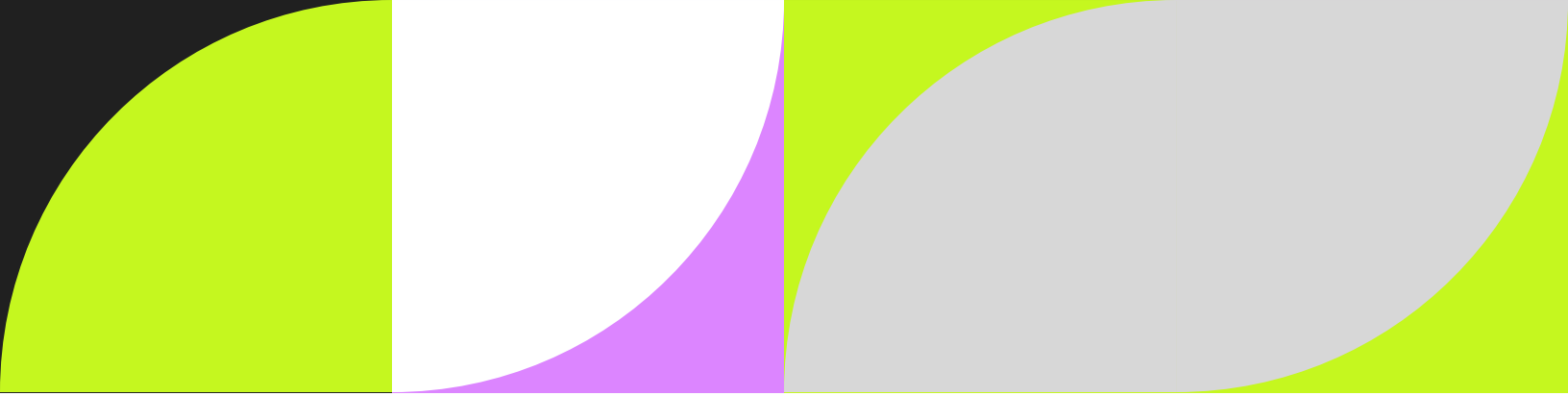




2025 CAQH Index[®]

Recovery by the Numbers: Administrative
Resilience After a Systemwide Disruption

Artificial Intelligence (AI)
Chartbook Module

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 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.

DataSpring 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, DataSpring 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@dataspring.com.

CONTENTS

Overview1

Detailed Findings.....2

 2025 Findings 3

 Provider Trends (2023-2025) 10

Methodology and Definitions13

Acknowledgements.....14

Endnotes15



Overview

Artificial Intelligence (AI) continues to be a major focus across healthcare, with growing attention on its potential to streamline operations and help close the \$21 billion automation gap identified in the 2025 CAQH Index.¹

At the same time, the industry is navigating real challenges, from regulatory uncertainty to cybersecurity risks and questions around implementation and trust.^{2,3,4}

New findings from the 2025 CAQH Index highlight this tension. AI is gaining traction, with more than half of health plans and nearly 25% of providers now putting it to work. Most activity is focused on administrative areas such as documentation, fraud detection, and revenue cycle management, where structured use cases are already delivering perceived value.

But that growth remains targeted and uneven. Uptake varies widely by organization size and specialty, and most deployments are not scaled beyond specific workflows. Even among early adopters, confidence is task specific. Implementation is concentrated in structured, administrative processes, while complex clinical applications advance more cautiously.

Looking ahead, the next steps are clear: expand proven administrative use cases, strengthen performance in higher-risk applications, and build the workflows needed for scale based on high-quality data.

This chartbook module breaks down where AI is gaining traction, how it's delivering value, and what to prioritize moving forward so you can move faster and turn promise into results.

Ready to shape your AI strategy? Let's get started.

Industry at a Glance



AI use is expanding, but it's uneven.

Nearly 60% of **medical plans** and 50% of **dental plans** report using AI, compared to 25% of **providers**. Provider momentum is rapidly building though, with an average growth of almost 40% since 2024.



Activity centers around administrative tasks.

Health plans are focused on workflow efficiencies, with over two-thirds of medical and one-third of dental plans using AI for prior authorization requests and fraud detection. **Providers** prioritize appointment-supporting documentation, with almost 50% of medical and 35% of dental providers translating visit notes and engaging with ambient scribing.

