

WEDI INDUSTRY SURVEY: IMPLEMENTATION OF THE CMS INTEROPERABILITY AND PRIOR AUTHORIZATION FINAL RULE

INTRODUCTION

The Workgroup for Electronic Data Interchange (WEDI) is a multistakeholder, non-profit organization named in HIPAA as an advisor to the U.S. Department of Health and Human Services. WEDI is conducting a survey to determine how the health care industry is implementing the Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule (CMS-0057-F). The survey was developed by our Prior Authorization Workgroup with input from our Board of Directors. Results from the survey will be used to make recommendations to CMS, inform stakeholders, and assist WEDI in the development of industry guidance and education. Go to www.wedi.org for more information about our organization.

BACKGROUND

CMS published [CMS-0057-F Final Rule](#) in The Federal Register on February 8, 2024. The rule enhances certain policies from the CMS Interoperability and Patient Access Final Rule (CMS-9115-F) and adds several new provisions to increase data sharing and reduce overall payer, provider, and patient burden through improvements to prior authorization practices and data exchange practices. Impacted payers are required to implement the application programming interface (API) requirements in this final rule by January 1, 2027. Go to this [CMS webpage](#) to learn more about this regulation.

Among many requirements, the final rule includes the following provisions:

Patient Access API

Impacted payers are required to implement an HL7® FHIR® Patient Access API. Information must include claims and encounter data, data elements in the United States Core Data for Interoperability (USCDI), information about prior authorizations (excluding those for drugs), and other data.

Provider Access API

Impacted payers are required to make the following data available via the Provider Access API: individual claims and encounter data (without provider remittances and enrollee cost-sharing information); data classes and data elements in the USCDI; and specified prior authorization information (excluding those for drugs).

Payer-to-Payer API

Impacted payers are required to implement and maintain a Payer-to-Payer API to make available claims and encounter data (excluding provider remittances and enrollee cost-sharing information), data classes and data elements in the USCDI and information about certain prior authorizations (excluding those for drugs).

Prior Authorization API

Impacted payers are required to implement and maintain a Prior Authorization API that is populated with its list of covered items and services, can identify

documentation requirements for prior authorization approval, and supports a prior authorization request and response. This Prior Authorization API must also communicate whether the payer approves the prior authorization request (and the date or circumstance under which the authorization ends), denies the prior authorization request (and a specific reason for the denial), or requests more information.

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The Prior Authorization API includes three components, each with their own implementation guides: Coverage Requirements Discovery (CRD), Documentation Templates And Rules (DTR), and Prior Authorization (PAS). CRD provides decision support to providers regarding whether or not an authorization is required at the time they are ordering diagnostics, specifying treatments, making referrals, scheduling appointments, and other services. DTR permits providers to download “smart” questionnaires and rules, such as Clinical Quality Language (CQL), and provides an app that runs the questionnaires and rules to gather information relevant to a performed or planned service. Running the questionnaires and rules may also be performed by an application that is part of the provider’s EHR. PAS permits provider systems to send (and payer systems to receive) prior authorization requests and payer responses back to providers using FHIR.

The rule enhances certain policies from the CMS Interoperability and Patient Access Final Rule (CMS-9115-F) and adds several new provisions to increase data sharing and reduce overall payer, healthcare provider, and patient burden through improvements to prior authorization practices and data exchange exchange practices. Impacted payers are required to implement the application programming interface (API) requirements in this final rule by January 1, 2027.

The Final Rule also requires covered health plans to publicly report designated prior authorization metrics by January 1, 2026.

SURVEY

The questions should take approximately 10 minutes to complete. The deadline for responses is February 27, 2025. No individual identifiable information is collected in the survey, so responses are completely anonymous. The data being collected is for informational purposes only. We appreciate your feedback. If you have any questions about the survey, please submit them to apoole@wedi.org.

*** 1. STAKEHOLDER ESTABLISHMENT QUESTION**

Which of the following best identifies the type of organization you represent? Choose one. If your organization conducts functions of more than one category below, please complete the survey separately for each function. For example, a payer that has a clearinghouse will complete the survey twice, answering for the payer and the clearinghouse separately.

- Provider
- Payer
- Clearinghouse
- Vendor

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PROVIDER QUESTIONS

2. What type of provider are you?

- Hospital (single location)
- Health system (multiple facilities and locations)
- Group practice (more than one clinician or specialty)
- Single clinician practice
- Ambulatory surgery center
- Skilled nursing facility
- Home health agency
- Other inpatient facility

Other, please describe

3. What are your approximate yearly billing charges?

- Small - Less than \$5,000,000
- Medium - \$5,000,001 - 50,000,000
- Large - Greater than \$50,000,000

* 4. Does your organization participate in a CMS Incentive Program that incentivizes you to implement an ONC certified FHIR API-based prior authorization solution?

