



INTEROPERABILITY AND PRIOR AUTHORIZATION SURVEY

JAN/FEB '25, OCT '25 AND FEB '26 RESULTS

INTEROPERABILITY AND PRIOR AUTHORIZATION SURVEY

ABOUT WEDI & THE SURVEY

Recognized and trusted as a formal advisor to the Secretary of Health and Human Services (HHS), WEDI is the leading authority on the use of health IT to efficiently improve health information exchange, enhance care quality, and reduce costs. With a focus on advancing standards for electronic administrative transactions, promoting data privacy and security, WEDI has been instrumental in aligning the industry in an effort to harmonize administrative and clinical data.

WEDI has taken on the task of tracking industry progress toward compliance with the Centers for Medicare & Medicaid Services (CMS) Advancing Interoperability and Improving Prior Authorization Final Rule, also known as CMS-0057-F, as we have done for the implementation of X12 Versions 4010 & 5010, and ICD-10. In January/February of 2025 and October of 2025 we surveyed payer, provider, clearinghouse, and health IT vendors to assess readiness.

INTEROPERABILITY AND PRIOR AUTHORIZATION SURVEY

SURVEY PURPOSE & BACKGROUND

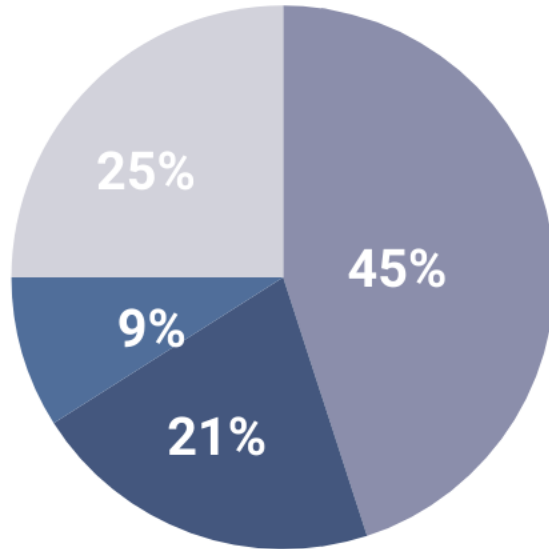
PRIOR AUTHORIZATION SUBWORKGROUP

- Survey was developed with assistance from the WEDI Prior Authorization SWG co-chairs and attendees
- Co-Chairs –Janice Bakos (CVS Aetna), Rajesh Godavarthi (MCG Health), Heather McComas (AMA), and Michael Lunzer (Itility Health)

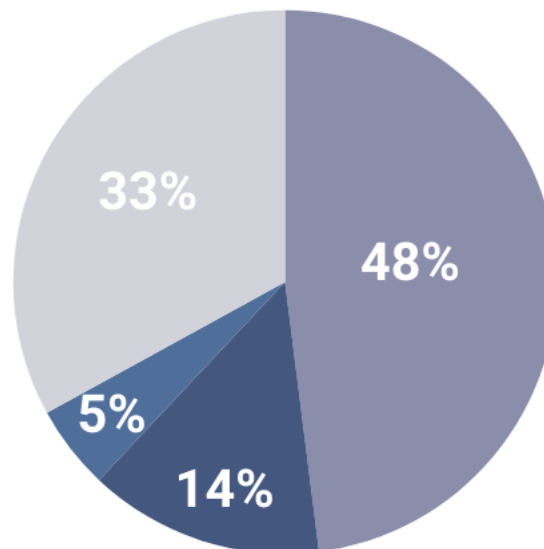
INTEROPERABILITY AND PRIOR AUTHORIZATION SURVEY

SURVEY PARTICIPANTS

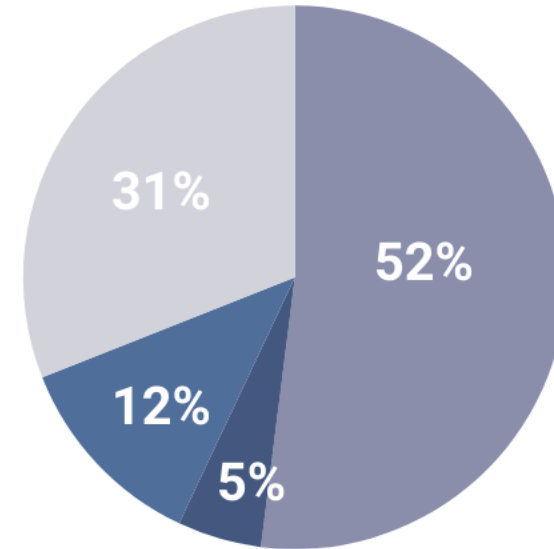
JAN/FEB '25



OCT '25



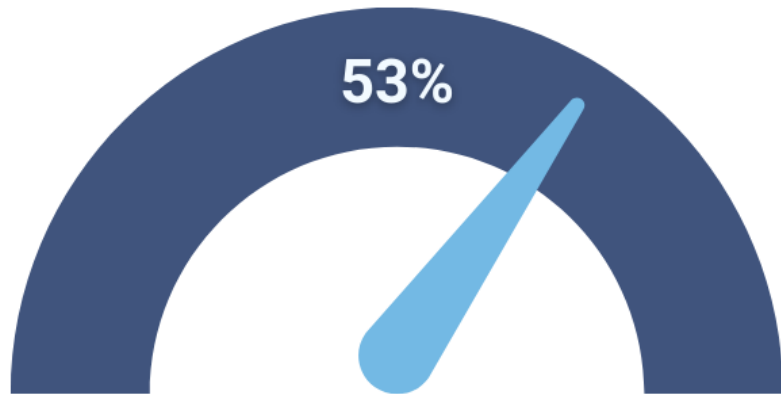
FEB '26



INTEROPERABILITY AND PRIOR AUTHORIZATION SURVEY

SURVEY HIGHLIGHTS

Survey respondents that are “Moderately Supportive” to “Very Supportive” in staggering deployment of Coverage Requirements Discovery (CRD), Document Templates and Rules (DTR), and Prior Authorization Support (PAS)