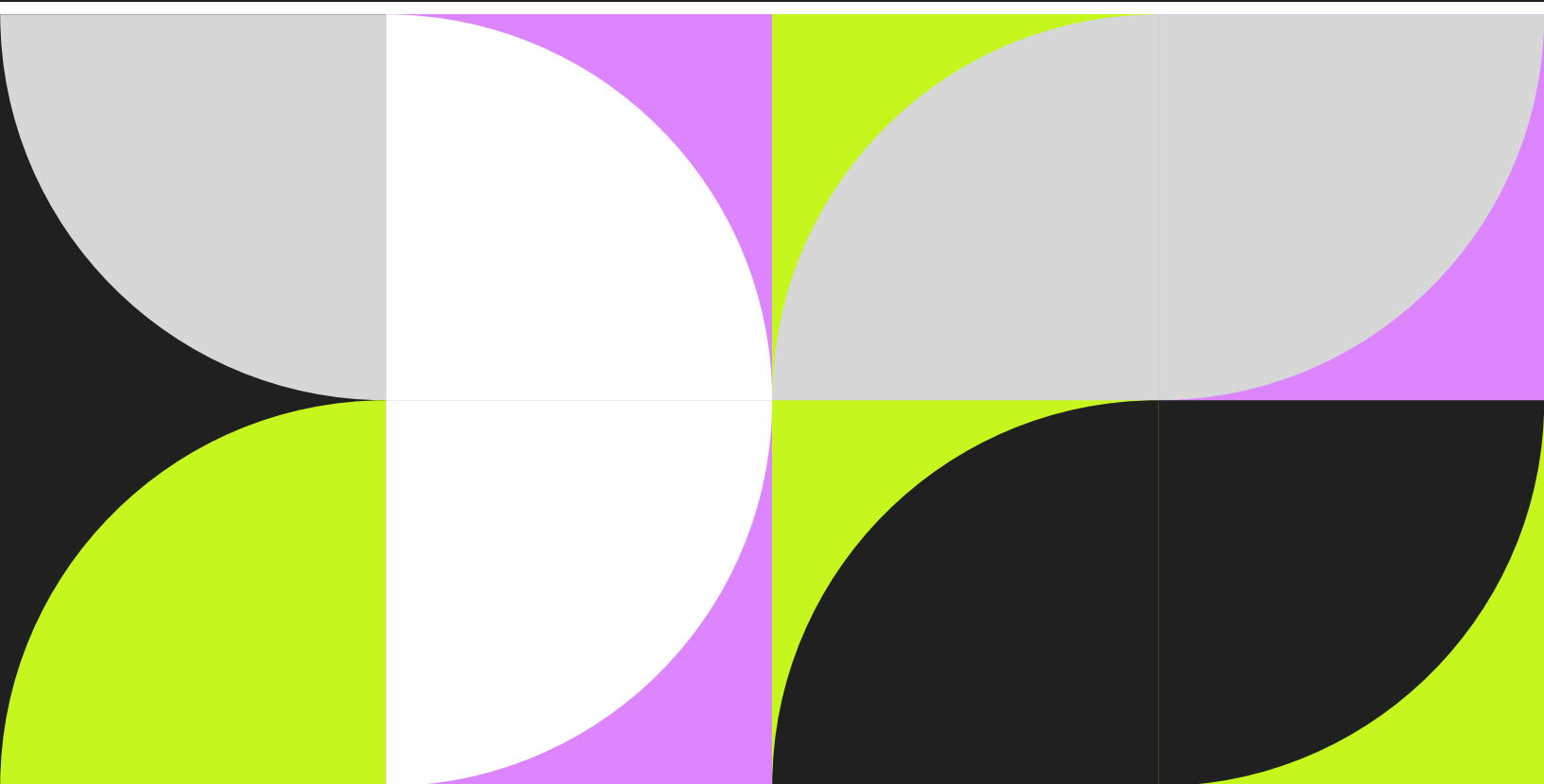


Adoption varies widely across provider size.

AI usage is highest among hospitalists (58%) and large practices (34%), and lowest in smaller practices (22%).

Artificial Intelligence (AI)
Chartbook Module

Detailed Findings



2025 Findings

Industry Context: The application of Artificial Intelligence (AI) in the healthcare industry is evolving. The use of AI in healthcare includes the use of machine learning (ML), natural language processing (NLP), deep learning (DL), and other AI-enabled tools. By examining data patterns, AI technologies can increase efficiency and improve performance of clinical and operational workflows to assist and, ideally, improve the patient experience, including diagnosis, treatment, and outcomes.

Per CMS, AI can make these kinds of predictions, recommendations, or decisions for a given set of human-defined objectives.⁵

