

CMS interoperability and Prior Authorization final rule



For Members to access their complete health data in a 3rd party app of their consent, no later than one business day after adjudication or receipt

For Payers to share patient data when a patient moves between Payers, no later than one week from the start of coverage or at the patient's request

For Payers to comply with certain Prior Auth process mandates, irrespective of using Prior Auth API, to shorten the Prior Auth timelines and enhance transparency

PATIENT ACCESS API
Compliance date
JAN 1, 2026

PROVIDER ACCESS API
Compliance date
JAN 1, 2027

PAYER-TO-PAYER DATA EXCHANGE API
Compliance date
JAN 1, 2027

PRIOR AUTH API
Compliance date
JAN 1, 2027

PRIOR AUTH WORKFLOW
Compliance date
JAN 1, 2026

For Providers to access their patients' data (except for remittance and cost-related data), improving coordination of care across the care continuum and movement towards the VBC

For Providers to query and submit Prior Auth requests as per the Payer's Prior Auth requirements from an EHR and receive Payer response

Payers need to streamline and simplify their processes starting now

Instead of 2026, as was proposed earlier, CMS has finalized a 2027 compliance date for Payers. Despite the January 2027 deadline, it is imperative for Payers to begin preparations immediately. This forward-thinking approach is crucial for several reasons:



Payers need to understand and acknowledge the complexity and scale of this implementation. The task of aligning with CMS standards is monumental, requiring comprehensive planning, development, and testing.

Early initiation allows for adequate testing and resolution of potential issues, ensuring a smooth transition.

Effective implementation requires collaboration with various stakeholders and extensive staff training to adapt to new systems and workflows.

Early adoption streamlines the Prior Authorization process and positions the Payer favourably in the rapidly evolving and competitive healthcare sector.