UM TAT and Prior Authorizations

CMS-0057 – Interoperability and Prior Authorization Rule (2026–2027)

What is it

CMS-0057 builds on the Interoperability and Patient Access Rule and focuses on improving prior authorization processes. It adds new application programming interfaces (APIs) and strengthens existing ones. These include:

- Prior authorization APIs
- Provider access API
- Payer-to-payer API

Goal: Improve access to prior authorization details by enhancing CMS interoperability rules

How providers can support CMS-0057 implementation

1. Adopt new turnaround times (effective January 1, 2026).

a. Urgent requests must be completed by Molina within 72 hours.
b. Standard requests must be completed by Molina within 7 calendar days.
c. *Support tip*: Review your workflows to **ensure all required clinical information is included with each request to avoid delays.**

2. Stay informed and attend training.

a. Join education sessions offered by health plans.
b. Encourage your billing and administrative staff to attend.
c. *Support tip:* Assign a staff lead to stay up to date on CMS interoperability requirements.

3. Monitor public dashboards.

a. Starting March 31, 2026, provider performance may appear in public dashboards.
b. *Support tip:* Review internal metrics now to identify areas for improvement.

4. Share feedback and report barriers.

a. Let your provider services representative know about any challenges.
b. *Support tip:* Use your provider portal or other support channels to report system issues or ask questions.

5. Ensure data accuracy.

a. Keeping provider and clinical data current helps reduce delays and denials.
b. *Support tip:* Regularly check your provider directory and documentation for accuracy.

We value your input

Your feedback helps us improve. Please contact your local provider representative with any questions or suggestions.

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