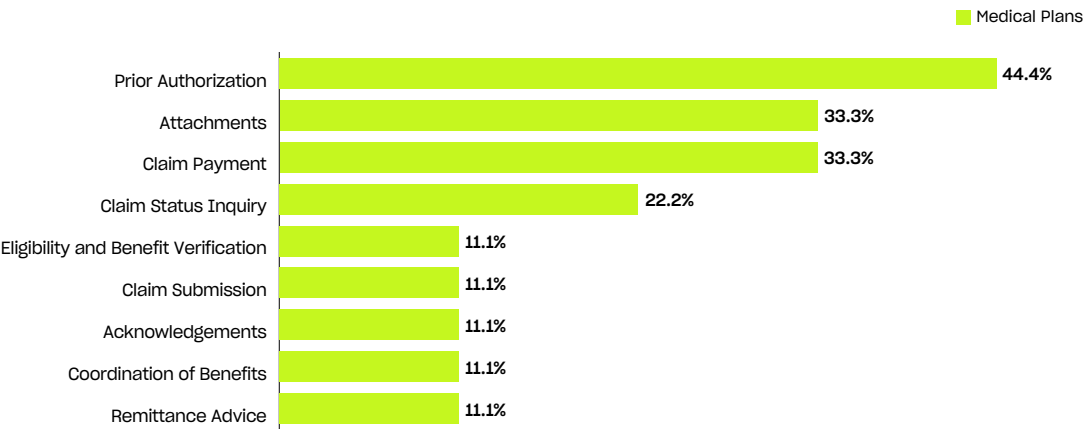
Explore how medical and dental plans and providers used AI in 2025, from streamlining administrative transactions to supporting clinical decision-making. See where adoption is gaining momentum and unlocking the next wave of efficiency.

Findings are based on data from **medical** and **dental health plans** and **providers**. Please refer to the Methodology, and Definitions section for a description of the administrative transactions.⁶

AI Usage by Administrative Workflow (Medical Plans)

Medical plans are utilizing AI to help conduct manual-heavy tasks including **prior authorization** (44%), **attachments** (33%), and **claim payment** (33%). This aligns with industry efforts to advance interoperability and efficiency through the 2024 CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F), proposed attachment standards, electronic payments and emerging agentic AI systems that autonomously execute multi-step workflows.^{7,8,9}

Thinking about **2025**, did **you or anyone at your organization** use **AI** for any of the following transactions? (Medical Plans)

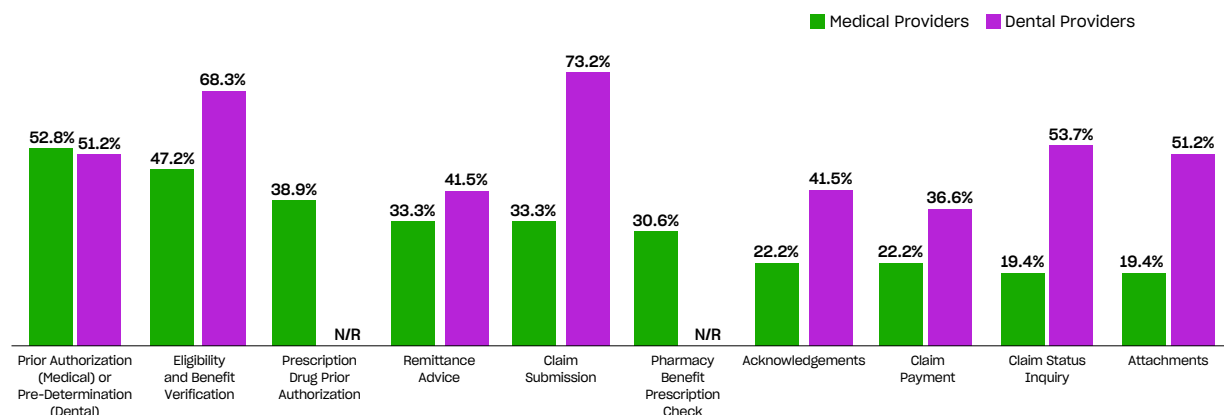


Responses may add up to more than 100%, as respondents could select more than one option. Due to low sample size, dental plans were not included.

AI Usage by Administrative Workflow (Medical and Dental Providers)

AI use varies slightly by industry for providers. While both medical and dental providers are focused on eligibility (47% medical, 68% dental), medical providers' top use is prior authorization (53%) while dental's is claim submission (73%). This reflects medical efforts to reduce high-burden, high-volume workflows,^{10,11} and dental's focus on improving eligibility and addressing denials.^{12,13}

Thinking about 2025, did you or anyone at your organization use AI for any of the following transactions? (Medical and Dental Providers)