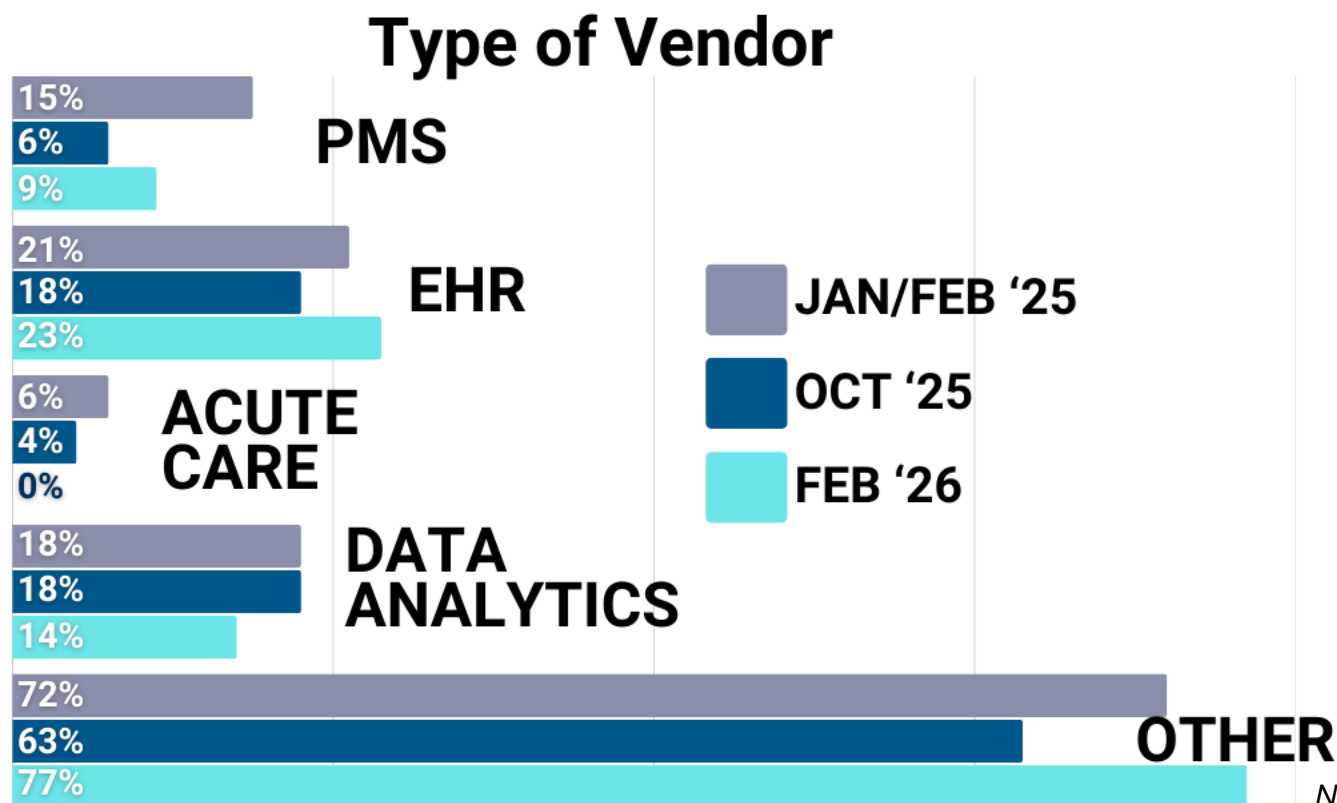
as of Feb 2026, down from 68% in Oct 2025 and 61% Jan/Feb 2025

Respondents that favored staggering implementation starting with CRD, followed by DTR and then PAS.

33%

INTEROPERABILITY AND PRIOR AUTHORIZATION SURVEY

SURVEY HIGHLIGHTS: VENDORS



Vendors that will assist payers and/or providers in compliance with the API provisions included in the CMS-0057-F Final Rule

82%

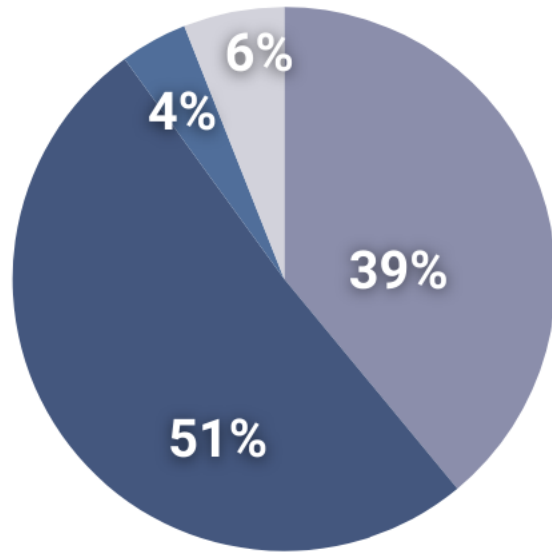
as of Feb '26, up from 77% in October 2025, down from 82% in Jan/Feb 2025

Note: Survey participants were able to select more than one option for this question.

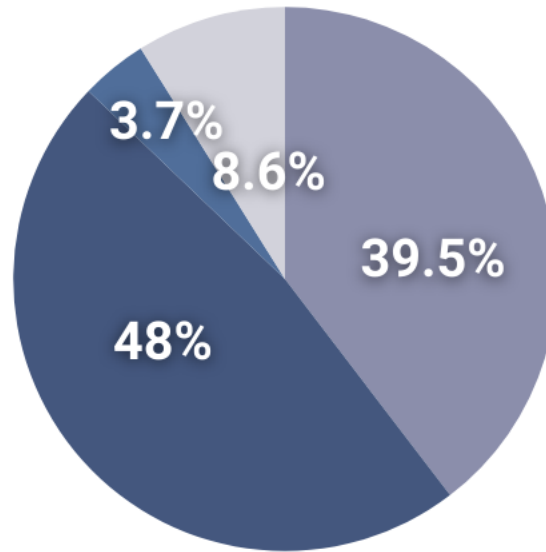
INTEROPERABILITY AND PRIOR AUTHORIZATION SURVEY

