AmeriHealth Caritas Next | FirstChoice Next — A Product of Select Health of South Carolina, Inc.

Provider Alerts

Important information for our providers

September 14, 2026

CMS Interoperability & Prior Authorization Requirements

Summary: CMS Interoperability Requirements Take Effect January 1, 2027. Providers should begin preparing now by working with their EHR and technology vendors to ensure readiness for electronic prior authorization and healthcare data exchange requirements under CMS-0057-F. Additional guidance and training resources will be provided as they become available.

Action Needed Before January 1, 2027

The Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule (CMS-0057-F) establishes new requirements designed to improve healthcare data sharing and streamline prior authorization processes.

What You Need to Know

Beginning **January 1, 2027**, providers will be able to electronically exchange data through industry-standard technology Fast Healthcare Interoperability Resources (FHIR) based APIs that enables secure sharing of patient and prior authorization information between providers and health plans.

These requirements are intended to:

- Improve access to patient health information
- Reduce administrative burden
- Streamline prior authorization processes
- Support better care coordination

Prior Authorization Changes Already in Effect

*As of **January 1, 2026**, CMS requires health plans to meet, at a minimum, the following prior authorization decision timeframes:

- **Expedited requests:** Within 72 hours
- **Standard requests:** Within 7 calendar days

**Please note: This change did not affect health plans who already meet these requirements or are required by state regulators to meet stricter timeframes.*

Providers remain responsible for:

- Submitting prior authorization requests before services are rendered
- Including all required clinical documentation and coding
- Supporting medical necessity requirements

Authorization does not guarantee payment. Payment remains subject to member eligibility and benefit coverage at the time services are rendered.

Prepare for January 1, 2027

To ensure readiness, providers should:

- Contact your EHR and technology vendors to confirm support for CMS interoperability requirements
- Assess and update workflows for electronic prior authorization and data exchange
- Ensure clinical information is captured in a structured, standardized format
- Train applicable staff on electronic prior authorization processes
- Watch for additional communications, implementation guidance, and training opportunities from AmeriHealth Caritas Next/First Choice Next.

Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Network Account Executive or Provider Services.