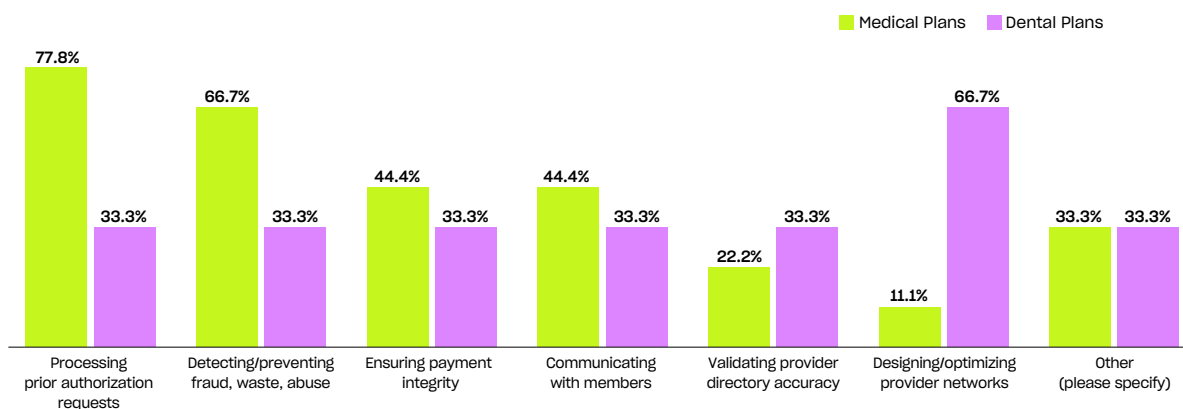


N/R = No responses. Responses may add up to more than 100%, as respondents could select more than one option. Prescription Drug Prior Authorization and Pharmacy Benefit Prescription Check were only asked to medical providers.

AI Usage by Specific Tasks (Medical and Dental Plans)

Overall, plans use AI for prior authorization and fraud detection tasks, where manual review and financial risk are high. Dental plans also engage AI to design provider networks. Amid rising cost pressures and regulatory scrutiny, payers are prioritizing managing utilization and strengthening accuracy.^{14,15,16}

Thinking about 2025, did you or anyone at your organization use AI for any of the following tasks? (Medical and Dental Plans)

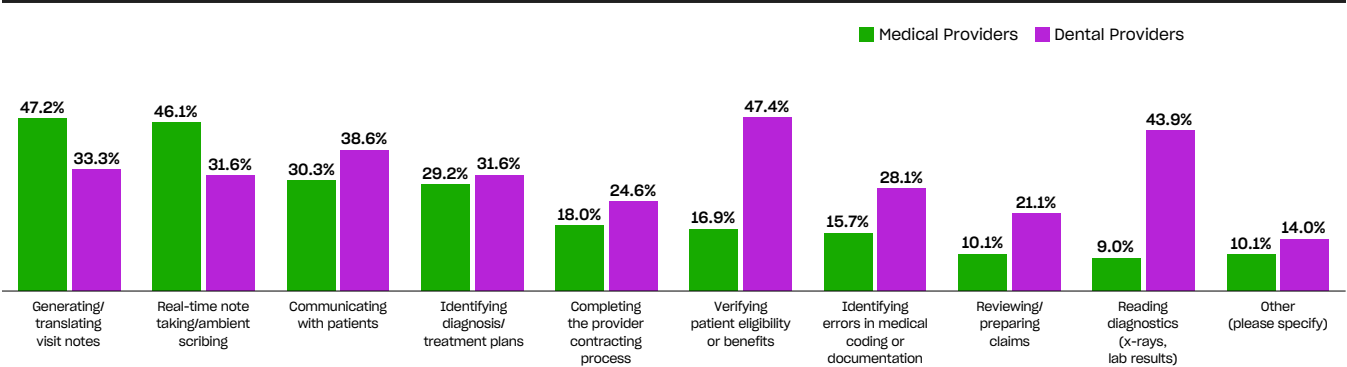


Responses may add up to more than 100%, as respondents could select more than one option. "Other" responses: "Identification of clinical codes for clinical concept library implementation", "Inbound Correspondence automation, procurement contract analysis, and redline automation", "AI assisted policy search and summarization for customer service teams", and "X-ray analysis".

AI Usage by Specific Tasks (Medical and Dental Providers)

Providers most often report AI use for **documentation**, with nearly **50% of medical** and **35% of dental providers** using tools for **visit notes and ambient scribing**, which address high burnout activities.¹⁷ Dental providers show greater use in reading diagnostics (44% dental vs 9% medical), signaling more targeted clinical applications.^{18,19}

Thinking about **2025**, did **you or anyone at your organization** use **AI** for any of the following tasks? (Medical and Dental Providers)



Responses may add up to more than 100%, as respondents could select more than one option.

Examine the accuracy and real-world value of reported AI use cases across medical and dental plans and providers, highlighting where applications are delivering reliable results and measurable impact.

