CMS Listening Session:
On the use of a FHIR® Standard for the Prior Authorization Transaction
December 10, 2025

Presented by:

Robert Tennant

WEDI Executive Director

WEDI's Role

WEDI is a multi-stakeholder organization representing health plans, providers, clearinghouses, vendors, SDOs, federal/state gov't and patient advocacy groups

WEDI was named as an advisor to the Secretary of HHS in HIPAA Section 1172 (c)

WEDI convenes, collaborates, educates and advises

WEDI's Member Position Advisory Process

Purpose of an MPA: Ensure members can provide input and data to assist the WEDI Board in developing recommendations, comments and positions that reflect the views of WEDI's diverse members.

Listening Session MPA: WEDI held an MPA on Nov. 17 to discuss the seven CMS Listening Session questions. More than 150 members participated, representing every major stakeholder group.

In our remarks, WEDI also will reference our two **CMS-0057-F surveys** (conducted Jan-Feb and Oct 2025).

CMS Questions

CMS Question #1

To what extent do you believe the use of a FHIR standard for prior authorization will cause a decrease in the use of payor portals, which permit providers to enter data directly into the payors system?

WEDI Response:

- We believe the use of portals for prior authorization (PA) will increase during a transition to FHIR-only but we anticipate portal use will decrease over time as providers realize the benefits from a FHIR-only process. However, it is unknown how much the increase in PA portal use will be, how long before the decrease happens and how much of a decrease will occur.
- To transition away from portals for PA, providers will need to see real-world benefits from a FHIR-only process in the form of more automation, less human intervention and more timely responses. FHIR could replace having to log into each portal and address payer-specific data requirements.
- Transitioning away from portals will depend on the EHR's integration of the FHIR-only process into the provider's workflow.

Key Points: There is wide industry support for a standardized, streamlined, and timely process for PA requests and responses. For providers to give up their current workflow processes, including portals, clear and achievable ROI will need to be established.

CMS Question #2

Do you have any feedback regarding how to implement a FHIR standard and any subsequent version updates?

WEDI Response:

- FHIR IG specifications are expected to mature through real-world experiences. As more organizations adopt FHIR IGs, more lessons will be learned and updates to IGs made.
- However, it will be important to require a baseline IG version, along with backwards compatibility (to ensure business continuity), once testing and implementation is at the point when a stable IG is ready.
- There is a need to address the cycle, process and predictability of implementing new and updated versions of standards.
- We urge CMS to work with the industry to establish an appropriate process and cadence for FHIR updates as well as for applicable X12, NCPDP, NACHA and CORE Operating Rule updates.

Key Point: The industry needs a consistent and predictable upgrade schedule for all transactions so all impacted stakeholders can plan for updated standards.

CMS Question #3

Do you have any feedback on the use of CDEX and how it can be used to accommodate prior authorization attachments?

WEDI Response:

- There are concerns with the potential of two standards for attachments, one for PA and a different standard for claims. At the same time, FHIR and X12 are not mutually exclusive.
- We note that there are entities that have successfully implemented the 278 and supporting 275.
- The greater concern is if the attachment messaging format that is different than the transaction (i.e. FHIR attachment with X12 claim or X12 attachment with FHIR ePA).
- There will be a burden on payers to support all the varied ways that providers submit attachments today and, in the future, (e.g., paper, EDI, fax, mail, portal, API).
- The more versions and standards the industry is required to support long term for the same use case will impact the ability to see reductions in costs to all implementors.

Key Points: CDEX is a standard designed for the extraction of discrete clinical elements in support of multiple use cases where a health plan requires clinical data, such as PA and quality reporting. CDEX can play a vital part when it comes to getting discrete data in support of ePA.

CMS Question #4

What impact do you anticipate the use of a FHIR prior authorization standard having on the cost of providing and paying for health care?

