CAQH CORE℠

Claim Status Data Content Subgroup Meeting #4

July 10, 2025

Standardizing Data Exchanged within the Claim Status Transaction

CAQH CORE℠

CLAIM STATUS DATA
CONTENT SUBGROUP
MEETING #4

July 10

- Level Set

- Straw Poll #2 Update

- Why Data Alignment Matters

- Problem Framing

- Deep Dive: Key Data Elements

- Preparing for Straw Poll #3

- Next Steps

Level Set

Claim Status Subgroup Charter

Purpose

The CSSG will develop a **Claim Status Data Content Rule** by the end of 2025 that overcome current challenges, such as data misalignment and inconsistent coding.

Scope

Initial opportunities for rule development include:

1. **Standardize Code Combinations**: Standardize Claim Status Codes (CSC) and Claim Status Category Codes (CSCC) combinations through business scenarios.

2. **Data alignment**: Standardize the data exchanged within the Claim Status transaction and require additional specificity in certain error responses.

3. **Real-time claim status processing**: Align on a set of best practices that provide a real-time claim status response.

The Subgroup may consider additional opportunities as they arise.

Goals

1. **Reduce costs for providers and health plans**

   - Understand the status of a claim before receipt of the remittance advice to accelerate follow-up.

   - Improve provider cash flows by moving claims rework to within days of submission rather than weeks.

2. **Shorten processing times**

   - Providers can begin follow-up processes earlier, health plans can receive information needed to process claims, and patients experience improved billing processes.

3. **Improve billing and claims accuracy**

   - Implementing error code standardization, data alignment, and real-time data exchange can significantly mitigate existing challenges.

Timeline

Opportunity Area 1: Code Combinations

Call #2
April 3

- Discuss potential rule requirements for code combinations.
- Orient CSSG to Straw Poll #1.

Straw Poll #1
April 7-25

- Collect feedback on draft CORE-defined Business Scenarios and corresponding CORE Code Combinations.

Call #3
May 22

- Review Straw Poll results.
- Finalize draft language for code combinations.

Straw Poll #2
June 9-27

- Collect feedback on draft CORE-defined Business Scenarios and corresponding CORE Code Combinations.

Opportunity Area 2: Data Alignment

Call #4
July 10

- Discuss potential data alignment rule requirements.
- Orient CSSG to Straw Poll #2.

Straw Poll #3
July 14-25

- Collect feedback on draft data alignment rule requirements.

Call #5
August 7

- Review Straw Poll results.
- Finalize draft data alignment rule requirements.

Opportunity Area 3: Real-time Claim Status Processing

Call #6
September 4

- Discuss potential rule requirements for real-time claim status processing.
- Orient CSSG to Straw Poll #3.

Straw Poll #4
September 15-26

- Collect feedback on draft real-time claim status processing rule requirements.

Call #7
October 9

- Review Straw Poll results.
- Finalize draft language for real-time claim status processing.

Finalize Draft

Ballot
September 22-October 3

- Approve draft Claim Status Data Content Rule to forward to CORE Review Work Group.

Claim Status Data Content Rule Review & Finalization

Review Work Group & Ballot
TBD

- Review and agree to draft Claim Status Data Content Rule requirements.

Final CORE VOTE
TBD

- Full CORE Voting Members agree to draft Claim Status Data Content Rule.

CORE Board Vote
TBD

- CORE Board votes to finalize Claim Status Data Content Rule for voluntary industry adoption.

The timeline is subject to change based on the Subgroup's needs.