Accuracy of AI Results (Medical and Dental Plans)

Medical plans generally report that AI-supported processes are **equally or more accurate** than traditional workflows, particularly for **prior authorization, fraud detection, and payment integrity**.^{20,21} **Dental plans** tend to report tasks as not accurate. However, varied and limited responses in some areas highlight ongoing concerns around reliability and consistency as adoption expands.²²

For the following tasks, how **accurate** do you feel the AI supported processes/results are compared to non-AI supported processes/results? (Medical and Dental Plans)

Tasks	Plan	Not accurate (%)	Less accurate (%)	Equally accurate (%)	More accurate (%)
Processing prior authorization requests	Medical	11.1	N/R	22.2	44.4
	Dental	33.3	N/R	N/R	N/R
Detecting or preventing fraud, waste, and abuse	Medical	11.1	N/R	11.1	22.2
	Dental	33.3	N/R	N/R	N/R
Ensuring payment integrity (e.g., duplicate claims, overpayments)	Medical	11.1	N/R	11.1	22.2
	Dental	33.3	N/R	N/R	N/R
Validating and maintaining provider directory accuracy	Medical	11.1	N/R	11.1	N/R
	Dental	33.3	N/R	N/R	N/R
Communicating with members (e.g., chatbots, benefit explanations)	Medical	11.1	N/R	11.1	22.2
	Dental	33.3	N/R	N/R	N/R
Designing or optimizing provider networks	Medical	11.1	N/R	N/R	N/R
	Dental	33.3	N/R	N/R	33.3
Other (please specify)	Medical	N/R	11.1	N/R	N/R
	Dental	N/R	N/R	N/R	33.3

N/R = No responses. Percentages do not add to 100% due to missing responses. “Other” responses: “Clinical code identification for a specific clinical concept” (less accurate) and “X-ray analysis” (more accurate). Data are from those who indicated AI use across tasks.

Accuracy of AI Results (Medical and Dental Providers)

Providers generally report AI processes as **equally or more accurate** than traditional workflows, with the highest confidence in **completing provider contracting**, **identifying coding errors**, and **note-taking**, especially among dental providers. Evidence shows ambient AI, including scribing, reduces documentation burden and burnout while improving note quality and clinician focus.^{23,24,25}

For the following tasks, how **accurate** do you feel the AI supported processes/results are compared to non-AI supported processes/results? (Medical and Dental Providers)

Tasks	Plan	Not accurate (%)	Less accurate (%)	Equally accurate (%)	More accurate (%)
Verifying patient eligibility or benefits	Medical	N/R	26.7	53.3	20.0
	Dental	3.8	7.7	61.5	26.9
Identifying diagnosis and/or recommending treatment plans	Medical	N/R	23.1	57.7	19.2
	Dental	N/R	16.7	61.1	22.2
Real-time note taking or ambient scribing during visits	Medical	N/R	29.3	56.1	14.6
	Dental	N/R	N/R	55.6	44.4
Generating or translating visit notes after the visit	Medical	N/R	26.2	50.0	23.8
	Dental	N/R	5.3	63.2	31.6
Reading diagnostics (e.g., x-rays, pathology, lab results)	Medical	12.5	12.5	37.5	37.5
	Dental	N/R	24	52.0	24.0
Reviewing or preparing claims for submission	Medical	N/R	11.1	66.7	22.2
	Dental	N/R	8.3	58.3	33.3
Identifying errors in medical coding or documentation	Medical	N/R	21.4	42.9	35.7
	Dental	N/R	N/R	43.8	56.2
Communicating with patients (e.g., chatbots, automated messages)	Medical	N/R	11.1	55.6	33.3
	Dental	N/R	18.2	77.3	4.5
Completing the provider contacting process	Medical	N/R	25.0	31.2	43.8
	Dental	N/R	7.1	50.0	42.9
Other processes	Medical	N/R	11.1	66.7	22.2
	Dental	12.5	N/R	75.0	12.5

N/R = No responses. Data are from those who indicated AI use across tasks.

Value of AI Tools (Medical Plans)

For the following tasks, how **valuable** do you find the AI tools your organization uses?
(Medical Plans)

Tasks	Not valuable (%)	Somewhat valuable (%)	Very valuable (%)
Processing prior authorization requests	N/R	N/R	55.6
Detecting or preventing fraud, waste, and abuse	N/R	N/R	44.4
Ensuring payment integrity (e.g., duplicate claims, overpayments)	N/R	N/R	33.3
Validating and maintaining provider directory accuracy	N/R	11.1	N/R
Communicating with members (e.g., chatbots, benefit explanations)	N/R	N/R	22.2
Designing or optimizing provider networks	N/R	N/R	N/R
Other (please specify)	N/R	N/R	11.1

N/R = No responses. Percentages do not add to 100% due to missing responses. "Other" responses: "X-ray analysis". Data are from those who indicated AI use across tasks. Due to low sample size, dental plans were not included.

