

Readiness Checklist for Payers

Are you ready for CMS' Interoperability and Prior Authorization Final Rule (CMS-0057-F)?

CMS-0057-F introduces sweeping interoperability and prior authorization changes for payers, with phased deadlines in 2026 and 2027. Use this checklist to monitor your progress and keep your teams aligned as you move toward compliance.

Operational Requirements ► Deadline: January 1, 2026

Prior Authorization Turnaround Times

- ☐ Urgent PA requests processed within 72 hours
- ☐ Standard PA requests processed within 7 calendar days

Denial Reason Transparency

- ☐ Denial notifications include clear, actionable reasons
- ☐ Denial data supports downstream reporting and resubmissions

Patient Opt-Out Mechanism

- ☐ Members can opt out of Provider Access API sharing
- ☐ Opt-out process is documented and communicated to members

FHIR API Implementation ► Deadline: January 1, 2027

Patient Access API (Expanded)

- ☐ API includes prior authorization request and decision data
- ☐ Patients can access data using third-party applications

Provider Access API

- ☐ In-network providers have access to claims, encounter, and PA data
- ☐ API integrates with provider systems (EHRs/PMS)

Payer-to-Payer API

- ☐ Supports member-requested data exchange
- ☐ Enables longitudinal record continuity across coverage changes
- ☐ Includes quarterly data sharing for concurrent coverage

Prior Authorization API

- ☐ Enables electronic PA submission and response
- ☐ Supports current X12 278 and FHIR-based exchange
- ☐ Shares documentation requirements and decision responses
- ☐ Provides access to at least five years of PA history

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Public Reporting Requirements ▶ Begins January 1, 2027

- ☐ Reporting framework developed for PA metrics:
 - Number of requests
 - Approvals and denials
 - Average turnaround times
 - Top denial reasons
- ☐ Metric reporting dashboards and workflows tested

Initial set of updated metrics due at the end of the reporting period, March 31, 2027

Strategy and Staffing Readiness

- ☐ Cross-functional implementation team assembled
 - IT/Development
 - Compliance
 - Prior Authorization SMEs
 - Provider Relations
 - Claims/Eligibility
- ☐ Vendor and technology partners selected
- ☐ Internal education and provider onboarding plan developed
- ☐ API testing and validation schedule in place

Need Help Getting Started?

Tegria supports payer organizations with CMS-0057-F planning, system selection, API readiness, and stakeholder engagement.

Visit tegria.com or scan the QR code to learn more.