- Yes
- No
- Unsure

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PAYER QUESTIONS

5. What lines of business do you have?

- Commercial
- Medicare Advantage
- Medicaid
- Federal program other than Medicare or Medicaid
- Workers' compensation, property and casualty, or auto insurance payer
- Other, please describe

6. Number of covered lives?

- Less than 10 million
- 10 million up to 25 million
- Greater than 25 million

* 7. Does your organization participate in federal payment programs that would require you to comply with the CMS-0057-F Final Rule?

- Yes, for all our lines of business
- Yes, for some of our lines of business
- No
- Unsure

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CLEARINGHOUSE QUESTIONS

8. What is your annual gross revenue?

- Small (Gross Revenue less than \$10M)
- Medium (Gross Revenue \$10M to \$50M)
- Large (Gross Revenue \$50M to \$100M)
- XL (Gross Revenue \$100M+)

* 9. Will your organization assist payers and/or providers comply with the API provisions included in the CMS-0057-F Final Rule?

- Yes
- No
- Unsure

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VENDOR QUESTIONS

10. What type of vendor are you?

- Practice Management System Vendor
- Electronic Health Record Vendor
- Acute care solution provider - HIS or specialty area
- Data Analytics Vendor
- Other, please describe

11. Which of the following best describes your footprint in the market?

- State
- Regional (multiple states)
- National

* 12. Will your organization be assisting payers and/or providers comply with the CMS-0057-F Final Rule?

- Yes
- No
- Unsure

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QUESTIONS TO ALL PAYERS

13. Of the following implementation issues, identify what you expect will be the **FIVE most challenging** for your organization.

- Obtaining executive buy-in
- Sufficient funding
- Developing new workflows
- Digitizing prior authorization policies
- Determining a cohesive enterprise strategy for interoperability
- Sorting out the various networks and how they interplay (i.e. TEFCA, QHIN, HIE, Etc.)
- Identifying digital endpoints
- Obtaining patient consent
- Sufficient internal expertise
- Identifying external vendors/Licensing issues
- Coordination with trading partners
- Meeting the compliance timelines
- Member education
- N/A
- Other, please describe

14. In the CMS 0057-Final Rule, the Health Level Seven (HL7) Da Vinci Implementation Guide for the Prior Authorization API is **recommended** but not required. Rate your level of knowledge of this Implementation Guide?

- Fully knowledgeable
- Somewhat knowledgeable
- Slightly knowledgeable
- Not knowledgeable
- Unsure
- N/A

Comment

15. Which of the following best describes your plan to implement the Prior Authorization API?

- Planning on using FHIR only
- Planning on using FHIR and X12
- Unsure
- N/A

Comment

16. In the CMS 0057-Final Rule, the inclusion of drugs (as a component of the medical benefit policy) in the prior authorization API **is not required**. How will your organization address the issue of drugs as you implement the Final Rule?

- We plan to include drugs (medical benefit) in our prior authorization APIs.
- We do not plan to include drugs (medical benefit) in our prior authorization APIs.
- We have not yet decided our position on including drugs (medical benefit) in our prior authorization APIs.
- N/A
- Unsure

Comment

17. Which of the following best approximates where your organization is regarding meeting the January 1, 2027 compliance date for the CMS-0057-F Final Rule **Prior Authorization API** requirement.

- Fully completed
- 75% completed
- 50% completed
- 25% completed
- Not yet started
- Unsure
- N/A

Comment

18. Which of the following best approximates where your organization is regarding meeting the January 1, 2027 compliance date for the CMS-0057-F Final Rule **Payer-to-Payer API** requirement.

- Fully completed
- 75% completed
- 50% completed
- 25% completed
- Not yet started
- Unsure
- N/A

Comment

19. Which of the following best approximates where your organization is regarding meeting the January 1, 2027 compliance date for the CMS-0057-F Final Rule **Provider Access API** requirement.

- Fully completed
- 75% completed
- 50% completed
- 25% completed
- Not yet started
- Unsure
- N/A

Comment

20. Which of the following best approximates where your organization is regarding meeting the January 1, 2027 compliance date for the incremental requirements included in the CMS-0057-F Final Rule for the **Patient Access API**.

- Fully completed
- 75% completed
- 50% completed
- 25% completed
- Not yet started
- Unsure
- N/A

Comment

21. Rate your level of readiness to **publicly report** your PA program metrics on January 1, 2026?

- Fully completed
- 75% completed
- 50% completed
- 25% completed
- Not yet started
- Unsure
- N/A

Comment

22. What is your estimation for what the **incremental cost** will be for your organization to implement the API components of the CMS-0057-F Final Rule beyond what you have already built for the prior requirements.