Value of AI Tools (Medical and Dental Providers)

For the following tasks, how **valuable** do you find the AI tools your organization uses?
(Medical and Dental Providers)

Tasks	Plan	Not valuable (%)	Somewhat valuable (%)	Very valuable (%)
Verifying patient eligibility or benefits	Medical	N/R	53.3	46.7
	Dental	7.7	30.8	61.5
Identifying diagnosis and/or recommending treatment plans	Medical	3.8	69.2	26.9
	Dental	N/R	38.9	61.1
Real-time note taking or ambient scribing during visits	Medical	4.9	36.6	58.5
	Dental	N/R	38.9	55.6
Generating or translating visit notes after the visit	Medical	4.8	42.9	52.4
	Dental	N/R	15.8	84.2
Reading diagnostics (e.g., x-rays, pathology, lab results)	Medical	N/R	37.5	62.5
	Dental	4.0	36.0	60.0
Reviewing or preparing claims for submission	Medical	N/R	22.2	77.8
	Dental	N/R	41.7	58.3
Identifying errors in medical coding or documentation	Medical	N/R	64.3	35.7
	Dental	N/R	31.2	68.8
Communicating with patients (e.g., chatbots, automated messages)	Medical	3.7	37.0	59.3
	Dental	N/R	50.0	50.0
Completing the provider contacting process	Medical	N/R	43.8	56.2
	Dental	N/R	21.4	71.4
Other processes	Medical	N/R	77.8	22.2
	Dental	25.0	37.5	37.5

N/R = No responses. Data are from those who indicated AI use across tasks.

Provider Trends (2023-2025)

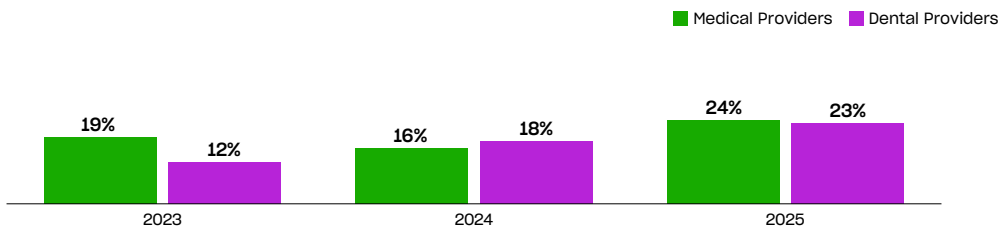
Track AI use across medical and dental providers over the last two years, focusing on overall adoption and differences by organization size and specialty.

Findings are based on data from **medical and dental providers**.

Trended Provider AI Use

AI adoption among **providers** is **rising steadily**, with almost 25% of providers reporting use. This growth reflects accelerated investment in AI to address administrative burden and workforce constraints, with adoption expanding beyond early pilots into broader use.^{26,27,28}

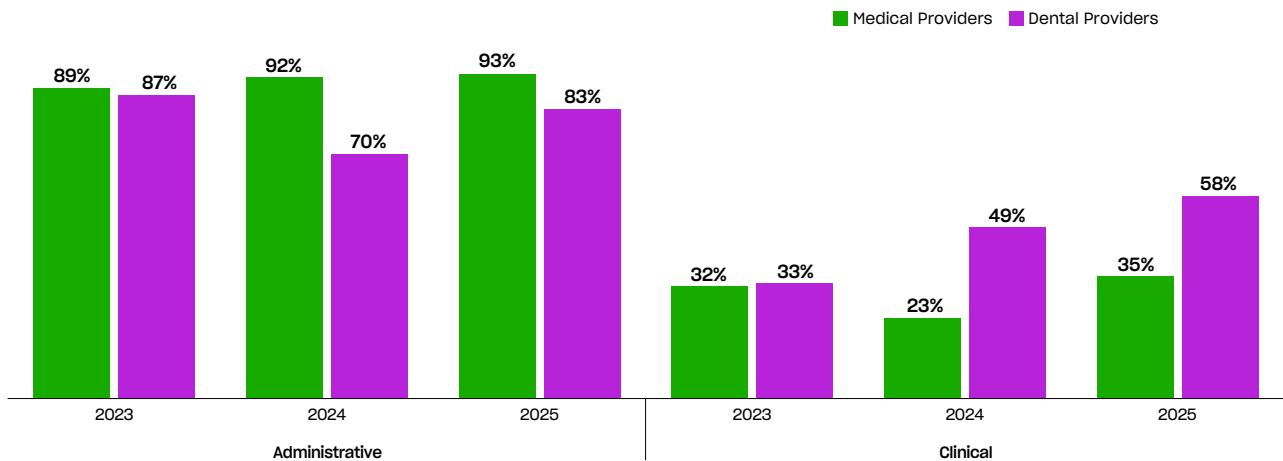
Overall Usage of AI, 2023-2025 (Medical and Dental Providers)



Trended Provider AI Use by Administrative and Clinical Tasks

Most **providers** use AI for **administrative tasks** (93% medical, 83% dental). **Diagnostic applications continue to grow though**, especially among **dental** providers (58% dental; 35% medical). This reflects growing AI confidence in structured processes, while complex clinical cases continue to advance more cautiously.^{29,30}