CAQH CORE

Straw Poll #2 Update

Subgroup Submissions

Total Number of Organizational Responses	18 (67%)
Provider/Provider Association Responses	**33%**
Vendor/Clearinghouse Responses	**28%**
Health Plan/Health Plan Association Responses	**17%**
Other Stakeholder Type Responses (includes SDOs)	**17%**
Government Responses	**5%**

Data current as of 7/10. Number of CSSG Participating Organizations at time of SP launch: 27

CAQH CORE℠

Support Overview

Section 1: Scope & Applicability

Question: Does your Organization support the revised draft language?	
Yes – Fully Agree	**83%**
Yes – with minor suggestions	**8%**
No – significant concerns or objections	**8%**

Section 3: Code Combinations Use & Maintenance Process

Question: Does your Organization support the revised draft language?	
Yes – Fully Agree	**87%**
Yes – with minor suggestions	**13%**
No – significant concerns or objections	**0%**

Section 2: CORE-defined Business Scenarios

Support Level	Scenario #1 Claim Finalized - Payment will be made	Scenario #2 Claim Finalized: No payment will be made	Scenario #3 Claim Denied: No payment will be made	Scenario #4 Claim Pended	Scenario #5 Errors
Support for BS Definition & Description	**100%**	**87%**	**93%**	**87%**	**80%**

Section 4: Claim Status Code Combinations – Excel Submission

Support Level	Scenario #1 Claim Finalized - Payment will be made	Scenario #2 Claim Finalized: No payment will be made	Scenario #3 Claim Denied: No payment will be made	Scenario #4 Claim Pended	Scenario #5 Errors
Polled combinations receiving > 55% support	**10/10**	**7/7**	**30/30**	**40/41**	**9/10**
Polled combinations receiving 50% - 55% support	**0/10**	**0/7**	**0/30**	**1/41**	**1/10**

Note: No code combination received less than 50% support.

Why Data Alignment Matters

Why data alignment matters

The Problem

Data misalignment leads to:

- "Claim Not Found" errors
- Delayed or incomplete follow-up
- Workflow disruptions

The Solution

A Data Content rule can:

- Standardize required and recommended fields to improve automation and consistency
- Align 267 inputs and 277 outputs to ensure better transaction matching
- Add critical response elements like check numbers and normalized names to support faster, actionable follow-up

The Impact

Fully automating claim status workflows will result in:

- $2.8 B in savings
  - $2.4 B for the medical industry
  - $421 M for the dental industry
- 18 minutes saved per transaction by eliminating manual workarounds

CAQH CORE℠

Problem Framing

Data Alignment Use Cases

Search & Match Criteria

The CSSG will develop recommendations to make health plan search and match criteria as effective as possible.

- Patient/Subscriber/Dependent First and Last Name
- Last Name Normalization
- Subscriber ID
- Patient/Subscriber/Dependent Date of Birth
- Patient/Subscriber/Dependent Gender Code

Claim Matching

The CSSG will develop recommendations to make claim matching between the claim status inquiry and response transactions as effective as possible.

- Billing vs Rendering Provider
- Patient Control Number
- Payer Claim Control Number
- Claim Identification for Clearinghouses and Other Transmission Intermediaries
- Application or Location System Identifier
- Date of Service
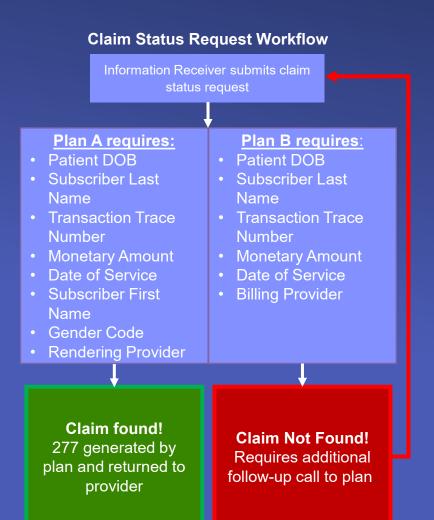
RA & Check/Payment Information

The CSSG will develop recommendations to make remittance advice (RA) and check/payment information matching between the RA and claim status response transactions as effective as possible.