PAYER PARTICIPANTS

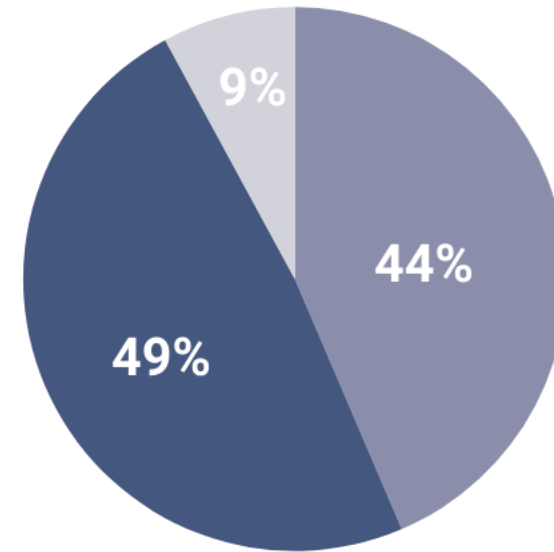
JAN/FEB '25



OCT '25



FEB '26



Yes, all lines of business

Yes, for some of our lines of business

No

Unsure

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SURVEY HIGHLIGHTS: PAYERS

Payers who have not yet started the API Requirements

10%

as of Feb '26, down from 33% in October 2025, down from 42% in Jan/Feb 2025

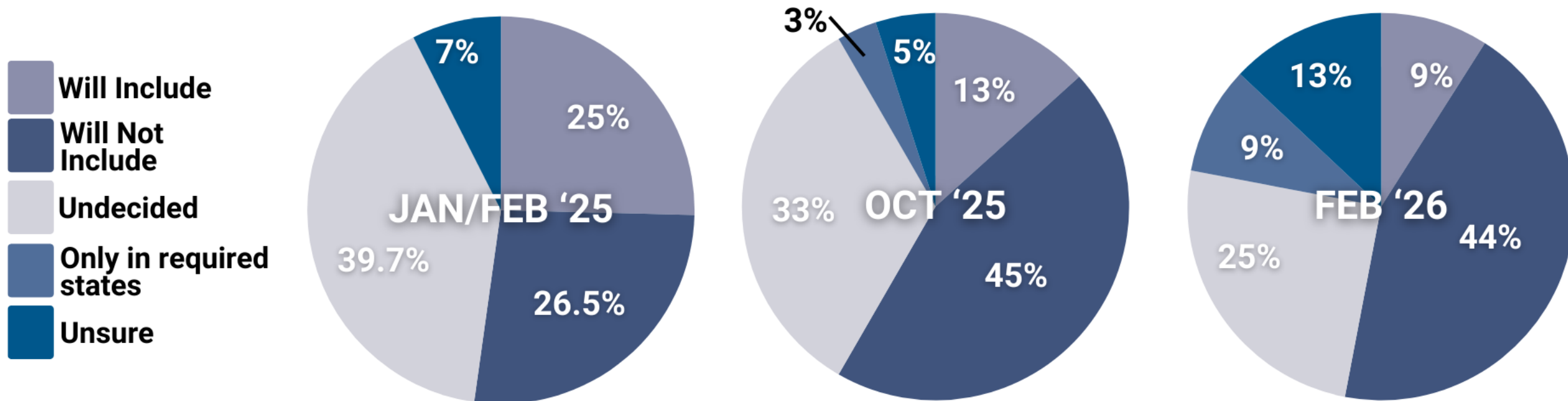
Top 3 Payer Challenges

JAN/FEB '25	OCT '25	FEB '26
1 Determining a cohesive enterprise strategy for interoperability	1 Digitizing prior authorization policies	1 Delegated third parties facing challenges connecting with different systems
2 Digitizing prior authorization policies	2 Meeting compliance timelines	2 Digitizing prior authorization policies
3 Sufficient funding	3 Delegated 3rd-parties facing challenges connecting with different systems	3 Sufficient funding

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SURVEY HIGHLIGHTS: PAYERS

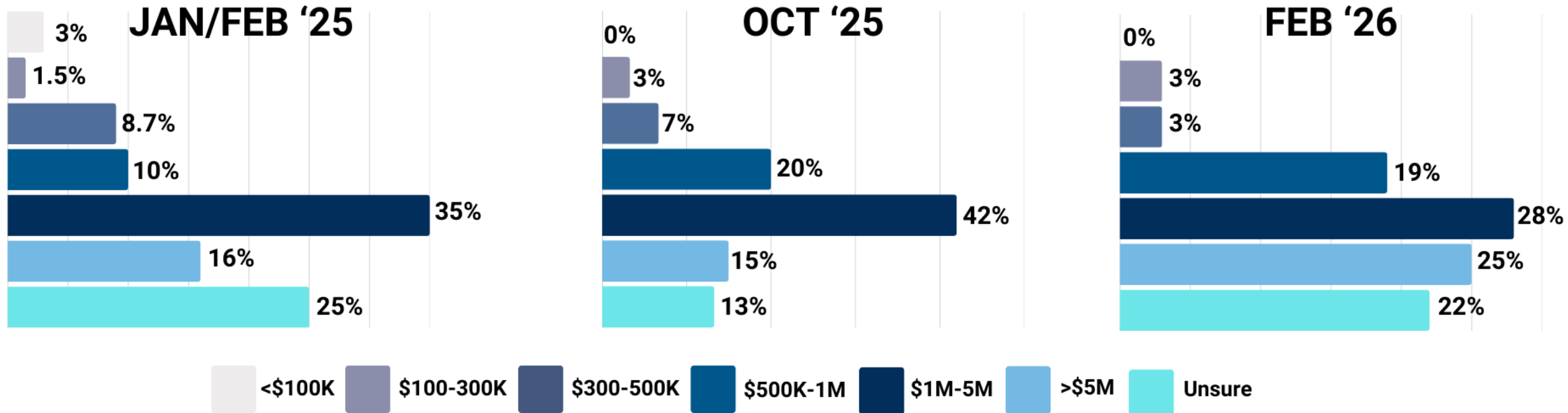
The inclusion of drugs (as a component of the medical benefit policy) in the prior authorization API is not required. Here is how these Payers indicated they will or won't include drugs.



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SURVEY HIGHLIGHTS: PAYERS

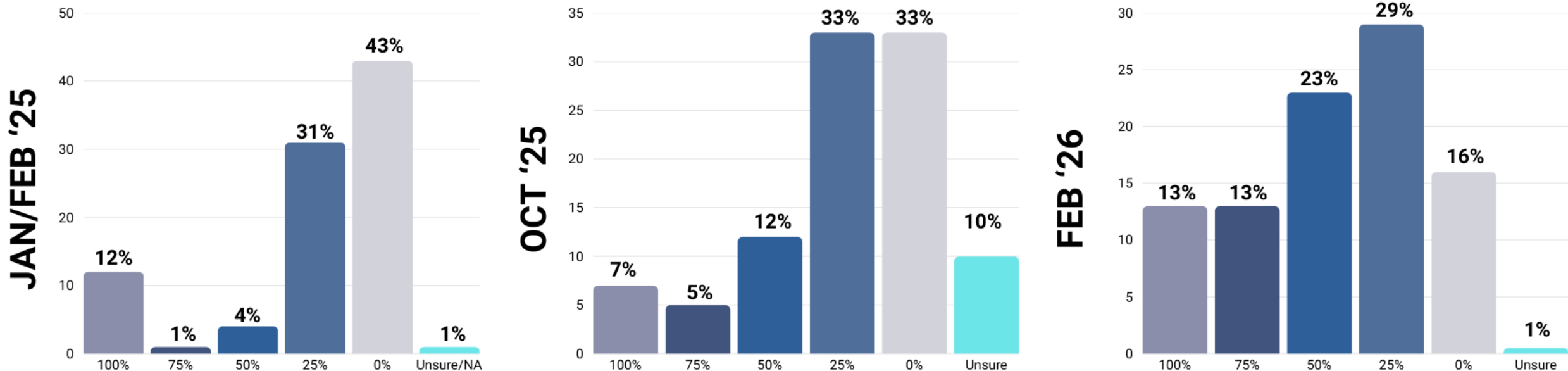
Estimated incremental cost to implement the API components of the CMS-0057-F Final Rule beyond what was already built for the prior requirements



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SURVEY HIGHLIGHTS: PAYERS

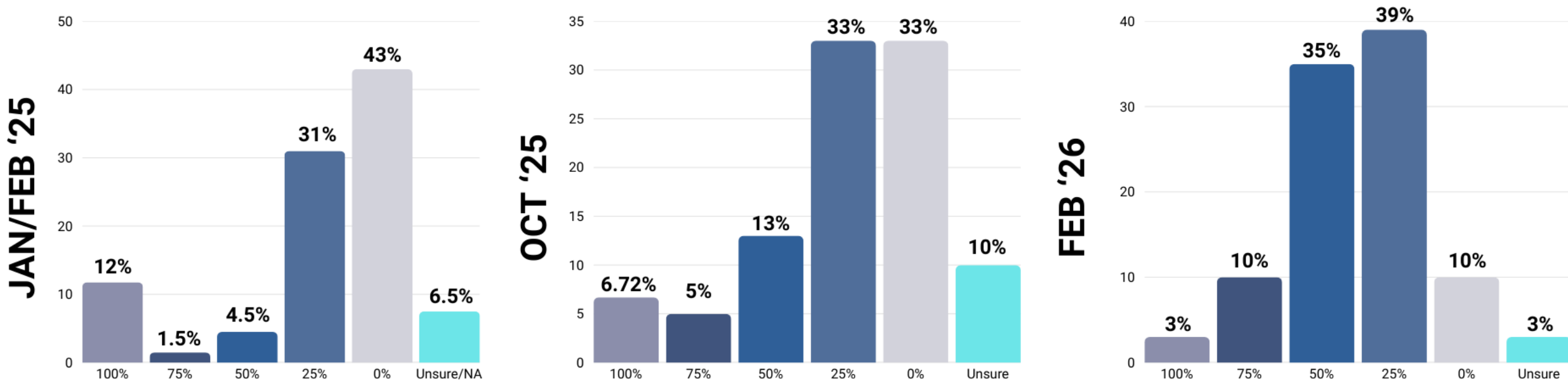
Current approximation where your organization is regarding meeting the January 1, 2027 compliance date for the CMS-0057-F Final Rule Payer-to-Payer API requirement



