of-the-Art Fast Healthcare Interoperability Resources (FHIR)-Based Data Model and Structure Implementations: Systematic Scoping Review | [JMIR Publications](#).
- ²⁷ The Future of Sustainable Value-Based Payment: Voluntary Best Practices to Advance Data Sharing | [AHIP, AMA, and NAACOS](#).
- ²⁸ Health Information Exchange: Understanding the Policy Landscape and Future of Data Interoperability | [NIH](#).
- ²⁹ Barriers to healthcare interoperability remain: here’s how to overcome them | [axway](#).
- ³⁰ FHIR Standard Adoption: Challenges Facing the Healthcare Industry | [Itirra](#).
- ³¹ 3 Challenges and Lessons Learned for FHIR Implementations | [CAQH](#).
- ³² FHIR Standard Adoption: Challenges Facing the Healthcare Industry | [Itirra](#).
- ³³ Implementing FHIR Technology: A Provider Perspective | [CAQH](#).

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