- Less than \$100,000
- Between \$100,000 and \$300,000
- Between \$300,000 and \$500,000
- Between \$500,000 and \$1 Million
- Between \$1 Million and \$5 Million
- More than \$5 Million (please list figure in comments)
- Unsure
- N/A

Comment

23. Of your costs, what portion of your costs will be associated with implementing the PA API?

- 100%
- 75%
- 50%
- 25%
- Less than 25%
- Unsure
- N/A

Comment

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QUESTIONS TO PROVIDERS (REQUIRED OR NOT REQUIRED TO IMPLEMENT CMS-0057-F)

24. Please select your top **THREE** of the following CMS-0057-F Final Rule **implementation issues** in terms of their difficulty for your organization.

- Achieving executive buy-in
- Sufficient funding
- Developing new workflows
- Determining a cohesive enterprise strategy for interoperability
- Sorting out the various networks and how they interplay (i.e. TEFCA, QHIN, HIE, Etc.)
- Sufficient internal expertise
- Identifying external vendors/Licensing issues
- Coordinating with vendors/health plans to test with
- Meeting the compliance timelines
- Patient education
- N/A
- Other (please write in the comment box)

Comment

25. Rate the **level of importance** to your organization of implementing a FHIR-API based solution for prior authorization.

- Not at all important
- Slightly important
- Moderately important
- Very important
- Extremely Important
- Unsure
- N/A

Comment

26. For your organization to invest the resources necessary to implement the CMS-0057-F Final Rule's prior authorization provisions, how important will it be to have the **majority of the payers** you contract with support the prior authorization API?

- Not at all important
- Slightly important
- Moderately important
- Very important
- Extremely Important
- Unsure
- N/A

Comment

27. In the CMS 0057-Final Rule, the **inclusion of drugs** (as a component of a payer's medical benefit policy) in the prior authorization API is not required. How supportive are you of payers including drugs in the Prior Authorization API?

- Not supportive
- Slightly supportive
- Moderately supportive
- Supportive
- Very supportive
- Unsure
- N/A

Comment

28. Which of the following best describes your plan to implement the Prior Authorization API?

- Planning on using FHIR only
- Planning on using FHIR and X12
- Unsure
- N/A

Comment

29. Which of the following best describes where your organization is regarding meeting the January 1, 2027 compliance date for the CMS-0057-F Final Rule **Prior Authorization API** requirement.

- Fully completed
- 75% completed
- 50% completed
- 25% completed
- Not yet started
- Do not plan to implement
- Unsure

Comment

30. The CMS-0057-F Final Rule includes a requirement that covered payers make available patient information via a **Provider Access API**. How likely is it that your organization will implement the Provider Access API?

- Will not implement
- Low likelihood
- Somewhat likely
- Likely
- Very likely
- Unsure
- N/A

Comment

31. Rate your **level of confidence** that your organization will implement the CMS-0057-F Final Rule API provisions by the January 1, 2027 deadline.

- Will not implement by January 1, 2027
- Low likelihood
- Somewhat likely
- Likely
- Very likely
- Unsure
- N/A

Comment

* 32. What is your estimation for what the **total cost** will be for your organization to implement the CMS-0057-F Final Rule and train employees?

- Less than \$10,000
- Between \$10,000 and \$25,000
- Between \$25,000 and \$50,000
- Between \$50,000 Million and \$1 Million
- Between \$1 Million and \$5 Million
- More than \$5 Million (please list figure)
- Unsure

Comment

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QUESTIONS TO PAYERS THAT ARE NOT REQUIRED TO COMPLY

33. What is your organization's position on implementing the CMS-0057-F Final Rule's **Prior Authorization API** provision?

- Our organization will not be implementing
- Unlikely that our organization will implement
- Our organization is currently considering implementing
- Likely that our organization will implement
- Our organization will implement
- Unsure
- N/A

Comment

34. What is your organization's position on implementing the CMS-0057-F Final Rule's **Payer to Payer API** provision?

- Our organization will not be implementing
- Unlikely that our organization will implement
- Our organization is currently considering implementing
- Likely that our organization will implement
- Our organization will implement
- Unsure
- N/A

Comment

35. What is your organization's position on implementing the CMS-0057-F Final Rule's **Provider Access API** provision?

- Our organization will not be implementing
- Unlikely that our organization will implement
- Our organization is currently considering implementing
- Likely that our organization will implement
- Our organization will implement
- Unsure
- N/A

Comment

36. What is your organization's position on implementing the CMS-0057-F Final Rule's **Patient Access API** provision?

- Our organization will not be implementing
- Unlikely that our organization will implement
- Our organization is currently considering implementing
- Likely that our organization will implement
- Our organization will implement
- Unsure
- N/A

Comment

* 37. Of the following, please select the most important factor encouraging either your organization's adoption of the CMS-0057-F Final Rule or accelerate your implementation timeframe.