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SURVEY HIGHLIGHTS: PAYERS

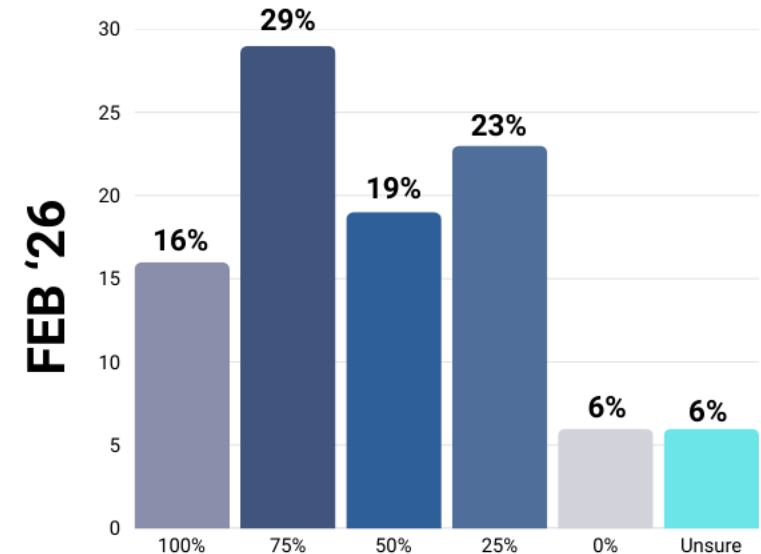
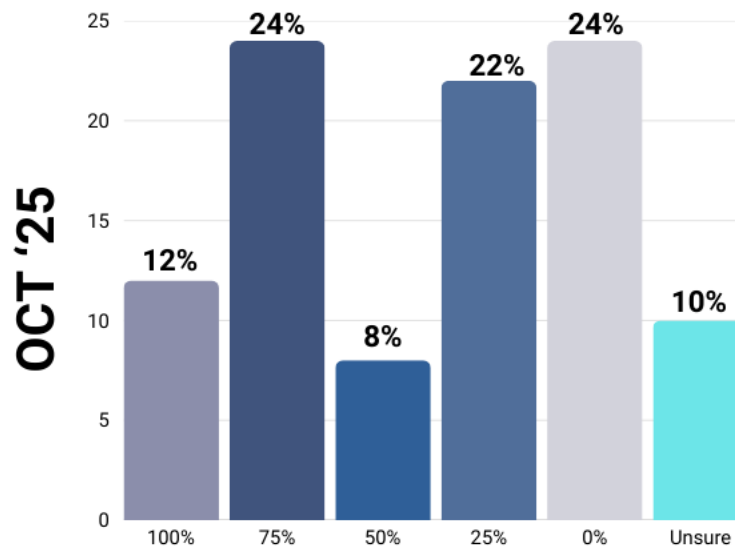
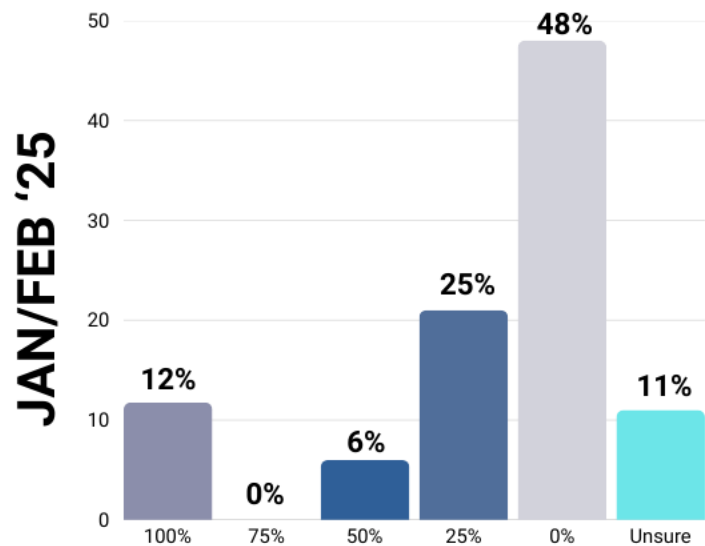
Current approximation completion in meeting the January 1, 2027 compliance date for the CMS-0057-F Final Rule Provider Access API requirement



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SURVEY HIGHLIGHTS: PAYER

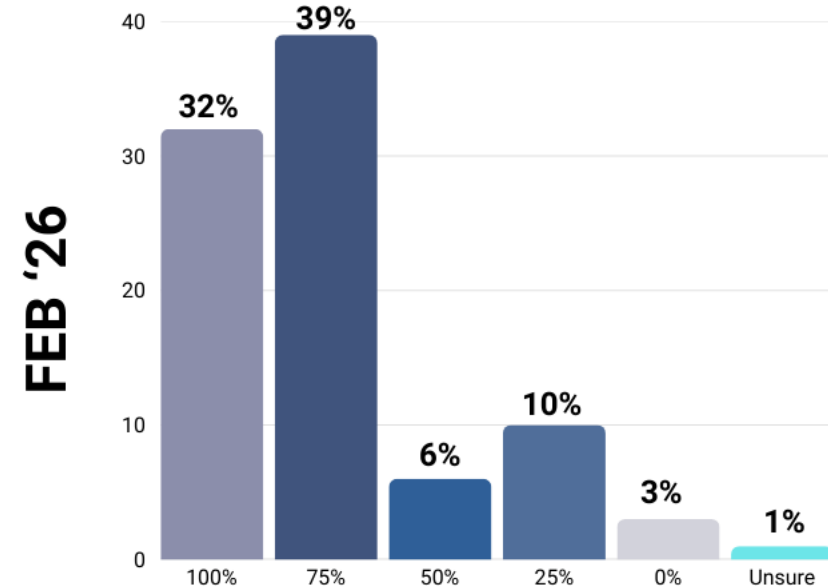
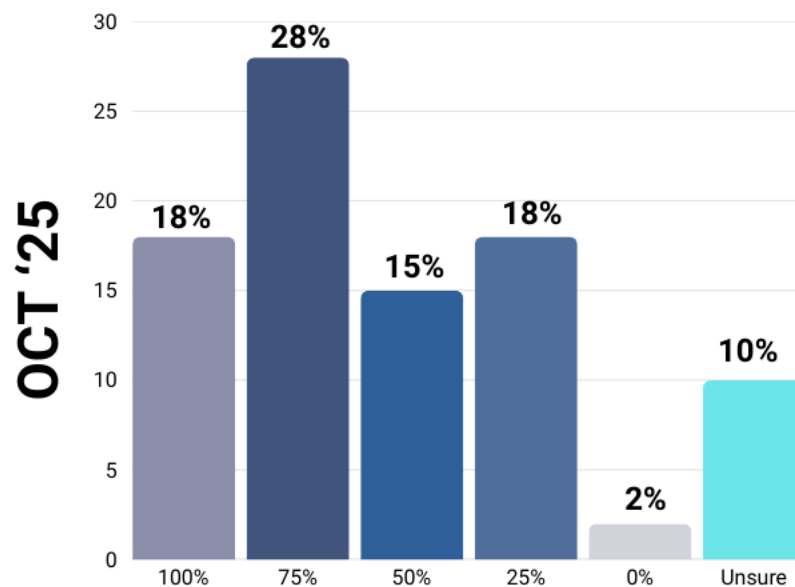
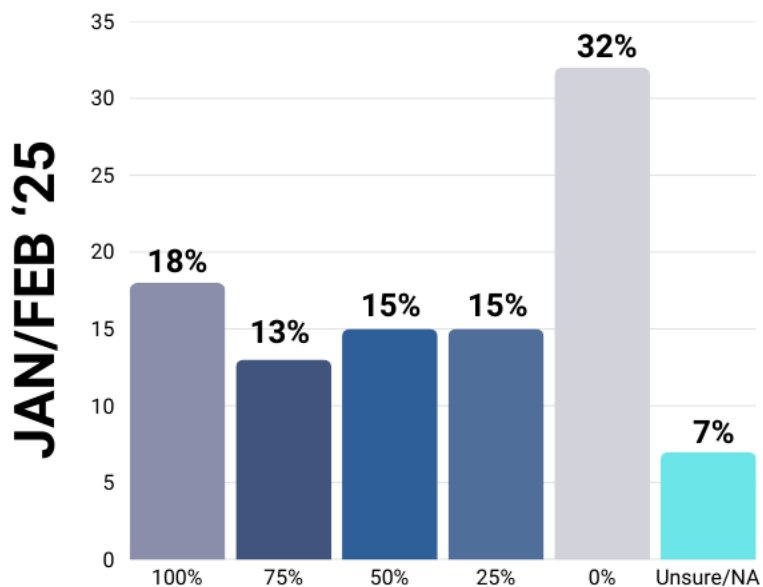
Current approximate completion in meeting the by January 1, 2027 compliance date for the incremental requirements included in the CMS-0057-F Final Rule for the Patient Access API