- Billing vs Rendering Provider
- Check Date
- Check Number
- Claim Charge Amount
- Claim Payment Amount

CAQH CORE

Industry Workflow Challenges

Claim Status Request Workflow

Information Receiver submits claim status request

Plan A requires:
- Patient DOB
- Subscriber Last Name
- Transaction Trace Number
- Monetary Amount
- Date of Service
- Subscriber First Name
- Gender Code
- Rendering Provider

Plan B requires:
- Patient DOB
- Subscriber Last Name
- Transaction Trace Number
- Monetary Amount
- Date of Service
- Billing Provider

Claim found!
277 generated by plan and returned to provider

Claim Not Found!
Requires additional follow-up call to plan

Variation in required data of the inquiry reduces the utility of the claim status transaction and can result in unnecessary **claim not found** responses.

Claim Status Response Workflow

Information Source returns claim status response

Plan A returns:
- Transaction Trace Number
- Payer Claim Number
- Date(s) of Service
- Check Number
- Check Date

Plan B returns:
- Transaction Trace Number
- Payer Claim Number
- Date(s) of Service

Response with additional information related to the payment **enhances follow-up workflows**

Follow-up workflows for pended or denied claims paused until 835 generated. **May required additional follow-up**

Additional data for paid, denied and pended claims can enhance provider follow-up workflows and result in **faster claim rework and AR clearance.**

BOLD indicates that a data element is NOT required by the v5010 X12 TR3.

CAQH

Deep Dive: Key Data Elements

Standardizing Data in the 276 Transaction

Data & Purpose	Loop/Segment
Provider Type (Billing v. Rendering): helps identify the provider associated with the claim	2100C-NM1 Applies to the 276 and 277.
Name Normalization: standardizes name formats to reduce matching errors	2100D-NM1 (Subscriber) 2100E-NM1 (Dependent) Applies to the 276 and 277.
Claim Submitter Identifier: improves claim matching by identifying the claim originator	2200D-REF (Patient Control Number, Subscriber) 2200E-REF (Patient Control Number, Dependent) Applies to the 276 and 277.
Date of Service: helps narrow matching claims for specific patient	2210D-DTP (Subscriber) - 276 2210E-DTP (Dependent) - 276 2220D-DTP (Subscriber) - 277 2220E-DTP (Dependent) - 277
Payer Claim Control Number: improves matching by using payer's assigned claim ID	2200D-REF (Payer Claim Control Number, Subscriber) 2200E-REF (Payer Claim Control Number, Dependent) Applies to the 276 and 277.
Rebill Claim Number: improves claim tracking for corrected or rebilled claims	2200D-REF (Payer Claim Control Number, Subscriber) 2200E-REF (Payer Claim Control Number, Dependent) Applies to the 276 and 277.

CAQH CORE

Standardizing Data in the 276 Transaction

Data & Purpose	Loop/Segment
Patient Name: improves patient identification	2100D-NM1 (Subscriber) 2100E-NM1 (Dependent) Applies to the 276 and 277.
Patient Date of Birth: improves patient identification	2000D-DMG (Subscriber) 2000E-DMG (Dependent) Only found in the 276.
Gender Code (DMG03-1068): improves claim matching	2000D-DMG (Subscriber) 2000E-DMG (Dependent) Only found in the 276.

CAQH CORE℠

Standardizing Data in the 277 Transaction

Data & Purpose	Loop/Segment
Provider Type (Billing v. Rendering): helps identify the provider associated with the claim	2100C-NM1 Applies to the 276 and 277.
Name Normalization for Error Response: standardize name formats to reduce matching errors	2100D-NM1 (Subscriber) 2100E-NM1 (Dependent) Applies to the 276 and 277.
Check Number and Date: improve remittance linkage for paid claims	2200D-STC (Subscriber) 2200E-STC (Dependent) *Only found in the 277.*
Unique STC Segments for Multi-Claim Responses: ensures transaction-level compatibility	Multi-Claim Response – Claim Status responses for more than one claim. • Bundling/unbundling of claims. • Parsing of large (size) claims into multiple claims.
Line-Level Responses: improves follow-up	What are the challenges you face supporting line level inquiries and responses?

