CMS-0057-F Prior Authorization Compliance Consulting

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What to have ready

Gathering these items before the first working session shortens the gap assessment. Items that quote the CMS fact sheet [https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-prior-authorization-final-rule-cms-0057-f] for the final rule published at 89 FR 8758 reflect its text. The escalation procedure, the drug-separation rules and the engineering lead are IHS's working list items.

- A list of your products, marked against CMS's impacted payer categories (Medicare Advantage, Medicaid and CHIP fee-for-service, Medicaid and CHIP managed care, QHP issuers on the FFEs) (CMS fact sheet [https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-prior-authorization-final-rule-cms-0057-f]).
- For each product, the compliance dates your team has confirmed, since "the exact compliance dates vary by the type of payer" (CMS fact sheet [https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-prior-authorization-final-rule-cms-0057-f]).
- Your intake and decision-tracking procedure, with how the clock is recorded for expedited (72-hour) and standard (seven calendar day) requests (CMS fact sheet [https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-prior-authorization-final-rule-cms-0057-f]).
- A sample of recent expedited and standard prior authorization files, with request and decision dates, to test against the 72-hour and seven-day timeframes (CMS fact sheet [https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-prior-authorization-final-rule-cms-0057-f]).
- Every denial notice template in use, across portal, fax, email, mail and phone, since a specific reason is required "regardless of the method used to send the prior authorization request" (CMS fact sheet [https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-prior-authorization-final-rule-cms-0057-f]).
- Your escalation procedure for requests at risk of missing the 72-hour or seven-day timeframe.
- The data sources behind your annual public prior authorization metrics, and a copy of what was posted for the March 31, 2026 deadline (CMS fact sheet [https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-prior-authorization-final-rule-cms-0057-f]).
- Your rules for separating drug prior authorizations from other requests, since the rule's policies do not apply to drug decisions.
- The current plan for adding prior authorization information to the Patient Access API by January 1, 2027, and the engineering lead who owns it (CMS fact sheet [https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-prior-authorization-final-rule-cms-0057-f]).