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SURVEY HIGHLIGHTS: PAYERS

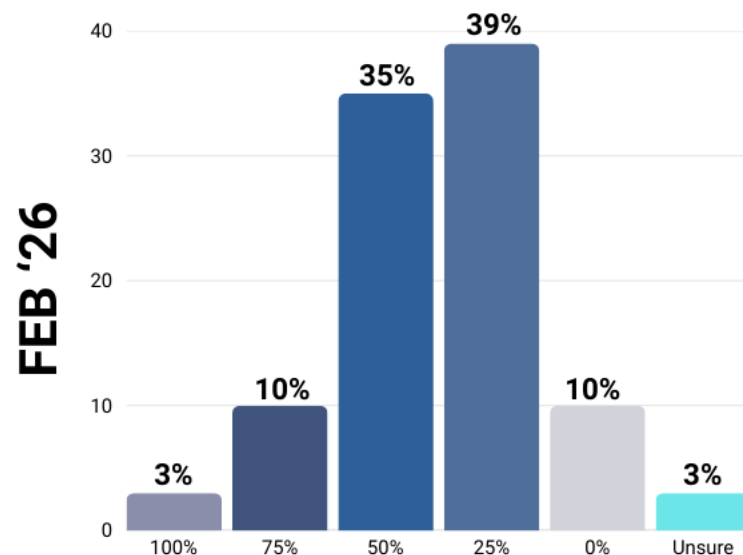
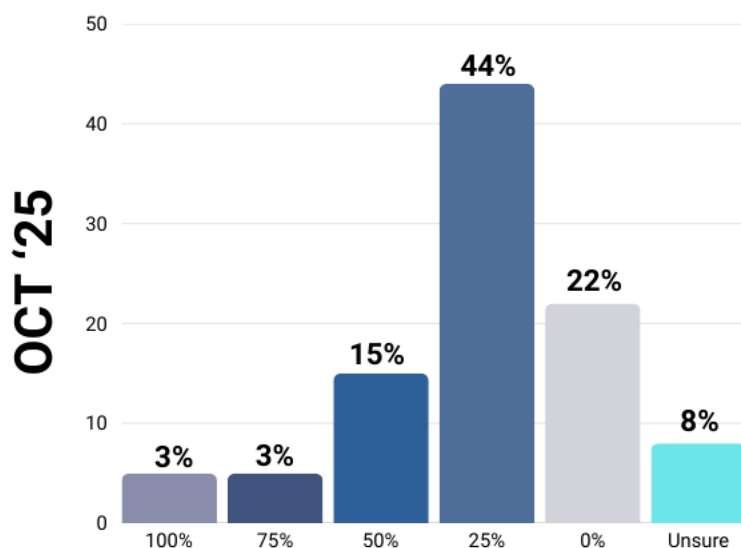
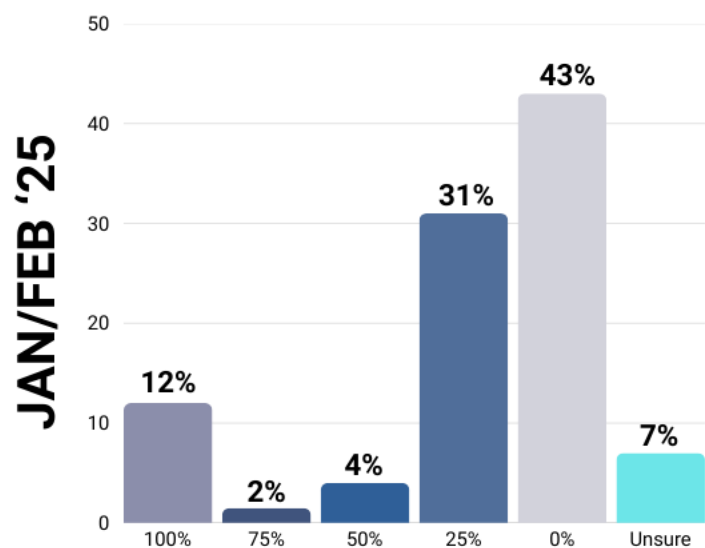
Current approximation in level of readiness to publicly report your Prior Authorization program metrics on January 1, 2026



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SURVEY HIGHLIGHTS: PAYER

Current approximate completion in meeting the by January 1, 2027 compliance date for the CMS-0057-F Final Rule Prior Authorization API requirement.



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SURVEY HIGHLIGHTS: PROVIDERS

