COMPLIANCE · CMS-0057-F

CMS-0057-F hospital-side brief

For compliance officers, counsel, and Value Analysis Committee members — what the rule does and doesn't require of hospitals, and how to be ready before the January 2027 switchover.

A The rule in plain language

> CMS-0057-F (89 FR 8758; issued January 2024) places its compliance obligations on impacted **payers** — Medicare Advantage organizations, state Medicaid/CHIP FFS agencies, Medicaid/CHIP managed care plans, and QHP issuers on the federally-facilitated exchanges. Hospitals are not directly regulated by it. If that were the whole story, this brief would end here. It isn't, for three reasons.

B The three provider-side realities

REALITY	WHAT IT MEANS FOR HOSPITALS
Payment program	CMS-0057-F added an "Electronic Prior Authorization" measure to the Medicare Promoting Interoperability Program (eligible hospitals & CAHs, CY 2027 EHR reporting period) and MIPS PI (CY 2027 performance period): attest yes/no to at least one PA requested electronically via a payer's Prior Authorization API using CEHRT data, or claim an exclusion. PI-program failure carries Medicare payment consequences — this is the closest thing to a hospital-side mandate, and it starts with the 2027 reporting year.
Operational	Payer decision clocks (72h expedited / 7 calendar days standard), specific-denial-reason requirements, and public PA metrics (first postings due March 31, 2026) change payer behavior NOW; PA APIs go live January 1, 2027. Hospitals that can transact CRD/DTR/PAS electronically get the faster clocks and the transparency benefits; those that can't keep faxing into a system optimized for API traffic.
Strategic	Da Vinci CRD/DTR/PAS are the CMS-recommended (not mandated) IGs — the de-facto rails. Building EHR-side capability during 2026 means the January 2027 switchover is a config event, not a project.

C Timeline — payers, pilot, and your attestation window

JAN 1, 2026
Payer decision clocks and specific-denial-reason requirements live

MAR 31, 2026
First public PA metrics postings due (payers)

YOUR START + 90 DAYS
Pilot window — exercise electronic PA inside your EHR workflow before the API switchover

JAN 1, 2027
PA APIs live; CY 2027 Promoting Interoperability / MIPS PI reporting year begins

CY 2027 REPORTING PERIOD
Electronic Prior Authorization attestation (yes/no or exclusion)

D ARKA readiness, stated precisely

Requirement-by-requirement status is set out in the companion **CMS-0057-F compliance matrix** — not restated here.

- Da Vinci CRD/DTR/PAS support is implemented and demonstrable in ARKA's sandbox today; production activation with your payers is a Phase-1 pilot task.
- FHIR R4 native across prefetch, CDS Hooks, and Da Vinci PAS payloads.
- CDS Hooks discovery endpoint published at getarka.health/cds-hooks (HL7 CDS Hooks 2.0).

E Committee language — quotable blocks

Copy-ready language for VAC minutes, compliance memos, and finance justification.

VAC

"CMS-0057-F regulates our payers, not us — but it changes what our EHR should be able to do by January 2027, and it adds a Promoting Interoperability attestation measure for our CY 2027 reporting year. ARKA's pilot builds and exercises exactly that electronic-PA capability inside our existing Epic workflow, on an operating budget, before the deadline."

COMPLIANCE OFFICER

"ARKA is a provider-side Non-Device CDS and administrative-support layer. It does not create a compliance obligation and does not claim one exists; it positions us for the PI attestation measure and the payer-side API transition."

FINANCE

"The Medicare Promoting Interoperability program adds an 'Electronic Prior Authorization' attestation measure for eligible hospitals and CAHs beginning with the CY 2027 EHR reporting period (finalized in CMS-0057-F). Payer Prior Authorization APIs go live January 1, 2027; payer decision clocks (72h expedited / 7 days standard) and specific-denial-reason requirements begin in 2026. Hospitals are budgeting readiness work for that transition now; ARKA's pilot fits those readiness lines because the same integration exercises CRD/DTR/PAS workflows end-to-end."

F Citations — primary sources

SOURCE	LINK
CMS-0057-F fact sheet	cms.gov/newsroom/fact-sheets/cms-interoperability-prior-authorization-final-rule-cms-0057-f
Federal Register — 89 FR 8758	federalregister.gov/documents/2024/02/08/2024-01365
CMS Prior Authorization API FAQ	cms.gov/priorities/burden-reduction/overview/interoperability/frequently-asked-questions/prior-authorization-api
HL7 Da Vinci CRD Implementation Guide	hl7.org/fhir/us/davinci-crd/
HL7 Da Vinci DTR Implementation Guide	hl7.org/fhir/us/davinci-dtr/
HL7 Da Vinci PAS Implementation Guide	hl7.org/fhir/us/davinci-pas/
45 CFR §170.215 — FHIR Release 4 standards	ecfr.gov/current/title-45/…/section-170.215

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