- Clearly established return on investment
- Competitors are implementing the Final Rule
- Majority of your provider partners are implementing the Final Rule
- Establish benefits to APIs beyond purposes established in the Final Rule
- Additional education on implementation best practices
- Other (please use comment box)
- N/A
- Comment

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QUESTIONS FOR CLEARINGHOUSES

38. Do you plan to conduct on behalf of your **payer** customers the CMS-0057-F Final Rule's **Prior Authorization API**?

- Yes
- No
- Unsure
- N/A

Comment

39. Do you plan to conduct on behalf of your **provider** customers the CMS-0057-F Final Rule's **Prior Authorization API**?

- Yes
- No
- Unsure
- N/A

Comment

40. Do you plan to conduct on behalf of your **payer** customers the CMS-0057-F Final Rule's **Payer to Payer API**?

- Yes
- No
- Unsure
- N/A

Comment

41. Do you plan to conduct on behalf of your **payer** customers the CMS-0057-F Final Rule's **Provider Access API**?

- Yes
- No
- Unsure
- N/A

Comment

42. Do you plan to conduct on behalf of your **provider** customers the CMS-0057-F Final Rule's **Provider Access API**?

- Yes
- No
- Unsure
- N/A

Comment

43. Do you plan to support the CMS-0057-F Final Rule's **Patient Access API**?

- Yes
- No
- Unsure
- N/A

Comment

* 44. Which of the following best describes your plan to implement the Prior Authorization API?

- Planning on using FHIR only
- Planning on using FHIR and X12
- Unsure
- N/A

Comment

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QUESTIONS FOR VENDORS

45. Do you plan to support on behalf of your **payer** customers the CMS-0057-F Final Rule's **Prior Authorization API**?

- Yes
- No
- Unsure
- N/A

Comment

46. Do you plan to support on behalf of your **provider** customers the CMS-0057-F Final Rule's **Prior Authorization API**?

- Yes
- No
- Unsure
- N/A

Comment

47. Do you plan to support on behalf of your **payer** customers the CMS-0057-F Final Rule's **Provider Access API**?

- Yes
- No
- Unsure
- N/A

Comment

48. Do you plan to support on behalf of your **provider** customers the CMS-0057-F Final Rule's **Provider Access API**?

- Yes
- No
- Unsure
- N/A

Comment

49. Do you plan to support on behalf of your **provider** customers the CMS-0057-F Final Rule's **Patient Access API**?

- Yes
- No
- Unsure
- N/A

Comment

* 50. Do you plan to support on behalf of your **consumer** customers the CMS-0057-F Final Rule's **Patient Access API**?

- Yes
- No
- Unsure
- N/A

Comment

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QUESTIONS FOR ALL RESPONDENTS

51. In the CMS 0057-Final Rule, the Prior Authorization requirements are not staggered and require deployment of Coverage Requirements Discovery (CRD), Document Templates and Rules (DTR), and Prior Authorization Support (PAS) by January 1, 2027. Rate your level of support for **staggering implementation** of these three requirements: CRD first; then DTR on a later date; followed by PAS on a later date.

- Not supportive
- Slightly supportive
- Moderately supportive
- Supportive
- Very supportive
- Unsure
- N/A

Comment

52. Of the following **educational options**, please select up to **three** that your organization would find the most helpful in your CMS-0057-F Final Rule implementation decision and/or for your implementation process.

- Basic education on the Final Rule and APIs
- Advanced education (technical) on implementing APIs
- Education on workflow design/modification
- Education on industry best practices
- Education on business issues
- Education on testing
- Other (please name in comment box below)
- Unsure
- Comments

53. Please provide any other information you would like to share regarding implementation of the CMS-0057-F Final Rule.

On behalf of WEDI, thank you for submitting your answers and comments. If you have any questions or additional comments, please submit them to apoole@wedi.org.

Thank you for taking time to complete the survey. Click "Done" when you are finished.

Disclaimer:

WEDI Surveys are intended for informational purposes only. Results of the Survey will be used by WEDI to gather information that may be shared during public sessions, webinars or included in publications unless expressly stated to the contrary. WEDI will not include any of the respondent's personal information. WEDI does not endorse or approve, and assumes no responsibility for, the content, accuracy or completeness of the information gathered.