

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.