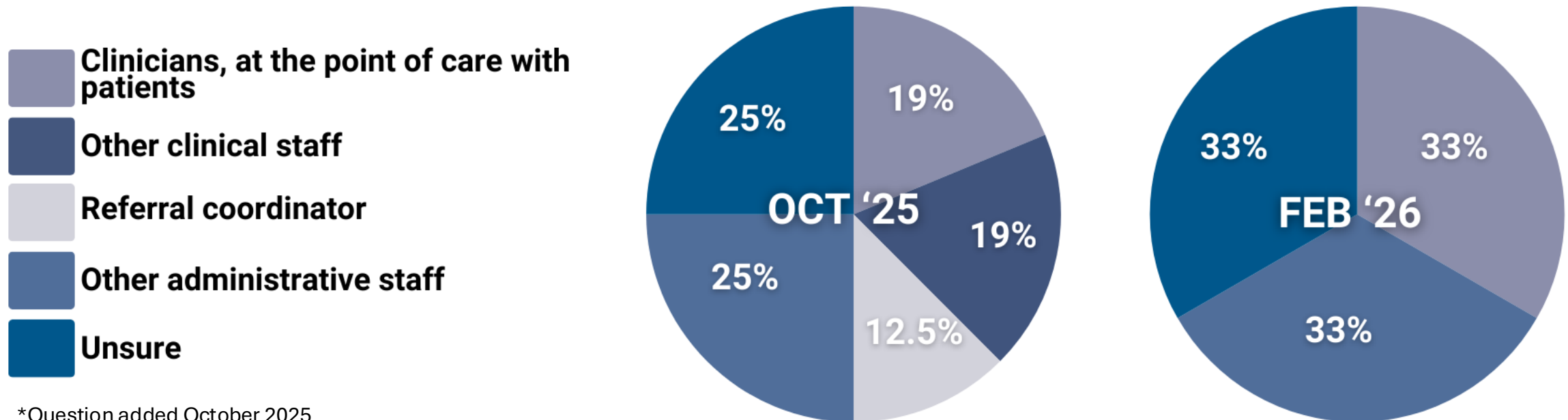
Top 3 Provider Challenges

JAN/FEB '25	OCT '25	FEB '26
1 Sufficient funding	1 Developing new workflows	1 Sufficient internal expertise
2 Determining a cohesive enterprise strategy for interoperability	2 Sufficient internal expertise	2 Coordinating with vendors/health plans to test with
3 Sorting out the various networks and how they interplay (i.e. TEFCA, QHIN, HIE, Etc.)	3 Coordinating with vendors/health plans to test with	3 Sorting out the various networks and how they interplay (i.e. TEFCA, QHIN, HIE, Etc.)

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SURVEY HIGHLIGHTS: PROVIDERS

Who do provider organizations expect to directly interact most of the time with an API-based prior authorization process?



*Question added October 2025

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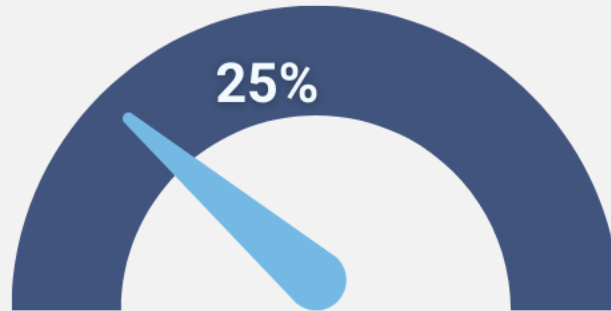
SURVEY HIGHLIGHTS: PROVIDERS

Providers indicating it is
"Somewhat Likely" to "Very Likely"
that they will implement the
Provider Access API

33%

as of Feb '26, down from
44% Oct '25 and 72% in
Jan/Feb '25

Providers indicating it is
"Somewhat Likely" to "Very
Likely" they will meet CMS-0057-
F Final Rule API provisions by the
January 1, 2027 deadline



as of Feb '26, down from
47% in Oct '25 and 69% in
Jan/Feb 2025

Providers indicating it is "Very
Important" to "Extremely Important" to
have the majority of the payers you
contract with support the prior
authorization API

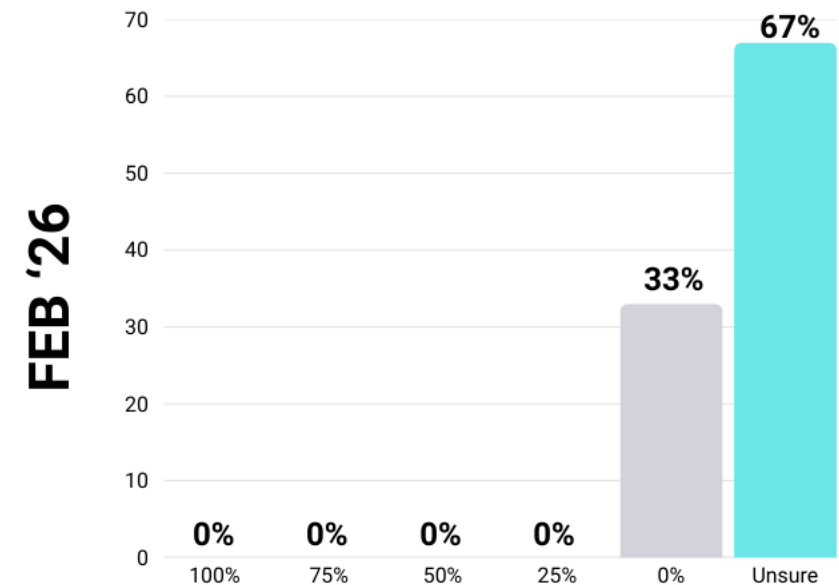
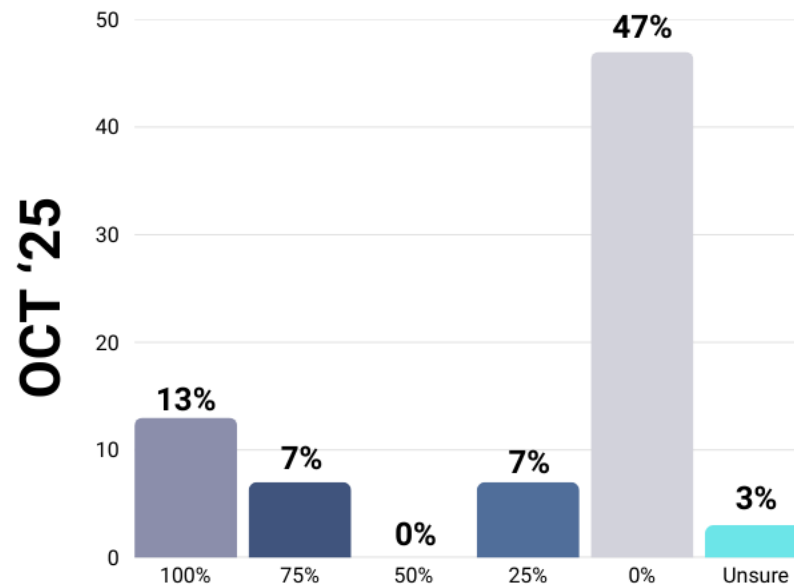
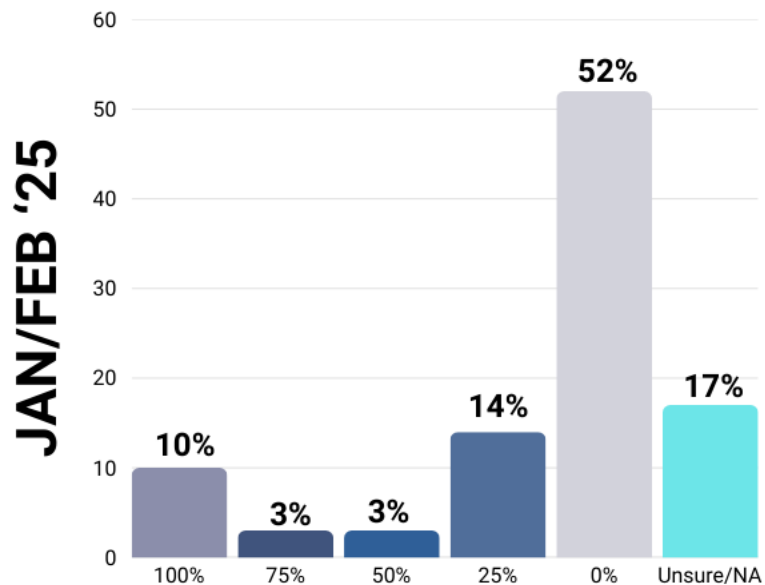
66%

as of Feb '26, down from
75% in Oct '25 and 41%
in Jan/Feb '25

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SURVEY HIGHLIGHTS: PROVIDERS

