

CMS Unveils New Prior Auth Pledge With Providers, Payers, Health Data Giants

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CMS announced 29 companies, including large health systems, major electronic health record (EHR) vendors, data sharing networks and health plans, will work collaboratively to make prior authorizations seamless by implementing technical CMS prior authorization regulations in the real world.

“If everyone can get access to the information that they need ... by next January, there will be some settings where you will have a prior auth and you will not know it happened,” CMS Administrator Mehmet Oz said at Axios’ Future of Health Summit Wednesday (May 13).

The new effort, dubbed the Electronic Prior Authorization Acceleration initiative, is complementary to but distinct from the pledge HHS brokered with major health plans last June.

The new initiative brings EHR vendors Epic, Oracle, athenahealth, ModMed, eClinicalWorks, TrueBridge and MEDITECH into the Trump administration’s effort to streamline and reduce prior authorizations. It also brings providers, such as AtlantiCare, Cleveland Clinic and Sanford Health, and data networks b.well Connected Health, CommonWell Health Alliance, eHealth Exchange and Kno2 into the work.

The coalition hopes to make technical prior authorization standards in CMS-0057, a rule finalized by the Biden administration, work in real-world settings. Under that rule, certain payers, including Medicare Advantage, Medicaid and Qualified Health Plans, must implement prior authorization application programming interfaces (APIs) by Jan. 1, 2027. The API would allow a provider, through their EHR, to determine whether prior authorization is necessary for a service, identify required documentation and see the status of a prior authorization decision.

The final rule also requires the impacted payers to send prior authorization decisions within 72 hours for urgent requests and seven days for non-urgent requests as of this January.

The coalition will address CMS-0057 “implementation challenges” and “how these capabilities function in practice across real-world workflows,” according to a CMS press release. CMS expects the collaboration

to reduce reliance on fax machines and “increase visibility into authorization status and decisions,” the release adds.

The health sector had made progress in implementing CMS-0057 prior authorization APIs before CMS unveiled its new pledge, according to a WEDI survey conducted in February.

The survey found that just 10% of payers have not yet started work on implementing CMS-0057 prior authorization APIs, down from 43% in a WEDI survey conducted in January/February 2025. But 74% of surveyed payers estimated they are closer to being 25-50% of the way done in implementing the prior authorization APIs rather than completely done.

Meanwhile, just 33% of surveyed providers said they have started implementing and testing their responses to CMS-0057 prior authorization APIs. The other 67% of surveyed providers indicated they were unsure where they stood in implementing and testing prior authorization API responses.

WEDI released a testing directory for payers, providers and EHR vendors to find test partners for CMS-0057 prior authorization and other APIs.

“Successful testing will demonstrate to payers, providers, vendors -- and most importantly, patients -- the value of these APIs and the real-time data exchange they enable,” Robert Tennant, the executive director of WEDI, said in a press release.

For the new CMS pledge, data networks are helping providers’ EHRs connect with the payer prior authorization APIs.

“Networks have committed to four things: maintaining accurate FHIR endpoint directories for payer [prior authorization] APIs, supporting provider-to-payer routing for Da Vinci transactions where direct connectivity doesn't exist, maintaining transaction-level audit logs, and supporting [Trusted Exchange Framework and Common Agreement (TEFCA)]-compatible trust frameworks for system-to-system authentication,” Therasa Bell, founder and president of Kno2, told *Inside Health Policy*.

“Put simply: discovery, routing, audit, and trust. An EHR can't call a payer's [prior authorization] API if it can't find the endpoint, can't authenticate to it, and has no way to prove the transaction happened,” Bell added.

In an interview, Paul Wilder, executive director of CommonWell Health Alliance, echoed that data networks would contribute FHIR endpoint directories for payer prior authorization APIs, provider-to-payer routing and transaction-level audit logs.

In parallel to the CMS-0057-centered Electronic Prior Authorization Acceleration initiative, CMS is eyeing a mix of voluntary pledges and fresh regulations to streamline prior authorization.

Health plans have said the prior authorization pledge they agreed to last year has led to sizable reductions in prior authorizations. But a Wednesday survey from the American Medical Association found that physicians have little confidence in the voluntary payer pledge, with just 33% of survey respondents saying it will make a meaningful difference for patients and providers.

Last month, CMS proposed a rule, CMS-0062, that would require certain payers to implement prior authorization APIs for drugs by Oct. 1, 2027. CMS-0057's prior authorization APIs apply to medical services and items but not drugs. -- *Christian Robles* (crobles@iwpnews.com)