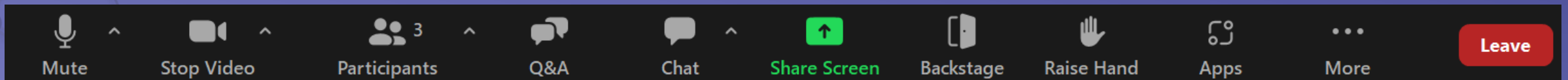




## Updated Rule Webinar: CORE Eligibility & Benefits (270/271) Data Content Rule

July 1, 2025

- Today's session is being recorded.
  - All attendees and registrants will receive a link to the recording after the webinar.
- Your microphones will be muted during the webinar.
- Throughout the session, you may communicate a question via the panel at the bottom of your screen:



# Thank you to our panelists



**Rebekah Fiehn**

*Director, Dental Benefits,  
Coding, and Data Exchange*  
ADA



**Kristina Steece**

*Lead & Client Consultant Manager,  
Customer Connections & Operations*  
Ameritas

NDEDIC Board of Directors



**Laura Topor**

*President,*  
Granada Health

NCPDP Member

July 1st

## CAQH CORE Overview

Bob Bowman, CAQH

## Updated CORE Eligibility & Benefits (270/271) Data Content Rule Requirements

Bob Bowman, CAQH

## Panel Discussion

- Key Changes and Impact
- Implementation Strategy
- Stakeholder Experience
- Takeaways and Recommendations

## Panelists:

Rebekah Fiehn, ADA  
Kristina Steece, Ameritas  
Laura Topor, Granada Health

## Moderator:

Bob Bowman, CAQH

## Audience Q & A

## Call to Action

# CAQH CORE Overview

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Bob Bowman, CAQH

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

OUR OFFERINGS



**Streamline the Experience**

Reduce administrative burden with one-stop for managing the provider data lifecycle and coordination of benefits.



**Optimize Operations**

Share accurate, timely data to maximize key business operations, like credentialing, directory management and coordination of benefits.



**Reduce Industry Costs**

Provide healthcare business data and automation insights that save time, cut costs, and boost administrative efficiency for all.



**Keep Care at the Center**

Simplify the business-side of healthcare so providers and patients can spend more time focused on health outcomes.

**CAQH Solutions**

leverage data insights and technology to reduce costs and optimize healthcare operations.

**CAQH CORE**

drives interoperability requirements to streamline healthcare administration for patients, providers, and health plans.

**CAQH Insights**

tracks opportunities to improve healthcare administrative practices.



# CAQH CORE accelerates automation to deliver billions in system-wide savings

**\$46B**  
annual  
industry cost  
avoidance

A Health and Human Services (HHS) designated entity that collaborates across the healthcare industry to drive greater interoperability and automation rules

**10**

CORE Operating Rules mandated under HIPAA

**\$20B**

Industry cost savings opportunity identified by CAQH Index Report

**100+**

Multi-stakeholder organizations

# CORE Operating Rules support key revenue cycle functions

## Operating Rule Definition:

The “necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications.”



Patient  
Encounter is  
Scheduled



Patient  
Encounter  
Occurs



Provider  
Submits  
Claim



Health Plan  
Adjudicates  
Claim



Provider is  
Paid by  
Health Plan



Management  
of Health Plan  
Membership

Eligibility & Benefits\*

Attributed Patient Roster

Prior Authorization  
& Referrals

Health Care Claims

Claim Status\*

Payment & Remittance\*

Benefit Enrollment

Premium Payment

*\*Rule Set Contains Federally Mandated Operating Rules*



# Updated CORE Eligibility & Benefits (270/271) Data Content Rule Requirements

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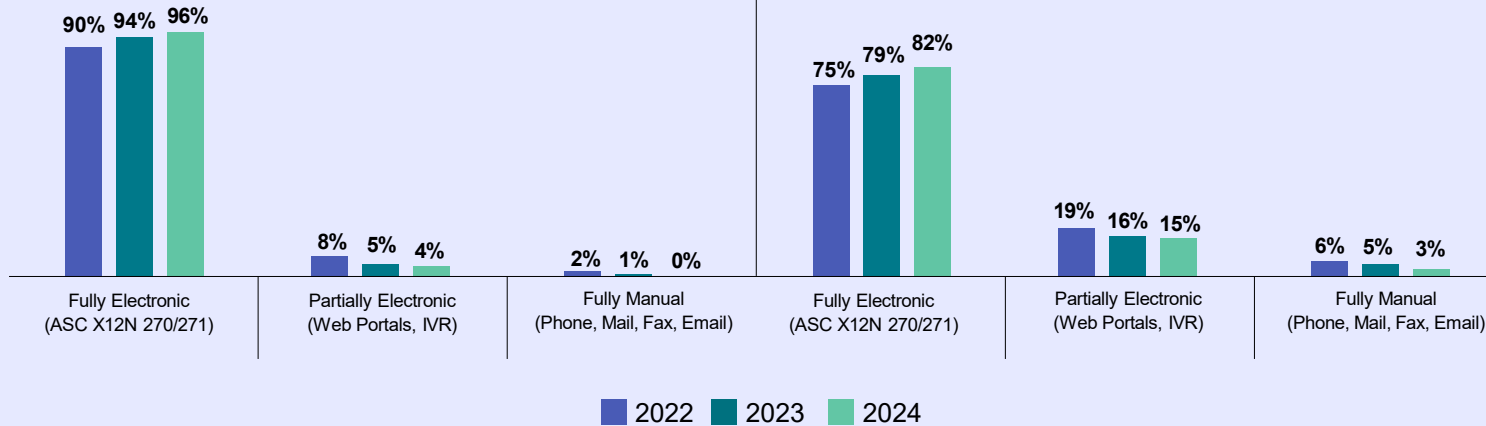
Bob Bowman, CAQH