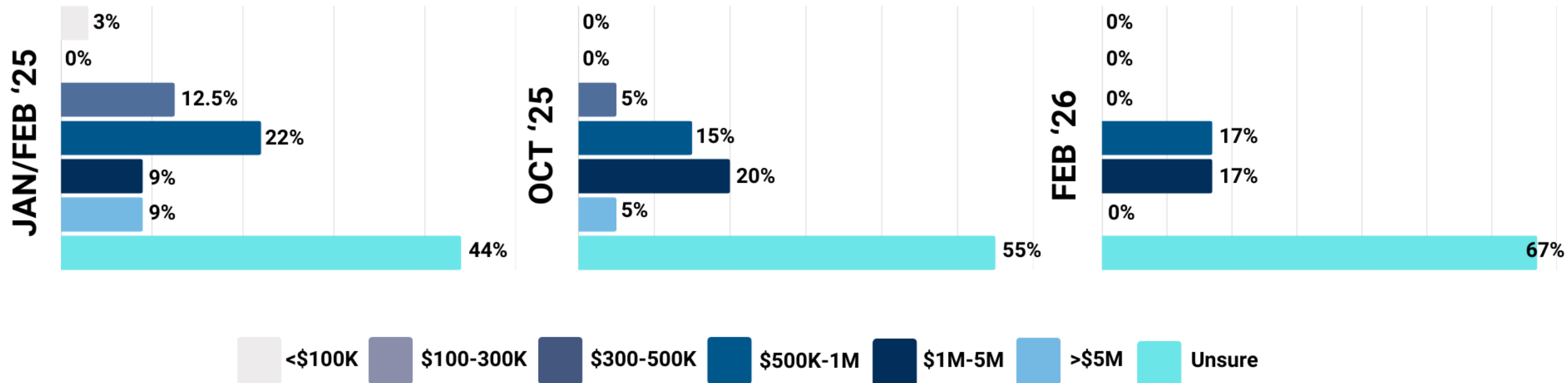
Current approximation where your organization is regarding meeting the January 1, 2027 compliance date for the CMS-0057-F Final Rule Prior Authorization API requirement.



INTEROPERABILITY AND PRIOR AUTHORIZATION SURVEY

SURVEY HIGHLIGHTS: PROVIDERS

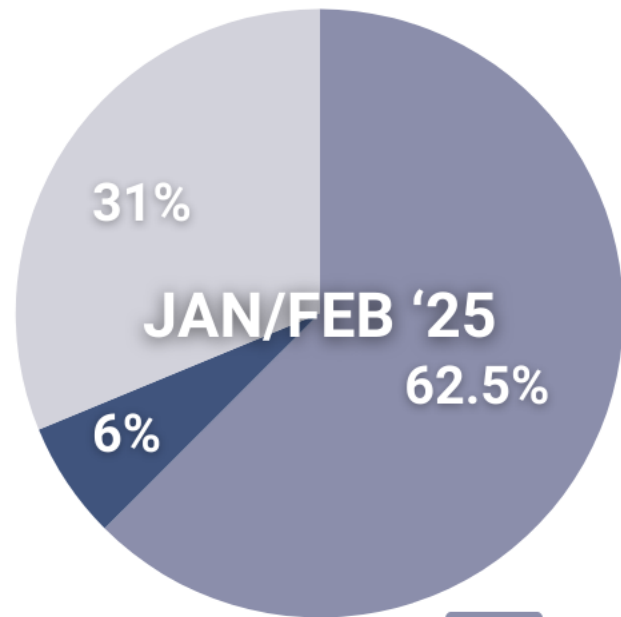
Estimated total cost to implement the CMS-0057-F Final Rule and train employees



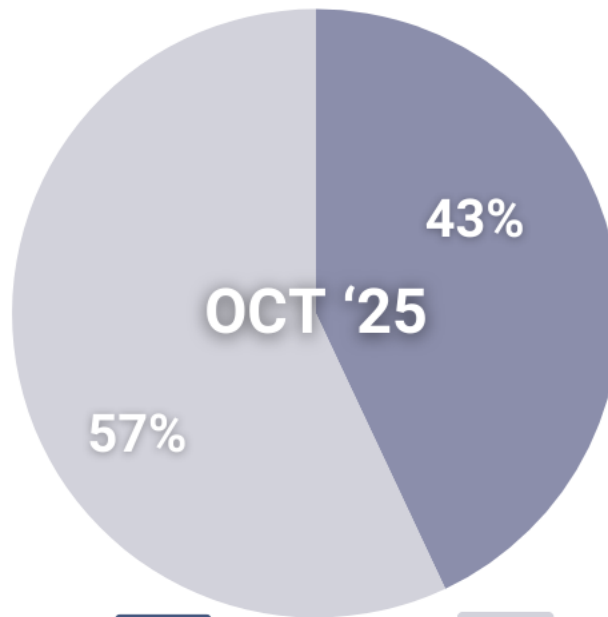
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SURVEY HIGHLIGHTS: CLEARINGHOUSE

