# WEDI Applauds Commitment by Health Plans to Improve Prior Authorization

**WASHINGTON, DC, June 25, 2025** — The Workgroup for Electronic Data Interchange (WEDI) applauds the recent [commitment](#) by approximately 50 health plans to improve current prior authorization (PA) processes. These health plans commit to streamlining the PA workflow, accelerating care decisions, and enhancing transparency for patients and providers. Progress will become quickly apparent through their shared goals of standardizing electronic PA requests, reducing the number of medical services subject to PA, continuing care when patients change insurance, increasing real-time responses, and improving transparency and communication of PA decisions and appeals.

"In our response to the "Health Technology Ecosystem Request for Information," WEDI emphasized its support for the Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule (0057-F) and it's PA and Access FHIR® APIs," stated Robert Tennant, WEDI Executive Director. "We are particularly pleased that these leading health plans have signaled their support for expanding near real-time response on prior authorization requests submitted electronically and adoption of FHIR® APIs across all markets. This voluntary commitment marks an important step toward automation of this challenging transaction and a reduction in administrative burden for both plans and providers."

"Bringing meaningful change to the burdensome PA process has been a focus of WEDI's work for several years and we welcome this giant leap forward. "WEDI's mission is to provide multi-stakeholder leadership and guidance to the health care system by leveraging collective industry technology, knowledge, and expertise to improve administrative efficiency. The PA process is a core area where our mission and ability to assist the industry align."

WEDI recently released results of its baseline survey conducted earlier this year on the readiness of payers, providers, clearinghouses, and vendors to meet requirements of CMS-0057-F. This rule mandates that the impacted payers use standardized data sharing application program interfaces (API) by January 1, 2027, and publicly report designated PA metrics by January 1, 2026. WEDI's survey found that 43% of impacted payers had not yet started working on the API requirement. The three main challenges

reported by payers with the rule requirements were determining a cohesive enterprise strategy for interoperability, digitizing prior authorization policies, and securing sufficient funding. When payers not subject to the rule were asked if they would be implementing the requirements, 50% indicated they were considering it and 50% responded "unsure." The survey questionnaire, developed by WEDI leadership and the WEDI Prior Authorization Subworkgroup, was completed by 243 respondents, 45% of which were payers.

"The survey results, while not specific to the pledge by these health plans, suggest that much work needs to be done for the health plans to achieve their commitment," stated Tennant. "These API requirements are very complex and for many stakeholders, they represent a completely new approach to data exchange."

**About WEDI**

WEDI was formed in 1991 by then HHS Secretary Dr. Louis Sullivan to identify opportunities to improve the efficiency of health data exchange. WEDI was named in the HIPAA legislation as an advisor to the Secretary of HHS. Recognized and trusted in this role, WEDI is the leading authority on the use of health information technology to efficiently improve health information exchange, enhance care quality, and reduce costs. With a focus on advancing standards for electronic administrative transactions, and promoting data privacy and security, WEDI has been instrumental in aligning the industry to harmonize administrative and clinical data. For more information, please visit wedi.org.

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