AI Usage by Administrative and Clinical Tasks, 2023-2025 (Medical and Dental Providers)

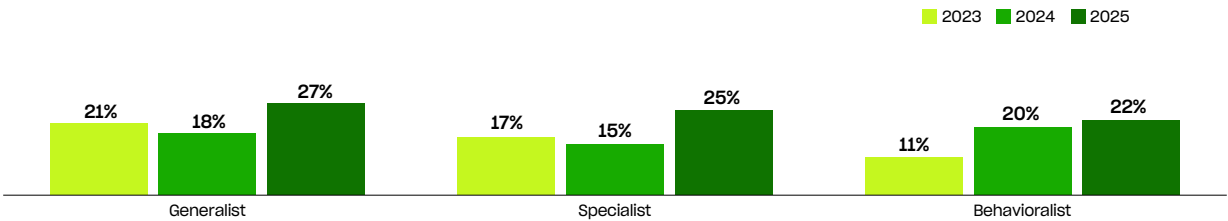


Responses may add up to more than 100%, as respondents could select more than one task. Represents those who indicated AI use.

Trended AI Use by Medical Provider Specialty

AI adoption is increasing across all provider types, with **generalists** (27%) and **specialists** (25%) leading. Behavioral health shows the fastest growth from 2023 to 2025 (11% to 22%), reflecting expanding use of AI to support documentation and workforce-constrained care settings.^{31,32}

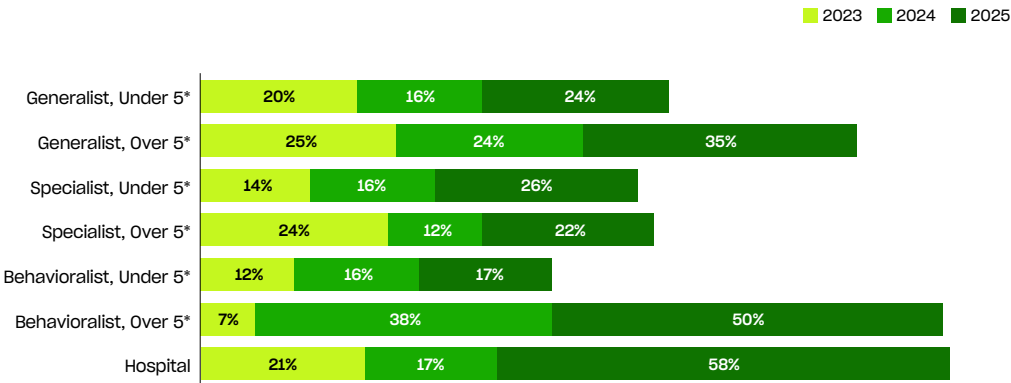
AI Usage by Medical Specialty, 2023-2025 (Medical Providers)



Trended AI Use by Medical Provider Size and Specialty

AI adoption varies widely by provider size and setting, with highest use among hospitals (58%) and **large behavioral health groups** (50%). Rapid hospital uptake reflects growing health system investment in AI to scale operations, while smaller practices tackle growing resource constraints^{33,34}

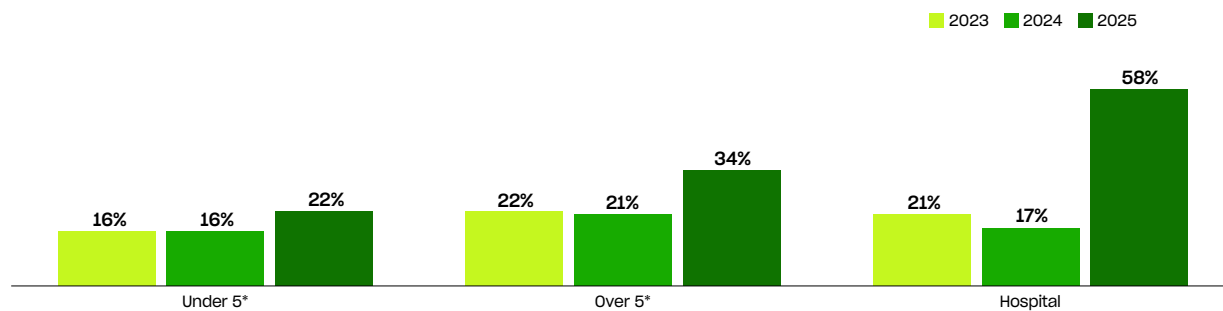
AI Usage by Medical Provider, Size and Specialty Type, 2023-2025 (Medical Providers)



*Number of providers in practice.

Trended AI Use by Medical Provider Size

AI Usage by Medical Provider Size, 2023-2025 (Medical Provider)



*Number of providers in practice.

Methodology and Definitions

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 chartbook 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.