# STATE OF THE INDUSTRY

## Eligibility & Benefits – 2024 CAQH Index®

### MEDICAL

### DENTAL



### 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.

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

Medical Industry:  
**\$11.7 Billion**

Dental Industry:  
**\$580 Million**

# Formal CORE Voting Process

## Level 1: Subgroups & Task Groups



Formal vote is not required,  
but **consensus is assessed**  
via straw polls

## Level 2: Work Groups



**Quorum requirement:**  
60% of organizational participants

**Approval requirement:**  
50% support

## Level 3: Full Voting Membership



**Quorum requirement:**  
60% of voting organizations

**Approval requirement:**  
66.67% support

## Level 4: CORE Board



The CORE Board's **normal**  
**voting procedures** apply.

Publication of rule to the  
industry

The CORE Eligibility & Benefits Data Content Rule vEB.2.1 is has been approved by CORE's Voting Process and is now available for adoption on our [Operating Rules Webpage](#).

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

## vEB.2.0

### Focus on Medical use cases

- Expanded CORE-required Service Type Codes (126 added)
- Procedure Code (CPT, HCPCS) support for: Physical Therapy, Occupationally Therapy, Surgery, and Imaging (4 categories of service)
- Remaining Coverage Benefits for 10 Service Type Codes
- Telemedicine Benefits



## vEB.2.1

### Focus on Medication and Dental use cases

- Expands Remaining Coverage Benefits from 10 to 33 Service Type Codes
- Expands medical procedure codes (ICD-10 PCS) and adds support for medication (J-Codes, NDC) and dental (CDT) code sets
- Dental-specific benefit limitation
- Electronic Policy Access





# 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

# Code set updates at-a-glance

## New Requirements

### Expansion of the Procedure Codes, COS, and STCs to Support Explicit Eligibility Inquiries Includes:

<i>Procedure Code Sets:</i>	<i>Categories of Service:</i>		<i>Service Type Codes:</i>	
<ol style="list-style-type: none"> <li>1. HCPCS (including J-Codes)</li> <li>2. National Drug Codes (NDC)</li> <li>3. Current Dental Terminology (CDT)</li> <li>4. ICD-10-PCS</li> </ol>	<ol style="list-style-type: none"> <li>1. Chemotherapy</li> <li>2. Injectables</li> <li>3. Infusions</li> <li>4. Oncology</li> <li>5. Pain Management</li> <li>6. Biologics</li> <li>7. Compound drugs</li> <li>8. Inhalations</li> <li>9. Nephrology</li> <li>10. Immunosuppressives</li> <li>11. Antibiotics</li> <li>12. Hormone Therapy</li> <li>13. Antiemetics</li> <li>14. Oral and Maxillofacial Surgery</li> </ol>	<ol style="list-style-type: none"> <li>15. Implant Services</li> <li>16. Diagnostic</li> <li>17. Endodontics</li> <li>18. Fixed Prosthetics</li> <li>19. Orthodontics</li> <li>20. Periodontics</li> <li>21. Radiology</li> <li>22. Preventative</li> <li>23. Prosthodontics</li> <li>24. Restorative</li> <li>25. Specialty Procedures</li> <li>26. Internal Medicine</li> <li>27. Primary Care</li> <li>28. Maternal Health</li> <li>29. Renal Care</li> </ol>	<ol style="list-style-type: none"> <li>1. 88 – Pharmacy</li> <li>2. AR – Experimental Drug Therapy</li> <li>3. 4 – Diagnostic X-Ray</li> <li>4. 38 – Orthodontics</li> <li>5. 24 – Periodontics</li> <li>6. 41 – Routine Preventive Dental</li> <li>7. 26 – Endodontics</li> <li>8. 36 – Dental Crowns</li> <li>9. 40 – Oral Surgery</li> <li>10. 23 – Diagnostic Dental</li> <li>11. 25 – Restorative</li> <li>12. 27 – Maxillofacial Prosthetics</li> <li>13. 8 – Surgical Assistance</li> </ol>	<ol style="list-style-type: none"> <li>14. 37 – Dental Accident</li> <li>15. 35 – Dental Care</li> <li>16. 39 – Prosthodontics</li> <li>17. 86 – Emergency Services</li> <li>18. 28 – Adjunctive Dental Services</li> <li>19. 7 – Anesthesia</li> <li>20. 51 – Hospital – Emergency Accident</li> <li>21. 62 – MRI/CAT Scan</li> <li>22. 89 – Free Standing Prescription Drug</li> <li>23. 91 – Brand Name Prescription Drug</li> </ol>

# Benefits to Industry

The updated rule improves transparency and expands access to coverage information, benefiting health plans, providers, and patients through streamlined administrative processes, financial clarity, and smoother care coordination.



## Empowers the Patient

Patients gain control over their healthcare with upfront cost-sharing and coverage details, enabling **informed choices**



## Enables the Focus on Care

Clinicians spend more time on patient care and less on administrative tasks, thanks to access to **comprehensive benefit details**



## Improves Medication Management

Readily available medication eligibility data supports **better prescribing decisions** and **reduces delays or denials in drug access**



## Modernizes Dental Care Experience

Clear benefit information enables dentists to **proactively help patients manage their oral health** and **understand coverage limitations**



## Strengthens Trust in the Healthcare System

Transparency and improved billing **streamline processes, reduce inquiries, and minimize claim rework**

# Panel Discussion

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Rebekah Fiehn, ADA

Kristina Steece, Ameritas

Laura Topor, Granada Health

# Audience Q & A

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# 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](mailto:core@caqh.org)