Plan to conduct API exchanges on behalf of Payer customers

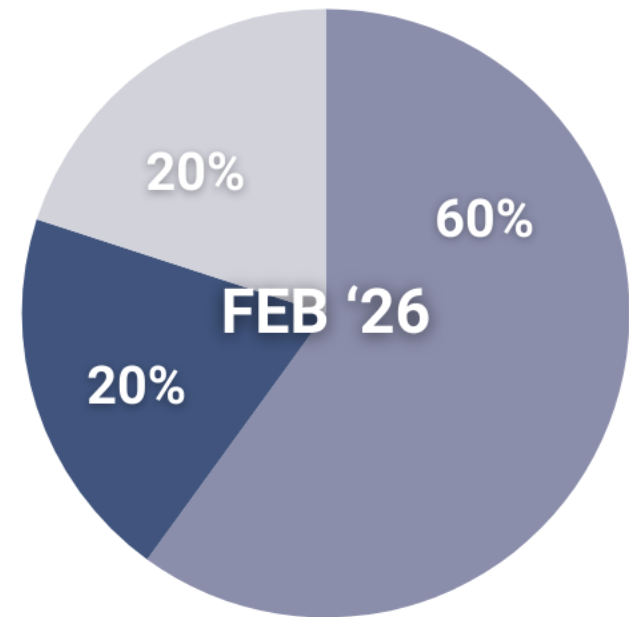


Yes



No

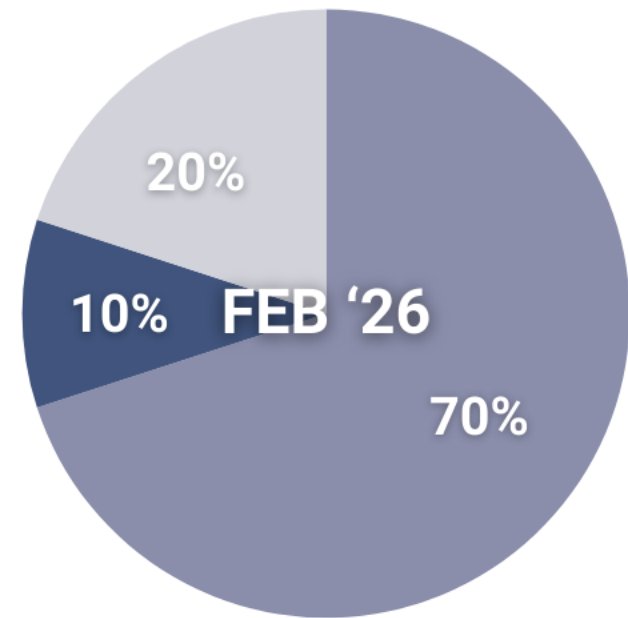
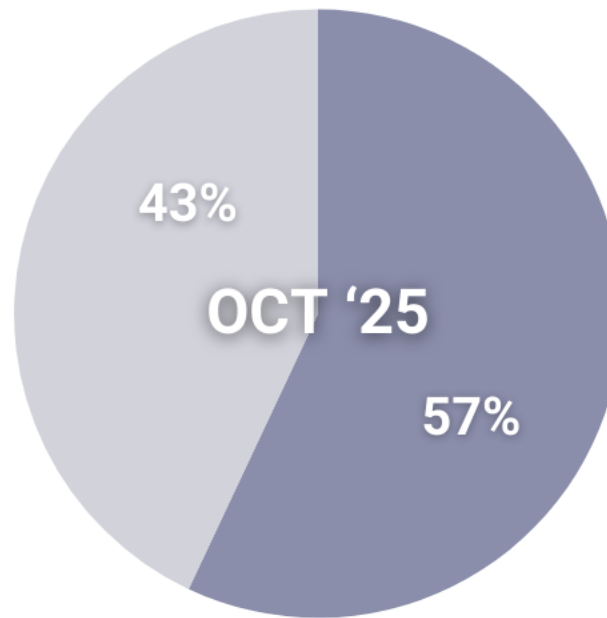
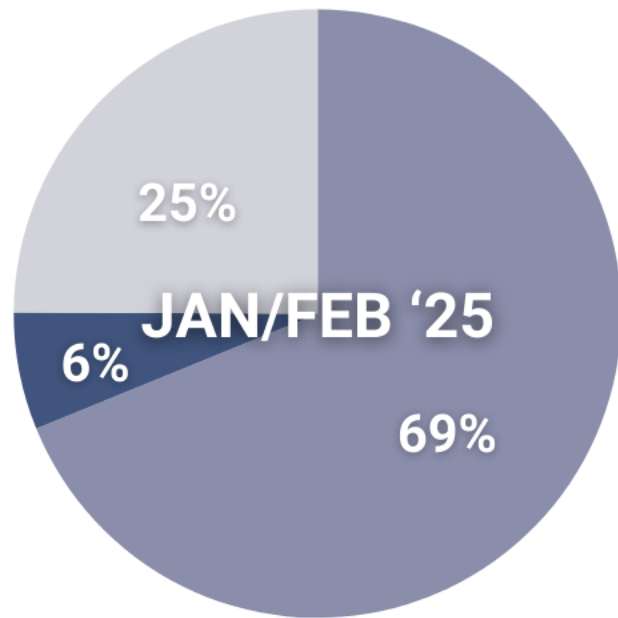
Unsure/NA



INTEROPERABILITY AND PRIOR AUTHORIZATION SURVEY

SURVEY HIGHLIGHTS: CLEARINGHOUSE

Plan to conduct API exchanges on behalf of Provider customers



 **Yes**

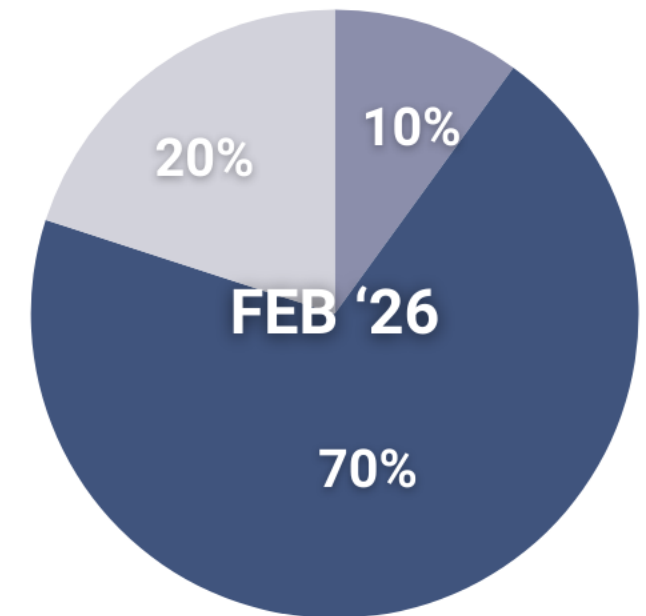
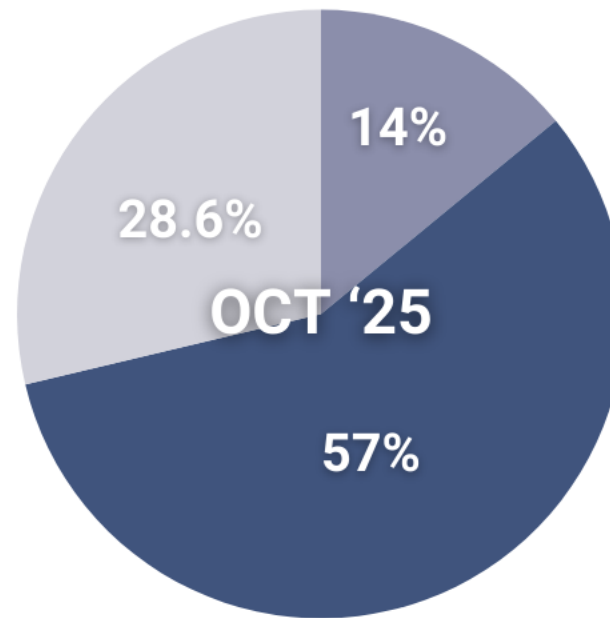
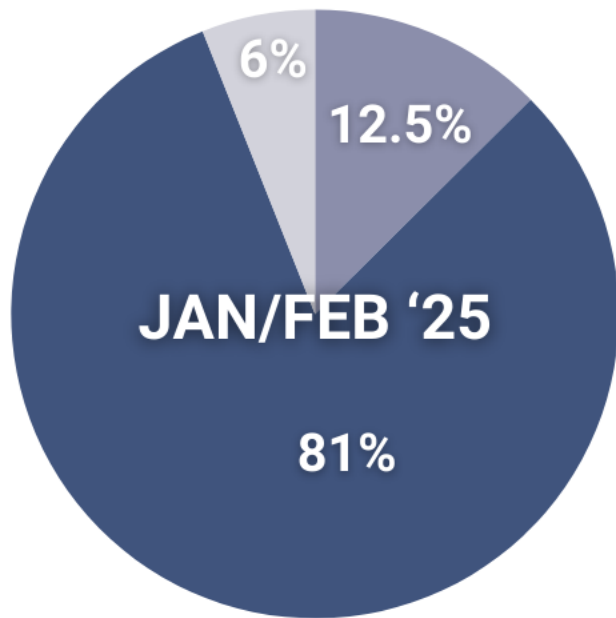
 **No**

 **Unsure/NA**

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SURVEY HIGHLIGHTS: VENDORS

FHIR or FHIR & X12?



 **FHIR Only**

 **FHIR & X12**

 **Unsure/NA**

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SURVEY HIGHLIGHTS: NEEDED RESOURCES

Reported top educational resources needed for implementation across all respondents

1 Education on industry best practices

2 Education on workflow design/
modification

3 Advanced education (technical) on
implementing APIs

responses were nearly identical across all three surveys