



## FAQ: CMS Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule

Updated: December 2022

The US Department of Health and Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) released the [Advancing Interoperability and Improving Prior Authorization Processes](#) proposed rule aimed at improving health information exchange and furthering price transparency efforts to assist patients in understanding the cost of their care prior to care delivery. CMS previously released a similar proposed rule in 2020 that CMS has since retracted and replaced with this proposed rule.

Comments on the Advancing Interoperability and Improving Prior Authorization Processes proposed rule are due **March 13, 2023**.

### Key Provisions of the Proposed Rule:

- Patient Access API
  - CMS proposes to require impacted payers to include information about prior authorization decisions in the already established patient access API.
- Provider Access API
  - CMS proposes to require impacted payers to implement and maintain a FHIR API to facilitate patient data exchange between payers and providers.
- Payer-to-Payer Data Exchange API
  - CMS proposes to require impacted payers to implement a standardized, FHIR API to exchange patient information captured in USCDI v1 between payers.
- Prior Authorization Requirements Documentation & Decision API
  - CMS proposes to require impacted payers to implement an API to support processes to determine whether prior authorization is required, identify prior authorization information and document requirements, facilitate the exchange of prior authorization requests and decisions from EHRs and/or practice management systems.
- Improving Prior Authorization Processes
  - CMS proposes requiring impacted payers to implement an API to support electronic prior authorization and the standardization of prior authorization decision timeframes, as well as provide greater transparency to prior authorization process for patients through certain reporting requirements.
- New Measures for Promoting Interoperability Program
  - CMS proposes to add a new measure to the Promoting Interoperability Program to incentivize clinicians, hospitals, and critical access hospitals (CAHs) to use prior authorization APIs starting in 2026.

### Impacted Groups:

- Payers, including:
  - Medicare Advantage
  - State Medicaid and CHIP agencies
  - Medicaid and CHIP Managed Care Plans
  - Qualified Health Plans (QHPs) on the Federally-facilitated Exchanges (FfEs)
- Providers
  - Eligible hospitals and CAHs under the Medicare Promoting Interoperability Program
  - MIPS Eligible clinicians subject the Promoting Interoperability Performance category

If you would like to be involved in AHIMA work groups to formulate comments to this proposed rule, please contact the Policy & Government Affairs Team at [advocacy@ahima.org](mailto:advocacy@ahima.org).