

# CMS Final Rule to Streamline Prior Authorization



**OBJECTIVE**

**Streamline the PA Process into Provider Workflows**

**Prior Authorization 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 Authorization 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

**CRD Server**

**EHR Integration**

**CDS Hooks**

**FHIR Questionnaires**

**CQL Rules**

**SMART on FHIR Apps**

**EHR App Gallery**

**X12-FHIR Transformer**

**Evidence-based CDS**

**Gold Card Providers**

**AI-enabled Missing Information Alert**

**Intelligent Prior Auth Processing**

**Intelligent Routing for Clinical Review**

**GenAI-based Clinical Review**

**Configurable Payer Rules Repositories**

**Analytics & Reporting**