

# CMS final rule to streamline Prior Authorization



**Objective**  
**Streamline the PA Process into Provider Workflows**

**Prior Auth API**

Compliance date: JAN 1, 2027  
Build an API for Providers to query a Payer's Prior Auth requirements, submit requests, and receive Payer's response. Streamline everything within the Provider's workflow.



**Objective**  
**Faster Timelines**

**Prior Auth Decision Timeframes**

Respond within 72 hours of receiving urgent requests and seven days for standard requests.



**Objective**  
**Increase Transparency on PA Decisions**

**PA Denial Reason Specificity**

Compliance date: JAN 1, 2026  
Include a specific reason for denying a Prior Authorization request.



**Objective**  
**Improve Transparency into PA Outcomes**

**Prior Auth Metrics**

Publish metrics about Prior Authorization processes and outcomes. Include % of requests approved, denied, average review time, etc.

## Payers need to streamline and simplify their processes starting now

In addition to building FHIR APIs, Payers will have to perform several other complex, time-consuming implementations....



...to streamline PA process in Provider workflow

...to shorten TAT & improve transparency