CAQH
CORE℠

Preparing for Straw Poll #3

Overview

Purpose:

    Gather input on the data alignment opportunity areas

Format:

    This straw poll consists of two sections:

1. Proposed Data Alignment Opportunities
   - Indicate if opportunity should be included in data content rule
   - If it should be included, indicate whether it should be a recommendation or requirement
2. Future Rule Development Opportunities

> Please submit your organization's response via the online submission link by
> **the end of the day on Friday, July 25th**

CAQH CORE

Next Steps

Next Steps

Complete Straw Poll #3
July 14-25

- Indicate your organization's level of support for the data alignment opportunity areas.

- Submit your organization's Straw Poll by the end of the day, Friday July 25th.

- All call documents from today's call are available on the [Participant Dashboard](#).

- Reach out to core@caqh.org with any questions.

CAQH CORE℠

Claim Status Subgroup Roster

Name	Organization
Mark Rabuffo	Aetna
Rose Hodges	Aetna
Rebekah Fiehn	American Dental Association
Andrea Preisler	American Hospital Association
Celine Lefebvre	American Medical Association
Emma Andelson	American Medical Association
Heather McComas	American Medical Association
Rob Otten	American Medical Association
Tyler Scheid	American Medical Association
Muhamed Cesko	athenahealth
Leah Barber	Availity
Gail Kocher	Blue Cross Blue Shield Association
Sal Zarate	Blue Cross Blue Shield of North Carolina
Jamie Osborne	Children's Healthcare of Atlanta
Rob Sikorski	DaVita
Robin Strange	DaVita
Leslie Allanson	Elevance Health
Geoff Palka	Epic
James Habermann	Epic
Matt McCandless	Epic
Christopher Gracon	Healthenet
Cari Adams	Humana
Patricia Edmondson	Humana
Gheisha-Ly Rosario Diaz	Labcorp
Betsy Dunlap	Mayo Clinic
Christan Hegland	Mayo Clinic

Name	Organization
Kelsey Rolling	Mayo Clinic
Rebecca Fortek	Mayo Clinic
Travis Nixa	Mayo Clinic
Alka Mukker	Optum
Anna Tymczak	Optum
Holly Arlofski	Optum
Kristin Thonsgaard	Optum
Odianosen Ayewoh	Optum
Tara Rose	Optum
Marie Becan	PeaceHealth
Shannon Kennedy	Sekhmet Advisors
Diana Fuller	State of Michigan Medicaid
George Hurgeton	Stedi, Inc.
Nick Radov	Stedi, Inc.
Jack Pregeant	The SSI Group
Tracey Tillman	The SSI Group
Nick Caddell	The SSI Group
Holly Gilligan	UnitedHealthcare
Kiran Kalluri	UnitedHealthcare
Sonya May	UnitedHealthcare
Terri Cook	UnitedHealthcare
Lynn Conway	University of Iowa College of Dentistry
Robert Tennant	WEDI
Robert Kim	Zuub
Luka Sklizovic	Zuub

Participant Expectations

Become familiar with CORE's processes

Become familiar with CORE's operating rule structure and voting processes. Review the CORE Claim Status Infrastructure Rule, CORE Connectivity Rule, and CORE Code Combinations.
Read CORE's recently published issue brief on the claim status transaction.

Attend and actively participate in calls

CORE staff will email all call documents prior to each call and make all documents available on the Participant Dashboard. Please review these ahead of time, whenever possible. Reach out to CORE for any questions or clarification.

Participate in Straw Polls

All Participating Organizations are expected to complete all Straw Polls throughout the rule development process. Note that organizations may have multiple participants in the Subgroup, but only one submission is accepted per Participating Organization.

Work with your organization's subject matter experts

Work with your organization's subject matter experts to understand how the potential draft Claim Status Data Content Rule would impact your organization and the industry, both in terms of feasibility to implement and value.

Provide regular updates on Subgroup's progress to Executive Sponsors

To gain greater support from your organization, keep your Executive Sponsor informed about the Subgroup's progress. If your organization has representation on the CORE Board, please keep your representative informed about the draft rule requirements.

CAQH CORE℠