Overview of Fully Electronic Administrative Transactions Studied, 2025 CAQH Index:

Transaction	Transaction Standard	Definition
Eligibility and Benefit Verification†	ASC X12N 270/271	An inquiry from a provider to a health plan or from one health plan to another to obtain eligibility, coverage or benefits associated with the plan and a response from the health plan to the provider. Does not include referrals (applicable only to providers).
Prior Authorization	ASC X12N 278	A request from a provider to a health plan to obtain authorization for healthcare services or a response from a health plan for an authorization. Does not include referrals.
Claim Submission	ASC X12N 837	A request to obtain payment or transmission of encounter information for the purpose of reporting delivery of healthcare services.
Attachments	ASC X12N 275, HL7 CDA*	Additional information submitted with claims for payment, claim appeals or prior authorization, such as medical records to support a claim or to explain the need for a procedure or service.
Acknowledgements	ASC X12N 277CA/999	A health plan's response to a provider or provider's clearinghouse that they received information from the provider or clearinghouse; or confirmation received by a provider that the information shared with a health plan has been rejected or accepted.
Coordination of Benefits	ASC X12N 837	Claims that are sent to secondary payers with explanation of payment information from the primary payer to determine remaining payment responsibilities.
Claim Status Inquiry†	ASC X12N 276/277	An inquiry from a provider to a health plan to determine the status of a health care claim or a response from the health plan
Claim Payment†	NACHA Corporate Credit or Deposit Entry with Addenda Record (CCD+)	An electronic funds transfer (EFT) from a health plan's bank to a provider's bank; including payment and data specific to the payment.
Remittance Advice†	ASC X12N 835	The transmission of explanation of benefits or remittance advice from a health plan to a provider explaining a payment.

† Both HIPAA standards and CAQH CORE Operating Rules are federally mandated.

* ASC X12N 275 and HL7 CDA are both industry recognized standards for electronic attachments.

Acknowledgements

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- Medical and dental plans and providers that submitted data and participated in follow-up interviews.
- NORC at the University of Chicago for data collection and analytics.
- CAQH Index Advisory Council for their ongoing guidance and support of the CAQH Index research.

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Tab Harris	Florida Blue
Terrence Cunningham	American Hospital Association (AHA)
Tom Mort	Vyne Dental
Viet Nguyen	HL7

Endnotes

Overview

1. The CAQH Index Report | [CAQH](#).
2. How healthcare AI is regulated by the FDA, HHS, state laws | [Modern Healthcare](#).
3. Ethical and regulatory challenges of AI technologies in healthcare: A narrative review | [PMC](#).
4. Change Healthcare data breach: Industry 'not fine' 1 year later | [Modern Healthcare](#).

2025 Pulse Check

5. Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly (CMS-4208-P). | [CMS](#).
6. The CAQH Index Report | [CAQH](#).
7. CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) | [CMS](#).
8. CMS claims attachments rule sets 2028 deadline | [HFMA](#).
9. CAQH Updates CORE Healthcare EFT Enrollment Rules to Streamline Claim Payments | [Nacha](#).
10. CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) | [CMS](#).
11. CMS claims attachments rule sets 2028 deadline | [HFMA](#).
12. Benefit verification drives increased administrative spending in dental offices | [ADA](#).
13. The Optum 2024 Revenue Cycle Denials Index | [Business Optum](#).
14. CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) | [CMS](#).
15. Insurers have eliminated 11% of prior authorizations under reform pledge | [Fierce Healthcare](#).
16. Data-Centric AI for Healthcare Fraud Detection | [PMC](#).
17. Measurement of clinical documentation burden among physicians and nurses using electronic health records: a scoping review | [PMC](#).
18. A review of advancements of artificial intelligence in dentistry | [ScienceDirect](#).
19. Revolutionizing Dental Imaging: A Comprehensive Study on the Integration of Artificial Intelligence in Dental and Maxillofacial Radiology | [PMC](#).
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22. Drawbacks of Artificial Intelligence and Their Potential Solutions in the Healthcare Sector | [PMC](#).
23. Use of Ambient AI Scribes to Reduce Administrative Burden and Professional Burnout | [JAMA](#).
24. UCLA study finds AI scribes may reduce documentation time and improve physician well-being | [UCLA Health](#).
25. AI Would Make People Trust Their Dentist More, New Survey Shows | [Forbes](#).

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26. The AI pilot era is over for health systems | [Becker's Health IT](#).
27. The Growing Role of Artificial Intelligence in Healthcare | [Mayo Clinic](#).
28. 2026 Physician Survey on Augmented Intelligence | [AMA](#).
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31. Addressing Workforce Challenges Across the Behavioral Health Continuum of Care: Proceedings of a Workshop. | [National Library of Medicine](#).
32. The Future of AI in Mental Healthcare – And How Providers Can Shape It | [Forbes](#).
33. The clinical areas where hospitals are using AI | [Modern Healthcare](#).
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