WEDI Response:

- Improvements in PA will come through CRD determining early in the process when a PA is required. DTR and PAS present additional opportunities to reduce burden by making PA policies transparent, speeding up the process of exchanging documents, and getting to a final decision faster.
- Reduced administrative costs is likely to be associated with real-time exchange of data and transparency of PA policies.
- Supporting multiple versions of a standard could impact the industry's ability to reduce cost.
- The potential for cost saving could be increased by deploying FHIR for other types of data exchange between payers and providers.
- An improved care delivery process could result in decreased health care spending.

Key Points: It is unknown what the exact impact will be from implementing the FHIR PA standard. We are hopeful that overall administrative costs will decrease over time once the FHIR standard is in place but how big of a decrease and where those savings will be accrued is unknown.

CMS Question #5

What benefits do you see a FHIR prior authorization standard providing? Are there any specific business needs not met by the current EDI standard that a FHIR standard will address?

WEDI Response:

- Benefits include real-time CRD responses and more consistent responses.
- More timely information of PA requirements and greater transparency outside of firewalls will permit providers to ensure they have met medical necessity requirements.
- Reduced time for the providers in determining what clinical documentation is required for a request since that information will be delivered within the transaction.
- A reduction in the "back and forth" communication between providers and payers.
- Providers may be able to produce the necessary supporting documentation directly from their EHR. This could address challenges associated with variability in documentation requests.
- Positive impact on the delivery of appropriate health care to patients.

Key Points: The expected benefits from the FHIR PA standard are (i) real-time or near real-time responses; (ii) greater policy transparency outside of firewalls; and (iii) the ability to send supporting clinical data directly from the EHR.

CMS Question #6

What challenges do you anticipate in moving to a FHIR prior authorization standard?

WEDI Response: **2025 Survey Results**

Top 3 Payer Challenges

	JAN/FEB '25	OCT '25
1	Determining a cohesive enterprise strategy for interoperability	Digitizing prior authorization policies
2	Digitizing prior authorization policies	Meeting compliance timelines
3	Sufficient funding	Delegating 3rd-parties facing challenges connecting with different systems

Top 3 Provider Challenges

	JAN/FEB '25	OCT '25
1	Sufficient funding	Developing new workflows
2	Determining a cohesive enterprise strategy for interoperability	Sufficient internal expertise
3	Sorting out the various networks and how they interplay (i.e. TEFCA, QHIN, HIE, Etc.)	Coordinating with vendors/health plans to test with

CMS Question #7

Please share any recommendations or additional information you would like regarding a FHIR prior authorization standard.

WEDI Response:

- Should all covered entity payers be required to support FHIR ePA, it would serve as a significant incentive for additional providers to adopt the technology. This in turn would increase the ROI for payers adopting the technology.
- It is important to clarify if the potential replacement would be for PA only, or PA + referrals.
- Transitioning to FHIR-only will require significant vendor and clearinghouse support.
- We need to consider an off-ramp or a glidepath for moving away from current data exchange processes to a new standard. The glidepath approach would entail having a time window where established standards continue but are ultimately replaced by a new standard.
- There would be an overlap period where both exist enabling the industry to migrate gradually.
- Where in the workflow to deploy FHIR ePA should be a decision made by the provider. The supporting technology should permit the provider to both engage the FHIR ePA directly in the clinical workflow and move it to the back office to become an administrative function.

CMS Question #7

WEDI Response:

- Not all covered entity providers participate in MIPS (i.e., Dentists, Pediatricians) thus it is expected that not all providers would deploy certified EHRs.
- Stakeholders should not use unreasonable pricing to discourage adoption of FHIR PA
- CMS should consider supporting smaller organizations financially and with implementation resources as they will experience challenges migrating to FHIR.
- Toward this, the agency should consider supporting and working with Regional Extension Centers (RECs) to assist small and rural providers as it did with the Meaningful Use Program.
- CMS should also consider conducting a rigorous performance analysis of FHIR-based PA APIs prior to proceeding with any rulemaking to mandate FHIR transactions under HIPAA.
- We encourage CMS to conduct additional industry outreach on these issues with all impacted stakeholders prior to any rulemaking.
- We will continue working with CMS to educate the industry and streamline industry implementation of all new standards.

THANK YOU!