Provider Bulletin

Central Health Medicare Plan

November 12, 2025

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CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F)

This is an advisory notification to Central Health Medicare Plan (CHP) network providers applicable to CHP Medicare business.

What you need to know:

Recent legislative and regulatory changes will impact claims reimbursement and prior authorization processes for California health plans and providers. This bulletin summarizes the key provisions, implications, and important dates for CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F).

Applies to: Medicare Advantage organizations, Medicaid and CHIP programs (fee-for-service and managed care), and Qualified Health Plans on Federally Facilitated Exchanges.

Key Provisions:

- Mandates implementation of APIs (FHIR® standards) to improve health information interoperability and streamline prior authorization (PA) processes:
    - Patient Access API: Enables patient access to claims, clinical, and PA data.
    - Provider Access API: Allows in-network providers to retrieve patient data from payers.
    - Payer-to-Payer API: Facilitates data transfer when patients switch payers.
    - Prior Authorization API: Supports PA requirement checks, documentation, submission, and decision receipt.
- Urgent PA requests must be decided within 72 hours; standard requests within 7 calendar days.
- Payers must provide specific reasons for PA denials.
- Annual public reporting of prior authorization metrics is required.

Provider Action

Stay tuned for further guidance on “clean claim” criteria and APL implementation standards.

What if you need assistance?

If you have any questions regarding the notification, please contact your CHP Provider Relations Representative at PRCalifornia@molinahealthcare.com.

What you need to know CONT:

Deadlines:

- January 1, 2026: PA process requirements and reporting metrics become effective.
- January 1, 2027: Full API implementation deadline for impacted payers.

Implications:

- Reduces administrative burden and increases transparency for patients and providers.
- Requires significant technology and workflow updates for payers.
- Improves data access and PA decision timelines for providers and patients.
- May influence broader industry standards beyond directly impacted payers.

Comparison & Relevance

- AB 3275 focuses on timely claims reimbursement and grievance processes for California health plans.
- CMS 0057 F targets interoperability, data exchange, and prior authorization for government health programs.
- Both aim to improve administrative efficiency: AB 3275 by expediting claim payments, CMS 0057 F by streamlining prior authorization and data access.
- California entities subject to both laws must ensure compliance with each set of requirements.
- Key implementation dates: AB 3275 provisions begin in 2026; CMS 0057 F milestones are in 2026 and 2027.